PERCEPTIONS AND EXPERIENCES OF REGISTERED SOUTH AFRICAN KINDERKINETICISTS OF THEIR PROFESSION: A QUALITATIVE STUDY

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work presented herein is my own original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe on any third-party rights and, that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Date

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SUMMARY

Kinderkinetics is a specialised gross motor development profession in South Africa, which aims to improve the gross motor development of children through movement. Nearly two decades after the profession of kinderkinetics was established, the profession itself is still not recognised by the Health Professions Council of South Africa. The overall aim of the study was to explore the perceptions and experiences of registered kinderkineticists, of their profession in South Africa.

The study followed a qualitative descriptive explorative contextual research design and made use of the adapted conceptual framework of feelings and perceptions about a profession. Using purposive and snowball non-probability sampling methods, registered members (19) from the 2016 South African Professional Institute for Kinderkinetics registry were included in the study. The data was collected from in-depth, semi-structured, self-designed interviews completed either face-to-face or telephonically. To ensure the validity and trustworthiness of the research findings, measures were taken to ensure credibility, transferability, dependability and confirmability of the results.

Six major themes and 14 sub-themes emerged from the study. The themes were: i) varying experiences and stories of success and failure; ii) transitional opportunities and challenges experienced by kinderkineticists; iii) ongoing professional development requirement opportunities and challenges; iv) career goals and opportunities; v) contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics; and vi) perceived attitudes experienced towards the profession of kinderkinetics.

The study also found that the perceptions and experiences of registered South Africa kinderkineticists were influenced by a number of challenges experienced in the relatively new profession of kinderkinetics. These challenges included the lack of experience of newly qualified kinderkineticist, their professional isolation in their transition year and in independent private practice, a lack of awareness and role ambiguity resulting in competition and negative attitudes from other similar professions.

Keywords: kinderkinetics; kinderkineticists; qualitative research; perceptions, experiences.

OPSOMMING

Kinderkinetika, ’n gespesialiseerde groot motoriese ontwikkelings professie in Suid-Afrika, poog om die groot motoriese ontwikkeling van kinders te ontwikkel deur beweging. Die professie van kinderkinetika word steeds, na twee dekades nadat dit gestig is, as ’n onbekende professie gesien. Dit is steeds in die proses om gevestig te word as ’n professie in Suid-Afrika.

Die algehele doel van die studie is om die persepsie en ervaring van registreerde kinderkinetikuste in Suid-Afrika te ondersoek.

Die studie was ’n generiese kwalitatiewe verkennende beskrywing en kontekstuele ontwerp wat gebruik gemaak het van die aangepaste konseptuele raamwerk van gevoelens en persepsies oor ’n professie, om die persepsies en ondervindings van deelnemers te bepaal. Die deelnemers aan die studie bestaan uit 19 geregistreerde kinderkinetikuste uitgesoek deur meningvolle steekproefneming en sneeubal steekproefneming metodes van die 2016 Suid-Afrikaanse Professioneel Instituut vir Kinderkinetika lys van geregistreerde lede. Deur gebruik te maak van in diepte semi gestruktureerde self ontwerpte onderhoud skedules was die data ingesamel deur middel van onderhoude, telefonies en van aangesig tot aangesig. Om die geldigheid en betroubaarheid van die navorsings bevindings te verseker, is maatreëls in plek gestel om geloofwaardigheid, oordraagbaarheid, afhanklikheid en bevestigbaarheid van die studie en resultate te verseker.

Ses (6) hooftemas en 14 subtemas het na tevore gekom in die studie. Die temas was Wisselende ondervindings en stories van sukses en mislukking, oorgangs

geleenthede en uitdagings wat deur kinderkinetikuste ondervind is, Volgehoue professionele ontwikkelings vereistes en uitdagings, Loopbaan doelwitte geleenthede, kontekstuele uitdagings ondervind deur kinderkinetikuste wat werk in die professie van kinderkinetika en waargeneemde houdings teenoor die professie van kinderkinetika.

Die studie het bevind dat die persepsies en ondervindings van die Suid-Afrikaanse geregistreerde kinderkinetikuste beïnvloed word deur die uitdagings wat ondervind word in die professie van kinderkinetika.

Sleutelwoorde: kinderkinetika; kinderkinetikuste; kwalitatiewe navorsing; persepsies; ondervindings.

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DEFINITION OF TERMS

Perception

Perception refers to the way in which something is viewed, understood or interpreted (Cambridge Dictionary, 2015). Feelings can be the basis of perceptions or can be explained as beliefs and feelings about a topic. In this study “perception” represents the way in which the kinderkineticists view, understand, and interpret the profession of kinderkinetics.

Feeling

A feeling can be described as emotions, such as anger or happiness. Your feelings (Schwarz & Clore, 2006) about something are the things that you think and feel or your attitude towards something or some topic (Schwarz & Clore, 2006). Feelings can also be defined as a general opinion that a group of people have about a topic (Oxford dictionary, 2010). In this study the word “feelings” will represent the overall opinions, thoughts and attitudes of kinderkineticists formed through their perceptions and experiences of kinderkinetics as a profession.

Attitude

An attitude as a way of behaviour is caused by feelings or perceptions about something (Oxford dictionary, 2010). These feelings or perceptions result in a particular behaviour. Thus as feelings form perceptions, both feelings and perceptions can influence attitudes towards something (Mbawuni, 2015). For the purpose of this

study the word “attitude” will present the behaviours of parents, teachers and other health-related professionals towards the profession of kinderkinetics.

Experience

Experience refers to an event that happens to you (e.g. something personally encountered, undergone or lived through) and how it makes you feel (Schwarz & Clore, 2006). Experiences can be influenced by attitudes towards kinderkinetics, incidents and encounters and in return, this can have an impact on perceptions of the profession of kinderkinetics. In this study “experience” will refer to the kinderkineticists’ personal encounters while working as kinderkineticists in the profession of kinderkinetics.

Status

When referring to the status or state of “something”, it is defined as the amount of respect, admiration or importance given to a person, profession or organisation (Oxford dictionary, 2010). It is also the level or position of someone or something in relation to others in a group (Cambridge Dictionary, 2015). When referring to the status of a profession, terms such as image and reputation contribute to its meaning (Turner & Knight, 2015). Image refers to the idea that others have towards a person or a thing (Brown et al., 2006) whereas reputation forms the general opinion about someone or something as well as the amount of respect someone or something receives (Brown et al., 2006). For the purpose of this study the word “status” will refer to the position of kinderkinetics in South Africa, as well as the ideas and opinions of others towards the

profession of kinderkinetics. The “status” of kinderkinetics will also refer to the level of respect and admiration that the kinderkineticists receive or not.

Career requirements

Career requirements entails certain qualities and/or qualifications that a person needs to have to qualify for a certain career (Cambridge Dictionary, 2015). These qualities or qualifications can also include regulations, standards and demands of the actual career or profession (Mbawuni, 2015). In this study, career requirements will represent the educational and regulation requirements set out by the regulatory body of kinderkinetics (i.e. South African Professional Institute for Kinderkinetics [SAPIK]).

Career outcomes

Career outcomes are defined as the benefits derived from a career (Mbawuni, 2015). These can include income and salaries, opportunities in career advancement and recognition, all of which can influence perceptions of a career (Mbawuni, 2015). Career outcomes in this study, will represent the career opportunities, challenges and recognition kinderkineticists can experience in the career/profession of kinderkinetics.

LIST OF ABBREVIATIONS AND ACCRONYMS

ADHD – Attention Deficit Hyperactivity Disorder

COP – Communities of practice

CP – Cerebral Palsy

CPD – Continuous Personal Development

DCD – Developmental Coordination Disorder

HPCSA – Health Professions Council of South Africa

PE – Physical Education

SAPIK – South African Professional Institute for Kinderkinetics

UNICEF – United Nations International Children's Emergency Fund

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Chapter 1:

PROBLEM STATEMENT

1.1 INTRODUCTION

Physical development, specifically gross motor development, are key aspects of the overall development and well-being of a child. It is essential that both are addressed in the early years of developmental growth (Pienaar, 2009). Movement is essential for gross motor development as well as school readiness of the developing child, as it provides the foundation to assist the brain to integrate and prepare for academic work (Pheloung, 1997). School readiness can be influenced by the level of gross motor stimulation that the learner receives during the preschool phase (Cheatum & Hammond, 2000). This may be due to the fact that children with poor gross motor skill development have difficulty with activities such as writing, sitting up in an alert position, watching classroom activities, and writing on a blackboard (Cheatum & Hammond, 2000). Unfortunately, the acquisition of gross motor skills, despite its importance, has been overlooked globally, by many who work with early childhood education (Clark, 2007).

Gross motor stimulation of pre and primary school children has always been the responsibility of the pre-primary and primary school teachers during physical education (PE) (Van Deventer, 2011). In the nineties, PE was removed as a stand-alone subject and integrated with Life Skills in the South African school curriculum (Pienaar, 2009). This resulted in PE being presented by generalist teachers, who are not qualified PE

specialists (Van Deventer, 2011), and who therefore may lack knowledge of gross motor development (Frantz & Pillay, 2008). This may have a direct and negative impact on the learning abilities of developing children (Van Deventer, 2011). In this context, kinderkinetics programmes have been identified as being able to assist in the specific acquisition of gross motor skills and the development of these skills to improve school readiness and learning abilities of children (Pienaar, 2009).

1.2 KINDERKINETICS

Kinderkinetics is a specialised gross motor development profession. Following the removal of PE as a stand-alone subject from the South African school curriculum, the need for professionals with specialised knowledge of gross motor development and movement led to the emergence of kinderkinetics as a profession in 1996 (Pienaar, 2009). The word “kinderkinetics” is derived from “kinder” meaning children and “kinesis” refers to movement (Pienaar, 2009). Kinderkinetics programmes aim to not only improve gross motor skills, such as walking, running and jumping of children, but also enhance skills such as object control, sensory motor integration and perceptual movement skills (Pienaar, 2009). The profession of kinderkinetics specialises in the development of gross motor development programmes for pre and primary school children via self-employed or private practitioners or through employment in schools and preschool settings (Pienaar & Strydom, 2012).

The importance of kinderkinetics as a profession was seen as early as 1995 when the North-West University developed an honours programme within the field of movement science. This honours programme was renamed in 2001 to “kinderkinetics” and soon after other universities, such as the University of the Free State and Stellenbosch

University followed suite all of which resulting in student's qualifying as movement specialists (i.e. kinderkineticists). With the escalating number of newly graduating kinderkineticists moving into the employment market, year on year, the need for a professional board for the profession, such as the Health Professionals Board became evident. In November 2004 the South African Professional Institute for Kinderkinetics (SAPIK) was established and the founder of kinderkinetics, Professor Anita Pienaar, elected as the inaugural director (Pienaar, 2009). At present, SAPIK has 8 board members, 13 committee members and one immediate past president. All of which oversee multiple operational procedures of the profession as a whole, and the members for which it serves (i.e. kinderkineticists) (SAPIK, 2019).

According to the SAPIK's ethical guidelines, all kinderkineticists must be registered with SAPIK before practising the profession of kinderkinetics. Similarly, no employer may employ a non-registered SAPIK kinderkineticist (SAPIK, 2019). In addition, the name "kinderkinetics" was registered as a trademark in 2006 by North-West University in unison with Professor Anita Pienaar. Therefore, unqualified persons, as well as non-registered SAPIK members may not market nor practice as kinderkineticists (SAPIK, 2019). Membership with the SAPIK is valid for one year, it is therefore the responsibility of each individual kinderkineticist to re-register on an annual basis and abide by the rules and regulations laid out by the SAPIK and its policy pertaining to ethical guidelines (SAPIK, 2019).

As stated above, there are currently three training institutions providing kinderkinetics as a field of study in South Africa namely: North West University, University of the Free State and Stellenbosch University. Annually each of these institutions qualify a minimum of 10 new kinderkineticists, resulting in an estimated 30 new graduates per year. However, today, nearly two decades after the profession of kinderkinetics was

founded, the slow increase of annual member registrations at SAPIK indicates that kinderkinetics is still an emerging profession and that the regulation of the profession is still developing (Table 1) relative to other South African health professions such as occupational therapy, physiotherapy and biokinetics.

Table 1: South African Professional Institute of Kinderkinetics (SAPIK) member registration numbers per year (2012 - 2019)

Year of registration	Number of members	Member growth
2012	121	27
2013	117	-4
2014	126	9
2015	138	12
2016	140	2
2017	154	14
2018	153	-1
2019	187	34

In summary, the data above highlights a decrease in the number of SAPIK memberships between 2012 and 2013, as only 117 member registrations were recorded in 2013 in comparison to the higher 121 recorded in 2012. Similarly, the same negative trend was shown between 2017 and 2018.

On an annual basis, one could predict that at least 30 newly qualified kinderkinetics graduates would register with the SAPIK. However, in contrast with this prediction, the number of annual registrations over the past five years shows an average increase of only seven new registrations per year (SAPIK, 2019). Reasons pertaining to the low

member growth could be a result of either a loss in existing members and/or newly qualified kinderkineticists (i.e. graduates) choosing not to pursue a career in the profession of kinderkinetics.

1.3 PROBLEM STATEMENT

Kinderkinetics is a relatively young profession (Pienaar & Strydom, 2012) in comparison to other health professions such as occupational therapy and physiotherapy, which have been around since 1917 and 1921, respectively. Kinderkinetics is still in the process of establishing itself as a recognised health profession. Today, nearly two decades after the profession of kinderkinetics was founded, the profession has not grown substantially with only a small increase in annual registrations with the SAPIK and, moreover, only 180 kinderkineticists currently registered (SAPIK, 2019). Though the profession of kinderkinetics meets the criteria of a profession with the establishment of the professional association, the SAPIK, a specialist curriculum for training and an emerging body of research, there are areas of concern for the ongoing professional development of kinderkineticists. These include: the lack of well-defined career pathways, professional isolation, competition with other professions, and a lack of awareness of kinderkinetics career opportunities.

Little is known about how kinderkineticists perceive kinderkinetics as a profession, their perceptions of their educational and career requirements or the challenges the profession faces in comparison with other health professions such as occupational therapy, physiotherapy and biokinetics. This is evident from the lack of published articles on kinderkinetics as a profession. The current published articles on kinderkinetics included numerous studies on the effectiveness of kinderkinetics

intervention programmes for children with motor delays, obesity, Attention Deficit Hyperactivity Disorder (ADHD) and Developmental Coordination Disorder (DCD) (Coetzee & Pienaar, 2011; Pienaar, 2009, 2010, 2014; Coetzee & Pienaar, 2010; Van Biljon & Longhurst, 2011; Pienaar, Van Rensburg & Smit, 2011; De Milander, Coetzee & Venter, 2015; Gerber, 2015; Gouws, 2015).

To address this gap in research, a qualitative descriptive explorative contextual study was conducted to explore the perceptions and experiences of registered kinderkineticists in South Africa of their profession. Being the first of its kind, this study also aims to understand the kinderkineticists' feelings of the state of kinderkinetics in South Africa.

1.4 THE STUDY

1.4.1 AIM OF THE STUDY

The overall aim of the study was to explore the perceptions and experiences of registered kinderkineticists in South Africa of their profession.

1.4.2 OBJECTIVES

- To explore kinderkineticists' perceptions and feelings of the state of kinderkinetics in South Africa.
- To explore kinderkineticists' perceptions regarding the opportunities and challenges related to their career requirements.
- To explore kinderkineticists' perceptions of the opportunities and challenges concerning their work-related outcomes.

- To explore the kinderkineticists' perceptions of the attitudes of parents, schools and other health-related professionals with regards to each of their images of kinderkinetics as a profession.

1.4.3 ASSUMPTIONS

The following assumptions were made by the researcher for this study:

- Kinderkinetics is perceived as a relatively new and unknown profession.
- It is not known what opportunities and challenges exist for kinderkinetics across the country.
- It is not known what the perceived image or reputation of kinderkinetics are across the country.

1.4.4 LIMITATIONS

The study had the following limitations:

- The perceptions of the participants are contextual reflections of the perceived perceptions and experience of kinderkineticists in South Africa.
- Lack of literature on the profession of kinderkinetics and the professionals, also no qualitative studies in kinderkinetics.

1.5 MOTIVATION FOR THE STUDY

Kinderkinetics programmes aim to improve the gross motor development of all children through movement. Kinderkinetics is a relatively young profession (Pienaar & Strydom, 2012) with a relatively small number of registered kinderkineticists in practice in comparison to similar South African-based health professions (e.g. occupational therapy, physiotherapy, and biokinetics). This has resulted in a limited availability of kinderkinetics programmes, and thus the lack of awareness among parents, schools and other health, sport and education related professions, as well as the lack of formal recognition by the Health Professions Council of South Africa (HPCSA).

It was anticipated that the findings of this study would reveal recommendations to strengthen both educational preparation and career outcomes, as well as describe the current state of the profession. All of which aimed to strengthen the future of kinderkinetics as a health-related profession in South Africa.

1.6 METHODOLOGY

This brief methodology section describes the research design selected for this study and the research methodology applied in achieving the objectives of the study. A full description and application of the methodology is presented in chapter three.

1.6.1 RESEARCH DESIGN

Research design can be defined as a specific strategic plan of action to investigate the research problem (Terre Blance, Durrheim & Painter, 2006). According to Kumar (2005) a good research design explains the procedures and steps of the research so

clearly that anyone who wishes to follow the proposed procedure would be able to do the same.

The design used for this study was an explorative contextual research design, using a descriptive qualitative approach with semi-structured interviews. An in-depth discussion on this specific research design is presented in chapter three.

1.6.2 CONCEPTUAL FRAMEWORK

The conceptual framework used for this study is an adapted version of the framework done by Mbawuni (2015). This framework focuses on the perceptions of a profession by looking at five areas of perception that form part of the professionals' perceptions of their profession (Mbawuni, 2015). These five areas include perceived negative behaviour of the professionals, perceived positive reputation of the professionals, career outcomes of the profession, career requirements of the profession and general feelings about the profession.

The conceptual framework and the five areas mentioned above as well as the adaptation to this study, will be discussed in chapter three.

1.6.3 SETTING, PARTICIPANTS AND SAMPLE

The assessable population of the study consisted of registered kinderkineticists enlisted on the 2016 SAPIK members' database. This member database consists of both national and international members but for this study only South African members were selected.

The researcher used non-probability sampling, according to Brink *et al.* (2012), this from of sampling requires the researcher to select the appropriate participants with the

most knowledge and experience on the phenomenon. Two non-probability sampling techniques were used to sample the kinderkineticists for this study, namely purposive sampling and snowball sampling, resulting in a study sample of 19 kinderkineticists.

1.6.4 DATA COLLECTION PROCESS

Before the process of data collection started, the researcher obtained ethical clearance from the Ethics Committee at Stellenbosch University (SU-HSD-001267) and permission from the administrator of the SAPIK member-only Facebook page to promote the study on their page and invite members to participate. To ensure anonymity, participants were asked to send a private message or email to the researcher. The participants who indicated their willingness to participate in the study by commenting on the Facebook post, were also contacted by personalised email. The researcher provided them with information regarding the study as well as a copy of the informed consent form (Appendix B). After completion and return of the informed consent form, interviews (e.g. face-to-face or telephonically) were scheduled and conducted using a semi-structured self-designed interview schedule (Appendix C). All interviews were recorded, and field notes taken after permission was granted by each of the participants. These audio recordings and field notes allowed the researcher to capture the data correctly. All interviews were transcribed verbatim in the language recorded.

The researcher, using qualitative research, tested the instrument in advance to ensure that it would perform as intended during the interviews, as is required by the research objectives (Yeong *et al*., 2018). Therefore, to ensure that the questions developed in the interview schedule addressed the objectives of the study, a test interview was conducted with a qualitative expert.

The test interview was implemented successfully, and the set of questions proved to be appropriate to meet the objectives of the study.

1.6.5 DATA ANALYSIS

Guided by the conceptual framework the researcher analysed the qualitative data attained from the interviews according to the various themes selected (i.e. thematic analysis technique) (Creswell, 2014). Key data representing each theme was then extracted and subjected to deductive qualitative analysis. The researcher used Tesch's 8 steps of data analysis found in Creswell (2014) to analyse data from the interviews, resulting in a thematic coding analysis of the data. These are discussed in detail in Chapter three.

1.7 CONTRIBUTION OF THE STUDY

This study will contribute to the body of knowledge on kinderkinetics as a profession and will highlight the challenges and opportunities for kinderkineticists as they embark on their career path. It will also paint a picture of the perceived perceptions and experiences that kinderkineticists have of the profession of kinderkinetics.

1.8 OUTLINE OF THE STUDY

The chapters of the study are as follows:

Chapter 1

This chapter provides the introduction and background of the current study and sets out the problem statement. It also gives a brief description of the study setting, the purpose of the study and a brief history of the profession of kinderkinetics are explained.

Chapter 2

Chapter two focuses on the theoretical context of this study by examining the literature used for the study.

Chapter 3

The research methodology is discussed and the reason for using a qualitative design is explained.

Chapter 4

An analysis and discussion of the results. Here the researcher reports on the themes derived from the transcribed interviews and links them with the literature reviewed.

Chapter 5

This chapter concludes this study with a summary of the findings, along with the limitations of the study and recommendations for future research.

Chapter 2

THEORETICAL CONTEXT

2.1 INTRODUCTION

The purpose of this chapter is to provide a theoretical context pertaining to kinderkinetics. The literature review was conducted by searching the following databases namely, Google Scholar, Ebscohost, Academic Search Complete and Sabinet using the following terms: kinderkinetics, health professions, physical education, gross motor development, gross motor difficulties, gross motor delays, intervention programmes, play and professions.

Literature on the following sub-themes: i) The importance of “play” as a means of physical activity; ii) The role physical activity has on gross motor skill development of pre-primary and primary school children; and iii) was sourced. The difficulties that may arise if gross motor skills are not properly attended to, will be presented.

Secondly, literature on the different means of physical activity promotion through PE, and other interventions and therapies to address gross motor difficulties, due to physical inactivity, will also be described. Thirdly, a summary of evidence on the effectiveness of kinderkinetics programmes in South Africa as well as literature concerning what constitutes a profession will be discussed.

2.2 PLAY: THE UNIVERSAL LANGUAGE OF CHILDHOOD

In accordance with the United Nations International Children's Emergency Fund (UNICEF) “play” is the universal language of childhood, and every child in the world has the right to play (UNICEF, 1989). According to Article 31 of the United Nations’ convention on child rights (1989), a child has the right to rest and leisure, as well as engage in play and recreational activities appropriate to their specified (UNICEF, 1989). Play is sometimes not seen as important, as parents may think that child development happens naturally and not through play (Lester & Russell, 2010). The benefits of play include a child’s developmental gain in cognitive, physical, social and emotional well-being (Milteer, Ginsburg & Mulligan, 2012). Furthermore, it helps to increase their level of physical activity but, due to different factors such as poverty and more focus drawn on the academic fundamentals of development, play according to Milteer *et al*. (2012) has been neglected, thus leading to an overall decrease in time spent playing (Milteer *et al.*, 2012).

As children grow older, they experience different demands (e.g. time spent on academics) regarding physical activity (Pienaar, 2009). Play as a means of physical activity has an effect on the acquisition and development of gross motor skills (Laukkanen,Pesola, Havu, Sääkslahti & Funni, 2014). Laukkanen *et al.* (2014) found that low levels of physical activity had a negative effect on the execution of gross motor skills among children aged 5-8 years. Their study also showed that the acquisition of adequate gross motor skills are essential for a child’s later participation in age-appropriate physical activities (Laukkanen *et al.,* 2014). These findings indicate an interrelationship between “play” as a means of physical activity and gross motor skill acquisition. A similar physical activity intervention study corroborates the same interrelationship between physical

activity and gross motor skills, moreover the improvement in motor skill execution, following a 12-week programme (Burns *et al.,* 2017).

2.3 GROSS MOTOR SKILL DEVELOPMENT AND GROSS MOTOR DEVELOPMENT DELAYS

Gross motor development can be defined as the advancement of bodily movements initiated by large muscle contractions (Gallahue & Ozmun, 2002) e.g. walking, running, kicking and throwing. It involves head-to-toe maturation of the central nervous system (Noritz & Murphy, 2013). According to Gabbard *et al.* (2008) and Gallahue and Ozmun (2002), children transition through four stages of gross motor development from birth to adulthood, namely the reflexive, rudimentary, fundamental movement and sport-specific skills stage, respectively.

The quality of a child's development determines performance in school activities and the initial years of a child's life are important, as it not only affects the health of a child but also their quality of learning later in life (Clark & Metcalfe, 2002). Dodge (2004) found that early childhood development had a positive impact on the development of the child. A combination of effective parenting and external (outside of the home) forms of early childhood development are found to increase the child's learning readiness when entering primary school (Clark & Metcalfe, 2002). One of the main aspects of early childhood development, is that it is a critical period for the acquisition and advancement of both fundamental movement skills (Hardy *et al.,* 2010) and gross motor skills.

Pre-school age (3-6 years) is considered as one of the periods in which the most rapid development occurs (Khalaj & Amri, 2014) with specific focus on fundamental

movement phase. This is a critical phase for the mastery of basic motor skills and some initial sports skills (Gallahue & Donnely, 2003; Pienaar, 2012). In this phase, effective fundamental movement skill programmes can improve the fundamental movement skills of children (Hardy *et al.,* 2010).

2.3.1 MOTOR SKILLS DEVELOPMENT: THE JOURNEY UP THE "MOUNTAIN"

The acquisition of motor skills is often taken for granted (Clark & Metcalfe, 2002). Van Biljon and Longhurst, (2011) explain that motor skills are often mistaken for motor abilities. According to Van Biljon and Longhurst (2011) motor abilities are innate whereas the execution of motor skills and the development thereof, acquired and thus considered more complex. The complexity stems from it being a lifelong journey of changes, primarily due to interactions between a child's biology and the environment in which they develop (Clark & Metcalfe, 2002). Such changes in motor skills, according to Clark (2007) are not due to growth and maturation but rather adaptation and learning throughout the lifespan. Clark (2007) further explains motor development by means of the mountain of motor development metaphor or simply stated: "Moving up the mountain from birth to death" (Clark & Metcalfe, 2002) (Figure 1).

The "mountain" refers to five motor development phases.

These phases are *1) Reflexive period* (birth to 2-weeks), *2) Preadapted period* (2-weeks to 1-year), *3) Fundamental motor patterns period (*1-year to 7-years), *4) Context-specific motor skills period* (7-years to 11-years) and *5) Skilfulness period* (11-years and onwards).

Clark's mountain of motor development (2012) starts with the Reflexive phase. This phase focuses on the behaviour of the infant from birth to 2-weeks. During this period, the infant needs to adapt to the changes of their new world, and they depend on reflexes, such as sucking, to survive. After 2-weeks these reflexive movements start to change from involuntary to more spontaneous goal-driven movements (Clark & Metcalfe, 2002). This indicates the start of the second motor phase of the "mountain", the Pre-adapted phase.

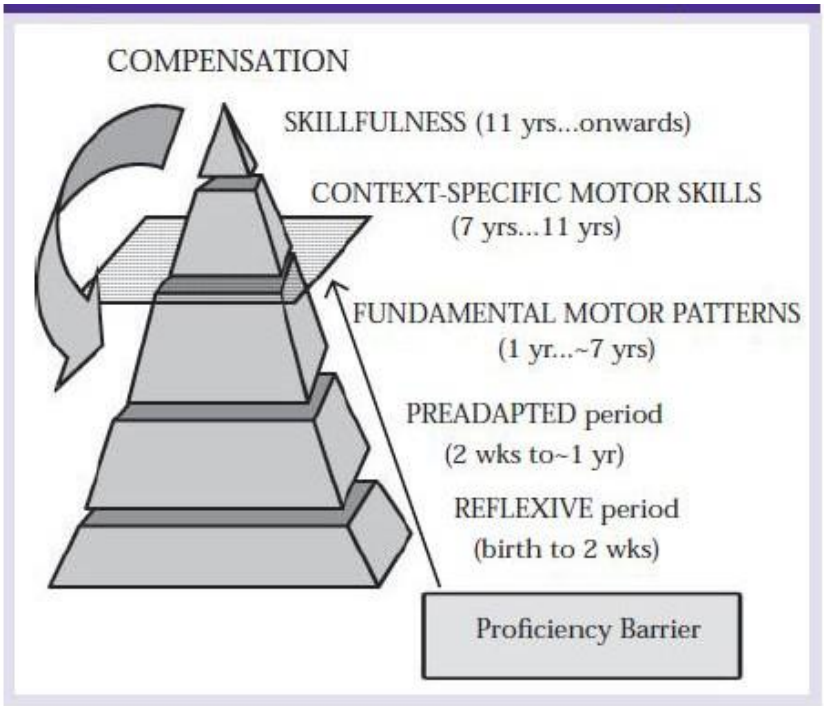


Figure 1: The Mountain of Motor Development (Clark & Metcalfe, 2002).

During the pre-adapted period, more spontaneous movements occur in the first year of the infant's life and are characterised by typical motor movements such as rolling over, sitting, crawling and walking (Clark, 2007). These motor movements are seen as pre-adaptive movement behaviours because of the infant's innate predisposition to display these movements. In other words, that their movements are common to all developing humans and not due to reflexes (Clark, 2007). Following this, the next

period is said to begin when the infant, through interaction with their environment, masters the two most fundamental motor skills of survival namely: independent walking (i.e. locomotion) and self-feeding (i.e. “finger feeding”) (Clark & Metcalfe, 2002).

The next phase is characterised by the acquisition of basic coordination patterns for future motor skills e.g. dance and sport. This phase is the fundamental motor patterns period, and is distinguished by locomotor and manipulative skills (Clark & Metcalfe, 2002). The change in motor skills are evident when the skill of walking transitions into running or skipping, and where self-feeding incorporates the act of eating using utensils (e.g. a spoon). This phase creates the stepping stones for later emerging motor skills (Clark, 2007). For example, when running is modified to running over hurdles, the fourth motor period, referred to as the context-specific motor skills period, starts. This phase also acts as a transitional phase between the phase of fundamental movement patterns and the last phase of the “mountain”, the skillfulness phase, during which skilled motor performance is achieved.

Gross motor development is the starting point and basis for many sporting and physical activities (Veldman *et al.*, 2016). According to Veldman *et al.* (2016) adequate gross motor development (i.e. mastery of preceding motor periods) is associated with lower body mass indices and higher physical activity and cardiorespiratory fitness levels in children.

Adequate gross motor development also contributes to higher cognitive functioning, social development and language skill acquisition and performance (Veldman *et al.*, 2016). On the other hand, delays in gross motor development has the opposite effect

on a child's health and future motor development, all of which has the tendency to result in early drop out of sporting and other movement activities (Valentini & Rudisill, 2015).

2.3.2 DELAYS IN GROSS MOTOR DEVELOPMENT

Gross motor development delays are identified when children are slower to develop physical, emotional, social and communication skills, than their peers of the same age (Amor, 2018). When more than one of these areas are affected, it is often called a global developmental delay. The term global developmental delay is also used when a child takes longer to reach certain developmental milestones than other children of the same age (Ghassabian *et al.*, 2016). Developmental delays can be classified as short-term, or alternatively indicate the first sign of a long-term developmental delay such as learning disabilities, intellectual disabilities and autism spectrum disorder. (Amor, 2018). Children who display gross motor development delays have difficulties with physical activities such as writing, sitting up in an alert position, watching classroom activities and writing on a blackboard (Cheatum & Hammond 1999).

A clinical report on the early identification of motor delays by the American Academy of Paediatrics states that gross motor delays are common and can differ in severity (Noritz & Murphy, 2013). Permanent motor delays are classified as motor disabilities and include conditions such as cerebral palsy (CP) and developmental coordination disorder (DCD) but when motor delays are of a more progressive nature, a diagnosis of a neuromuscular disorder is diagnosed (Noritz & Murphy, 2013).

According to Noritz & Murphy (2013), some children with gross motor development delays might only reach some developmental milestones at a later age. Early detection of motor development delays results in timely referrals for development programme interventions (Noritz & Murphy, 2013).

Motor developmental delays can be caused by many factors, where in some cases the cause remains unknown (Amor, 2018). Some delays are caused by genetic conditions such as Down syndrome or complications during birth such as premature birth (Lurio *et al.*, 2015), while other possible causes of motor delays include: i) ataxia (a defect that impairs muscle coordination); ii) cognitive delays; iii) myopathy (a disease of the muscles); iv) problems with vision; and v) spina bifida (a genetic condition causing partial or total paralysis of the lower part of the body) (Lurio *et al.*, 2015).Other causes can be due to physical illness or environmental factors such as family stress (Amor, 2018).

Venetsanou and Kambas (2010) investigated the effect of certain environmental factors on the motor development of pre-school children. Factors including a child's socioeconomic status, their school setting, the society in which they interact, and lastly intervention movement programmes were identified as contributors of motor development. These factors are therefore also considered as potential causes of developmental delays (Venetsanou & Kambas, 2010).

The environmental factors of family and socioeconomic status affect children's development and opportunities to grow (Venetsanou & Kambas, 2010). Research indicates that children of lower income status do not perform as well in motor development assessments than higher income status children (Venetsanou & Kambas, 2010).

Furthermore, due to the long hours spend at school, the second environmental factor affecting motor development is the school setting. Schools with inadequate equipment, facilities and specialised care negatively affects the child's motor development, thus contributing to motor development delays (Venetsanou & Kambas, 2010). The third environmental factor explained by Venetsanou and Kambas (2010) is the society in which the child interacts. Added to this is the influence of a specific cultural setting. (Venetsanou & Kambas, 2010). According to Venetsanou and Kambas (2010), in some culture's mothers, grandmothers and sisters are responsible for dressing their children or younger siblings until they reach elementary school age. Thus, leading to developmental delays in functional tasks such as dressing oneself and putting on one's shoes. (Venetsanou & Kambas, 2010). The last environmental factor according to Venetsanou and Kambas (2010) is movement programmes. They state that the more opportunities children are given to practice movement skills and activities, the better they develop and are able to refine their fundamental motor skills (Venetsanou & Kambas, 2010).

To limit motor development delays, children need to be exposed to safe environments that provide opportunities to engage in motor-based activities according to a child's needs (Venetsanou & Kambas, 2010). Motor activities done by means of movement programmes or intervention programmes can include professionals such as occupational therapists, physiotherapists and developmental specialists (Amor, 2018) as well as kinderkineticists.

2.4 PROMOTION OF GROSS MOTOR DEVELOPMENT AND THE PREVENTION OF DELAYS: INTERVENTION STUDIES

The use of intervention and movement programmes and the importance of trained educators to identify motor development delay risk factors, are essential to enhance motor development (Venetsanou & Kambas, 2010). A systematic review by Riethmuller *et al.* (2009) assessed the effectiveness of intervention programmes designed to increase gross motor delays of children aged 0-5 years. The review found that the majority of the intervention studies reported statistically significant improvements in gross motor skills.

In 2016, Veldman, *et al.* (2016) also published a systematic review which included a meta-analysis of studies investigating the effectiveness of movement (play or physical activity) interventions to enhance gross motor development in children. The review only included studies with children aged 0-5 years. In addition, at the time of analysis, the children were attending kindergarten, a childcare centre and/or pre-school (Veldman *et al.*, 2016). The type of interventions that were included consisted of any gross motor development childcare-based, pre-school or home-based intervention. Seven articles published between June 2007 and January 2015 were included in the final analysis (Veldman *et al.*, 2016). In conclusion the review highlighted a scarcity of more recent studies published on the effectiveness of using movement interventions aimed at enhancing gross motor development in children (Veldman, *et al.*, 2016). Furthermore, it was noted that only a few studies have focused on the cooperation of parents and thus, the positive impact on their child's gross motor development.

In summary, it was recommended that future studies be done on the effectiveness of using movement interventions aimed at enhancing gross motor development in

children and that personal development of teachers, be considered as a vital component in gross motor intervention (Veldman *et al.*, 2016).

The relationship between gross motor skills and other developmental areas further emphasises the importance of gross motor development. A positive correlation was reported by Jenni *et al.* (2013) between motor and intellectual functions of neuro-typical developing children between the ages of 7-18 years. Thus, again highlighting the importance of gross motor development for children.

A paucity of South African data exists on the prevalence of gross motor delays in children, whereas data from an international study done in Iran, a similar middle-upper income country (Schwab, 2019) shows an average of 4% in motor delays in Iranian children (Sajedi *et al.*, 2013). The diversity of South African living conditions presents various challenges to a child's development (Pienaar, 2009), not to mention the additional impact of public health challenges such as human immune deficiency virus (HIV) and poor nutritional status (Pienaar, 2009). Other factors contributing to the lack of gross motor skill developmental programme implementation includes: funding limitations, lack of interest in the area of gross motor development, difficulty of implementation of programmes in school settings and a lack of qualified staff (Veldman *et al.*, 2016).

Although, currently, physical education in schools has changed, previous research in South African schools showed that the gross motor development of the child was the responsibility of the teacher during PE (Rajput & Van Deventer, 2010). Therefore, it is important to determine the quality of PE in South Africa as one of the intervention programmes to promote gross motor development in children.

2.5 PHYSICAL EDUCATION TO PROMOTE GROSS MOTOR DEVELOPMENT

2.5.1 PHYSICAL EDUCATION IN SCHOOL

Physical education in schools should provide physical activity and movement experiences for children (Rajput & Van Deventer, 2010). The aim of PE as explained by Rajput and Van Deventer (2010) is to teach children to move (i.e. physical and motor domains), to learn about movement (i.e. cognitive domain) and to learn through means of movement (i.e. affective and social domains) (Rajput & Van Deventer, 2010).

Physical education in South Africa dates back to as early as 1803 when Commissioner de Mist first attempted to include PE in the curriculum (Lion-cachet, 1997). The first formal inclusion of PE was in 1897 in the curriculum of Cape Province schools and was predominantly offered to girls (Lion-cachet, 1997). In 1921 the Cape Town Training College introduced the first ever specialist course for PE, thus opening the door to significant development in the field of PE and leading to the first ever degree in PE at Stellenbosch University. This also resulted in the policy that only teachers with specialised training were allowed to teach PE (Lion-cachet, 1997).

By 1994 in South Africa, PE was removed from the South African curriculum. This was due to factors such as the perceived lower educational status that PE had in comparison to other academic subjects (Lion-cachet, 1997). The need for PE was not seen as important and therefore the new revised national curriculum statement excluded PE (DuToit *et al.*, 2007). This removal was met with disapproval from the health sector and PE was partially re-introduced more than ten years later, in 2012, as part of Life Orientation (Coetzee & Pienaar, 2015). Current studies still show the

negative after effect of the removal of PE from the South African curriculum (DuToit *et al.*, 2007; Van Deventer, 2009; Morgan & Hansen, 2010; Van Deventer, 2011).

Du Toit *et al.* (2007) investigated the problems and challenges facing South African schools with regards to integrating PE into the national curriculum in high-income and low-income communities. Du Toit *et al.* (2007) reported that the major challenges for schools were: i) teachers not sufficiently qualified; ii) the low status of the subject; iii) shortages of facilities and financial resources; iv) unique curriculum requirements; v) limited time allocation; and vi) practical problems involving large and culturally diverse classes.

Van Deventer (2009), in support of the widespread problem of insufficiently qualified PE teachers noted that 60% of the Life Orientation teachers who facilitated the learning outcome “physical development and movement“, were not qualified in instructing PE. He also found that there was a shortage of Life Orientation teachers who were qualified in PE in the Foundation Phase (Grade R-3) (Van Deventer , 2009).

Further, Lemos *et al.* (2012) conducted a study to compare gross motor development of young children engaging in PE, provided by a specialist teacher, and children engaging in recreational activities, provided by a regular teacher. The findings of the study showed that regular physical activity, presented by a specialist teacher, influences and promotes better development of gross motor development of children (Lemos *et al.,* 2012).These results highlight the need for specialists who have the expertise in working with children and their movement developmental needs. Thus, indicating the need in South Africa for movement specialists such as kinderkinetics.

2.5.2 PROMOTION OF PHYSICAL ACTIVITY THEN AND NOW

In the school setting, the promotion of physical activity and gross motor development depends on the level of training and willingness of the PE teacher, but it has been found that the delivery of PE does not meet these requirements (Van Deventer, 2011).

In the United States of America (USA), a study was conducted to determine the effect of a two-year PE programme on the physical activity and cardiorespiratory fitness levels of children. The Sports, Play and Active Recreation for Kids (SPARK) programme produced positive results in levels of physical activity during PE classes but did not show an increase in the level of physical activity outside of school (Faucette *et al.,* 1997). This study also found that positive results were found during PE classes led by a specialist, highlighting the importance of using certified PE specialists to enhance physical activity during PE (Faucette *et al.,* 1997).

Just as “play” has been neglected, the same can be said of PE as a means of physical activity for children (Van Deventer, 2011).

2.5.3 PHYSICAL EDUCATION: A GLOBAL DETERIORATION

In the last two decades, physical education has deteriorated in status and implementation globally (DuToit *et al.*, 2007). A study by DuToit *et al*. (2007) looked at the state of PE in a number of countries and found an overall decrease. They investigated developed countries such as the USA, England and Australia, and reported that, although these were the few countries where PE had a relatively high status, these countries first had evidence of a decline in status. The reasons for the decline in physical education status was found to be that of curriculum time pressure and the demands of higher academic standards (DuToit *et al.*, 2007).

In low-income countries such as Ghana and Nigeria, a trend of decline was noted due to financial implications and inadequate teacher training. Van Deventer (2011) also found that one of the main reasons for the global decline of PE was insufficient PE teacher training. When looking at the status of PE in South Africa, similar results were found.

2.6 KINDERKINETICISTS: SPECIALISTS IN GROSS MOTOR DEVELOPMENT OF CHILDREN.

Kinderkinetics emerged as a field of study in 1996 due to the lack of physical activity in South African schools after the removal of PE from the curriculum (Coetzee & Pienaar, 2015). Although PE was reinstated in 2012, the removal of PE still resulted in the absence of professionals with specialised knowledge in the field of movement and physical activity. The decrease in physical activity and the reduced status of PE can still be experienced in South African schools where the presentation of PE remains the responsibility of the generalist teacher, unqualified in PE (Ellapen *et al.,* 2019).

The profession of kinderkinetics specialises in gross motor development programmes for children 0-13 years of age. The professional practice is led by developmental specialists or “kinderkineticists” as they are commonly referred to in South Africa. All of whom, strive to apply the scientific principles governing paediatric exercise prescription, for the health-related benefits of their young clientele (Coetzee & Pienaar, 2015). Kinderkinetics focuses specifically on the developmental needs and milestone achievements of children through the application of educational principles and

scientifically-based exercise programmes (Pienaar, 2009). Using physical activity as the main means of therapy or intervention, kinderkinetics can assist children with special needs by using adapted forms of physical activities (Coetzee & Pienaar, 2015). According to Pienaar (2009), the founder of kinderkinetics, the need for gross motor developmental specialists in South Africa gave rise to the formalisation of the profession of kinderkinetics.

2.6.1 SCOPE OF KINDERKINETICS

From a vague understanding of the profession of kinderkinetics, and limited literature, it is easy to confuse kinderkinetics with other similar motor developmental programmes in South Africa (Coetzee & Pienaar, 2015). Likewise, other developmental professions (e.g. occupational therapy) could also be of the opinion that kinderkinetics has a similar scope of practice.

When looking at the three health constructs of illness, namely: care, prevention and health promotion, Pienaar and Strydom (2012) suggest that kinderkinetics fits well within the health promotion construct which aims to improve general health and well-being (Pienaar & Strydom, 2012). Although the scope of kinderkinetics falls within the fortogenic (general psychosocial well-being, self-efficacy, and social support) paradigm of health improvement where there is no pathology, there is a small overlap with the opposing pathogenic paradigm (Pienaar & Strydom, 2012). This overlap indicates the therapeutic nature of kinderkinetics, which is well positioned to assist traditional health care professionals (e.g. general practitioners and occupational therapists) (Pienaar & Strydom, 2012). The use of kinderkinetics in this regard will reduce the risk of hypokinetic-related illness by participation in physical activities

(Pienaar & Strydom, 2012) as well as manage developmental motor delays through early detection.The scope of kinderkinetics as indicated by Coetzee and Pienaar (2015) in Figure 2, include *1) remedial, 2) health improvement* and *3) optimisation* areas (Figure 2).

Remedial work includes, for example, working with learning problems such as ADHD, attention deficit disorder (ADD) and perceptual motor problems that influence school readiness (Coetzee & Pienaar, 2015). Others include obesity, motor handicaps such as DCD and gross motor defects, disabilities and posture deviations (Coetzee & Pienaar, 2015).

In a study conducted by De Milander *et al*. (2015), kinderkineticists implemented a perceptual-motor intervention programme to an experimental group of children. Children with DCD often show low levels of physical activity and perform poorly in balance and fine and gross motor skills (De Milander *et al.*, 2015). The researchers found that the kinderkinetics programme had positive results in the balancing ability of the children with DCD (De Milander *et al.*, 2015).

The second area contained in the scope of practice for kinderkinetics is that of health improvement (Coetzee & Pienaar, 2015). This area includes health risk improvements and improvements in quality of life (Pienaar & Strydom, 2012). The health promotion area of the scope of kinderkinetics, includes assisting with health risks such as inactivity, asthma and HIV (Coetzee & Pienaar, 2015). Kinderkinetics also assists with improving the quality of life of boys and girls through well-being programmes such as dance and fitness programmes where physical activity, social and psychological well-being are focused on (Coetzee & Pienaar, 2015).

The optimisation area of kinderkinetics focuses on programmes for infants (e.g. Baby Stimulation) (0-2 years), perceptual motor preparation (2-7 years), and sport development and well-being (7-13 years) (Coetzee & Pienaar, 2015).

Poor understanding and the vague understanding of the scope of practice of the profession of kinderkinetics by stakeholders such as teachers, parents and occupational health therapists can be detrimental to the status of the profession (Evashwick *et al.*, 2013) and could prevent referrals (Pienaar & Strydom, 2012).

To summarise, the scope of kinderkinetics falls within the fortogenic paradigm (health promotion) by providing scientific-based exercise programmes to stimulate the development of children. It also overlaps and includes children with pre-diagnosed problems (pathogenic paradigm) such as obesity and DCD that limit or influence their physical activity and motor development.

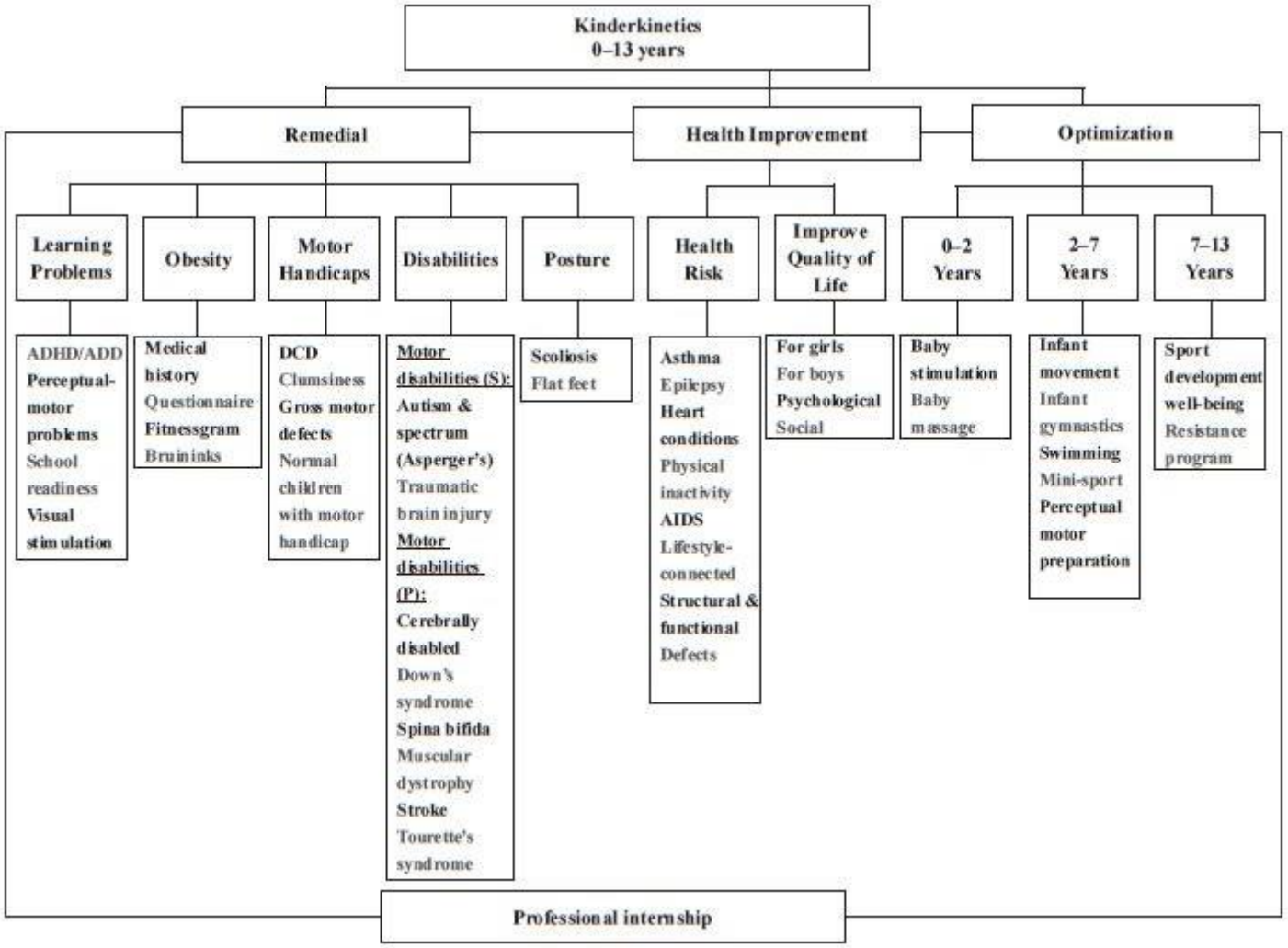


Figure 2: Examples of Kinderkinetics scope of practice (Coetzee & Pienaar, 2015).

2.6.2 EFFECTIVENESS OF KINDERKINETICS PROGRAMMES

Several similar studies highlight the effectiveness of kinderkinetics programmes. In 2011, a study of pre-school children (*n*=40) aged 4-6 years participating in a kinderkinetics programme, showed an improvement in perceptual-motor abilities and school readiness (Pienaar *et al.*, 2011). Similarly, a study investigating the gross motor abilities in pre-school children after an eight-week kinderkinetics programme recommended that a specially designed kinderkinetics programme is important for the development of gross motor abilities (Van Biljon & Longhurst, 2011). This study also found that due to a lack of awareness of kinderkinetics and its benefits, primary

schools were not adequately prepared for kinderkinetics, which may explain poor assumptions made by many teachers, coaches and parents who presume that maturation automatically involves the development of motor skills (Van Biljon & Longhurst, 2011). Table 2.2 below, briefly outlines intervention-based studies of the effectiveness of kinderkinetics programmes.

Table 2: A summary of studies on the effectiveness of kinderkinetics.

Title	Year Published	Authors	Type of Study	Outcome of Study
Effect of a kinderkinetics programme on components of children's perceptual-motor and cognitive functioning	2011	Pienaar, Van Rensburg & Smit, 2011	*A pre-/post-test design with an intervention group and a control group* *Sample: 40* *4- to 6-year olds*	*The kinderkinetics programme was effective in the improvement of perceptual-motor abilities while also contributing to school readiness on an attentive and cognitive level.*
Influence of an 8-week kinderkinetic movement programme on the scholastic performance of children aged 6-8 years	2015	Gouws, 2015	*A pre-/post-test design with an intervention group and a control group* *Sample: 24* *6- to 8- year olds*	*8-week kinderkinetics intervention programme plays a significant role in academic performance of children age 6-8 years.*
Effects of a kinderkinetic programme on the gross motor abilities in pre-school children	2011	Van Biljon & Longhurst, 2011	*A pre-/post-test design with an intervention group and a control group – 8-week kinderkinetics intervention* *Sample: 20* *4.5- to 6- year olds*	*A specially designed kinderkinetics programme is of utmost importance for the development of motor abilities in pre-school children*

Perceptual-motor intervention for developmental coordination disorder in grade 1 children	2015	De Milander, Coetzee & Venter, 2015	*The study had a pre-/post-test experimental design (n=36) with a control group (n=40)* *5- to 8- year olds*	*After the intervention, one subtest, balance, showed a significant change (p=0.050), while manual dexterity (p=0.797) and aiming and catching (p=0.252), showed no significant changes.*
The effect of different intervention programmes on the self-concept and motor proficiency of 7- to 9-year-old children with DCD	2008	Peens, Pienaar & Nienaber, 2008	*A pre-/post-test design* Sample: 58 36 boys 22 girls 7- to 9- year old children with DCD	*Motor proficiency and self-concept of children with DCD benefit from intervention, but both should be addressed for optimal benefits.*

As kinderkinetics is a vital factor influencing the school readiness of children and the school environment provides the perfect vehicle for the delivery of kinderkinetics programmes, Pienaar (2009) believes it is critical that people trained to be specialists in children's movement needs, should be involved in these programmes. Pienaar (2009) also states that education authorities and governmental institutions should be responsible for the application of the knowledge of kinderkinetics (Pienaar, 2009). Still, no studies could be found on the implementation of these kinderkinetics programmes in school settings.

Although there are a number of studies that have evaluated the effectiveness of gross motor programmes (Strong *et al.,* 2005; Piek *et al.*, 2006; Pienaar *et al*, 2011; Van Biljon & Longhurst, 2011), no evidence could be found on the integration of these

programmes into routine school curricula or on the awareness of teachers and parents as to the benefits and importance of kinderkinetics.

In a country such as South Africa, where there is inequality of resources in schools (Pienaar, 2009), further challenges may be faced by the education system in integrating kinderkinetics programmes into the core curricula in primary schools. According to Coetzee and Pienaar (2015) greater awareness of kinderkinetics as a health profession and the benefits the practice derives in aiding gross motor development needs to be prioritised to increase the reach of the profession.

2.7 KINDERKINETICS: A PAEDIATRIC DEVELOPMENT PROFESSION

2.7.1 WHAT IS A PROFESSION?

When referring to a profession, many sociologists argue that there is a distinct difference between one's "occupation" and one's "profession" (Evashwick *et al.*, 2013). Evashwick *et al*. (2013) argue that an "occupation" refers to the work that an individual does to earn or derive an income. On the other hand, a "profession" has distinct elements, which includes a unique body of knowledge, advanced formal education and autonomous practice (Evashwick *et al.*, 2013). While occupations share some of the same characteristics of a profession, an occupation can convert into a profession (Evashwick *et al.*, 2013), as did kinderkineticts. Some researchers explain a "profession" as an occupation that requires specialised prolonged training and formal education, all in an effort to ensure competent professionals (Steadman & Milligan, 2019).

Professions have specific qualities which include a) formal educational requirements, b) autonomy of practice, c) adherence to an established code of conduct and d) a unique body of knowledge:

a) Advance formal education: The element of advanced formal education as an indicator of a profession is important to establish criteria to ensure the quality of education (Evashwick, Begun & Finnegan, 2013). In public health professions there has been a rise in universities and teaching institutions that focus on public health studies (Evashwick, Begun & Finnegan, 2013).

Since the start of kinderkinetics in 1996 at the North West University in Potchefstroom, the formal education of kinderkinetics has increased. Kinderkinetics is currently being offered by three major universities in South Africa.

b) Autonomous practice: Autonomous practice as an indicator of a profession refers to the professionals in the profession as being able to work independently and not being dependant on guidance and help from other professionals in the workplace (Evashwick *et al.*, 2013). This is also integrated with meeting the requirements as set out by the professional associations.

c) Adherence to an established code of conduct: All SAPIK registered kinderkineticists agree to adhere to the code of conduct of the profession when registering at SAPIK as a kinderkineticist. Kinderkineticists have to abide by the rules and regulations laid out by the SAPIK and its code of conduct. (SAPIK, 2019).

d) A unique body of knowledge refers to the knowledge base that helps define a specific profession (e.g. nursing) (Hall, 2005). Defining the knowledge base of a profession, refers to the theoretical and practical knowledge required by a profession

to provide appropriate levels of service, such as kinderkinetics (Steadman & Milligan, 2019). In the field of nursing, a number of authors have written on the subject attempting to define what nursing knowledge is (Hall, 2005). Mensik (2011) state that the knowledge may be in the form of a framework, model or theory which, when applied, facilitates professional development as well as meeting the requirements set forth by the professional body regulating the profession.

Kinderkinetics as a profession has a vast and unique body of knowledge. This body of knowledge has been discussed and published in discussion papers (Pienaar, 2009, 2014; Coetzee & Pienaar, 2015) and research papers on effectiveness of kinderkinetics as an intervention programme (Coetzee & Pienaar, 2010; Pienaar *et al.* 2011; Van Biljon & Longhurst, 2011; Pienaar *et al.*, 2013; Gerber, 2015; Gouws, 2015; Lee *et al.*, 2016; de Waal, 2019). Student guidelines have also been developed specifically to assist kinderkinetics students and kinderkineticists (Pienaar, 2010).

2.7.2 KINDERKINETICS AS A PROFESSIONAL FIELD OF STUDY IN SOUTH AFRICA

Kinderkinetics as a profession differentiated themselves from other motor development programmes such as Play Ball and Monkeynastix in South Africa. The six principles that makes kinderkinetics different to other movement programmes are: *1) Scientific-Based Training Curriculum, 2) Specialist vs. General Knowledge base, 3) Professional Guidance, 4) Evidence-Based Practice, 5) Practice-Based Evidence* and lastly, *6) Continued Professional Development* (Coetzee & Pienaar, 2015). Each principle will be discussed individually.

2.7.2.1 Scientific-based training curriculum

Kinderkinetics as explained by Coetzee and Pienaar (2015) requires a total of four years of study (or three years bachelor training plus one honours year of specialization at the University of Stellenbosch) and training in paediatric exercise science. During these four years the student-in-training learns to incorporate motor learning principles such as dynamic systems theory of children and specific physical activity guidelines to facilitate appropriate motor development. They are also trained to assist in appropriate rehabilitation strategies for children with developmental and motor delays (Pienaar, 2009).

2.7.2.2 Specialist vs. General knowledge

As mentioned above, kinderkineticists undergo training in child development and paediatric science to obtain a degree in kinderkinetics. The degree can be obtained at any of the following universities in South Africa; North West University (Potchefstroom Campus), University of the Free State and the University of Stellenbosch. This four-year degree includes practical experiences and scientific knowledge about motor and development delays and before a kinderkineticist-in-training may register as a kinderkineticist they need to complete 300 practical hours (Coetzee & Pienaar, 2015).

The specialised training of kinderkineticists is divided into three areas as illustrated in the scope of kinderkinetics (Figure 2), and include: i) remedial (focus on children's needs, also the needs of special needs children); ii) health improvement (focus on improving the quality of life of the child); and iii) optimization (focus on the child with no motor delays to improve motor skills) (Coetzee & Pienaar, 2015). The specialised training in these three areas provides the kinderkineticist with additional expertise in a field such as PE. All of which can be applied in a school setting, not just in private

practice (Coetzee & Pienaar, 2015) thus highlighting the difference and benefit of the specialist kinderkineticist versus the general knowledge of other programmes such as Playball and Monkeynastix which are franchises.

2.7.2.3 Professional guidance

The SAPIK was founded in 2004 to act as the professional body for kinderkinetics and to provide guidance to the registered kinderkineticists (Coetzee & Pienaar, 2015). According to SAPIK (2019) SAPIK acts as the professional home of kinderkinetics and regulates the professional behaviour of kinderkineticists.

The vision of SAPIK, as found in Coetzee and Pienaar (2015), is to be "a scientific-based profession operating in a professional, excellent and practical way to serve the community nationally and internationally". The core mission of SAPIK includes the sustainability and development of the profession to be a nationally and internationally recognised profession of paediatric science, to benchmark kinderkinetics against world-class standards, provision of outstanding education and training, and contribute to society both nationally and internationally (Coetzee & Pienaar, 2015).

2.7.2.4 Evidence-base practice

Numerous studies in paediatric science published on neuromotor-development (Clark & Metcalfe, 2002; Peens & Pienaar, 2006; Piek *et al.,* 2008; Pienaar, 2010; Heckman, 2012; Sajedi *et al.*, 2013; Khalaj & Amri, 2014), physical activity and inactivity of children (Pellegrini & Smith, 1998; Sherrill, 1998, 2004; Cheatum & Hammond, 1999; Strong *et al.,* 2005; Wrotniak *et al.,* 2006; Stevens *et al.,* 2008; Pienaar, Du Toit & Truter, 2013; Laukkanen *et al.,* 2014; Ellapen *et al.,* 2019) and intervention studies for developmental delays (Frankenburg, 2002; Rosenberg *et al.*, 2008; Noritz & Murphy,

2013; Gerber, 2015), assist and guide kinderkineticists during their training and professional practice (Coetzee & Pienaar, 2015). Kinderkineticists have also conducted research in the field of childhood obesity (De Ridder, 2010; Pienaar & Strydom, 2012; Pienaar *et al.*, 2013).

The intervention protocols of some of these studies mentioned above have been successfully implemented as intervention programmes used to establish kinderkinetics as an evidence-based practice, thus ensuring that all the developmental needs of the child are met (Coetzee & Pienaar, 2015).

Research investigating the effectiveness of kinderkinetics programmes and interventions (Peens & Pienaar, 2006; Wessels *et al.*, 2008; Pienaar, 2009; Coetzee & Pienaar, 2010; Van Biljon & Longhurst, 2011; Pienaar *et al.*, 2011; Pienaar *et al.*, 2012; Pienaar *et al.*, 2013; Gouws, 2015), but no studies have been done on the kinderkineticist or the profession, making this study vital for the profession of kinderkinetics.

2.7.2.5 Practice-based evidence

In the training of kinderkineticists, tertiary institution officials such as lecturers and practitioners within kinderkinetics work closely to identify challenges and opportunities that kinderkineticists experience in practice. It is therefore vital to ensure that all the needs of children are still addressed appropriately (Coetzee & Pienaar, 2015). Professional experience gained from those working as kinderkinetics practitioners also plays an important role. These professionals offer insight, and provide guidance to students and newly qualified professionals, which aids in their relevant understanding and training as kinderkineticists (Coetzee & Pienaar, 2015).

In summary, the training and the educational preparation of the kinderkineticists in the profession of kinderkinetics equips the newly qualified professional to provide independent judgement and to contribute their own unique skills to the profession (Evashwick *et al.*, 2013).

2.7.2.6 Continued professional development

Continued professional development (CPD) is a requirement of the SAPIK to ensure that both the knowledge and skills of their profession members remains up to date and relevant (Friedman, 2013). Kinderkineticists are required to participate or attend professional development meetings or workshops in an effort to obtain 26 CPD points per year (SAPIK, 2019). Professionals bodies such as SAPIK are responsible for ongoing support to kinderkineticists by providing opportunities for participation in CPD and learning (Coetzee & Pienaar, 2015).

2.8 PROFESSIONAL STATUS, REPUTATION AND IMAGE OF A PROFESSION

To date, other health professions such as physiotherapy and occupational therapy, have published literature on the perceptions of their respective profession's status, reputation and image (Kandasamy, 2012; Umpiérrez *et al.*, 2013; Henderson *et al*., 2015). The study by Turner & Knight (2015), is centred on the debate of professional identity of occupational therapists and highlights the following key findings. The authors established that commitment by those professionals interviewed, towards a single belief about their occupation provides the profession with a unique identity (Turner & Knight, 2015). They also established that the profession requires a profession specific language to ensure professional identity. Lastly, they found that the

creation of communities of practice strengthens the profession's professional image and identity (Turner & Knight, 2015).

Although literature about the professional status of other professions was found, no literature could be found on the professional status, reputation and image or identity of the profession of kinderkinetics. Similarly, no literature could be found on the use of communities of practice to strengthen the professional identity of kinderkinetics as a profession.

2.9 CAREER OUTCOMES IN KINDERKINETICS

Research indicates that the choice of a career by an individual is determined by the perceived outcomes of that career (Mbawuni, 2015). The career outcomes as described by Mbawuni (2015) are the benefits that the professionals derive from their profession or career. These benefits are motivational factors and can be extrinsic or intrinsic in nature.

The career outcomes of the professional can include working in a school setting, working for an existing kinderkinetics practice or being an independent private practitioner (Coetzee & Pienaar, 2015).

The career outcomes of working for an established kinderkinetics practice or becoming an independent practitioner, are the popular choice for newly graduated professionals. Though no published papers could be found for kinderkinetics, evidence from other health professional studies shows that this is a key career outcome that requires educational preparation for entrepreneurship (Amini *et al.,* 2015). For any professional, to start an independent practice or business requires certain knowledge and insight into business practices.

According to the study of Amini *et al.* (2015) on the views of professors and students on including an entrepreneurship course as part of the syllabus of paramedical sciences, the following recommendations were made: i) business practices should include knowledge of how to write and present a business plan; ii) a basic understanding of business management principles which include negotiation and effective communication skills; iii) knowledge of launching a business and team management; v) knowledge of marketing principles; vi) an introduction to business law, financial affairs and risk management. Some health professions such as nursing are not seen as business-oriented professions and therefore entrepreneurship has received little attention in this faculty (Phillips & Garman, 2005).

A study by Mussons-Torras and Tarrats-Pons (2018) analysed the factors that influence the possibility of a health student becoming an entrepreneur. The study found that physiotherapy students were more likely to become entrepreneurs than nursing students even though both professionals are created under the same frame of knowledge. They found that, in order for students to become entrepreneurs, universities or training institutions should focus on creativity and innovation skills (Mussons-Torras & Tarrats-Pons, 2018).

In considering the career outcomes of working in schools, no literature were found, though in other professions such as occupational therapy, school-based occupational therapists found that direct services to the child had the most benefits for therapy (Case-Smith & Cable, 1996).

2.10 CONCLUSION

This chapter provided an overview of literature on the importance of child development, especially gross motor development. The chapter started by looking at literature about the importance of play in the development of children, literature on gross motor skills and gross motor delays was also examined. The important role of the promotion of these skills and the prevention of these motor delays was noted and further literature was examined regarding means of promoting or preventing these delays.

Literature on PE was examined to determine the role that the subject of PE as a gross motor skill development programme for primary school children played. The historical background of PE in South Africa was briefly discussed to indicate the need for specialist teachers of PE rather than general teachers teaching PE.

Due to the removal of PE and the lack of specialised knowledge of gross motor development of children, the profession of kinderkinetics emerged. The literature review then focused on kinderkinetics as a profession, discussing the history of kinderkinetics and the principles that separates the profession of kinderkinetics from their motor development programmes in South Africa. A number of studies could be found on the effectiveness of kinderkinetics programmes, but no studies could be found on the professionals of the profession (kinderkineticists) or on the professional status and or identity of the profession of kinderkinetics.

Through this literature review, the researcher identified a gap in the literature of the profession of kinderkinetics.

The following section of this research report will discuss in detail the application of the selected research methodology.

Chapter 3

METHODOLOGY

3.1 INTRODUCTION

This chapter describes the qualitative methodology used to explore kinderkineticists' perceptions and experiences of their profession. Research methodology directs the researcher in preparing and implementing a specific research approach to accomplish its aims (Burns & Grove, 2011). To address the overall aim of the study, the qualitative research approach was deemed beneficial, and thus applied as it is underpinned by an explorative contextual focus which makes use of words, narrative stories and data derived from observations as well as open-ended questions during interviews and focus groups (Creswell, 2014). Quantitative research, on the other hand, can be explained as the representation of scientific data in the form of numbers, for example the use of a close-ended question such as "How old are you?". Qualitative research includes the idea of multiple truths through human realities, and not those of objects commonly used in quantitative research (Erlingsson & Brysiewicz, 2013). Overall, the qualitative approach selected was seen to add value to the interviewed participants, as it provided them with the opportunity to voice their true concerns and experiences in a way that the quantitative approach is unable to do (Gibson *et al.*, 2004).

Thus, this current chapter explains the qualitative research approach applied and research design used in this study. This is followed by a description of the application of qualitative research methods used to achieve the overall aim of the study, as well

as objectives concerning the perceptions of the participants interviewed.

3.2 RESEARCH APPROACH

According to Creswell (2014), the research approach is the plan and set of procedures selected to answer the quantitative and qualitative research questions (Creswell, 2014). As above mentioned, the qualitative research approach was applied and deemed most appropriate for the current study as. To date, no qualitative studies related to kinderkinetics, as a profession, have been conducted. In contrast, the majority of studies have focused on the effectiveness of kinderkinetics programmes (Peens & Pienaar, 2006; Wessels *et al.*, 2008; Pienaar, 2009; Coetzee & Pienaar, 2010; Van Biljon & Longhurst, 2011; Pienaar *et al.*, 2011; Pienaar *et al.*, 2012; Pienaar *et al.*, 2013; Gouws, 2015).

3.3 RESEARCH PARADIGM

With a qualitative research approach, an interpretivist research paradigm underpins the study. A paradigm is “a basic set of beliefs that guide action” (Guba & Lincoln, 1994:35) and therefore helps the researcher to optimise processes such as thoughts, observations and interpretations that guides the direction that the research aims to take. According to Creswell (2014), the term “paradigm” can be defined as the nature of the world and is represented by a worldview or a general philosophical orientation.

Different paradigms exist when conducting research using quantitative and qualitative approaches in medical and social sciences (De Vos *et al.,* 2012).

In quantitative research, the most commonly used paradigm is “positivism”, which refers to a belief in the objective deductive measurement of knowledge. In opposition to this is the use of “interpretivism” and “constructivism”, which refer to a belief in the subjective contextual inductive construction of knowledge when conducting a qualitative research approach.

3.4 RESEARCH SETTING

At the time of undertaking the study, the research setting included all nine South African provinces and the three major universities, namely: North-West University, University of the Free State and Stellenbosch University as training institutions. After graduating, the newly qualified kinderkineticists are required to register with the SAPIK. This allows them to practise as a registered kinderkineticist in South Africa.

According to the 2016 SAPIK database, there were 134 registered members across the nine provinces recorded in 2016 (Table 3.1). Of the three provinces in which the training institutions are located, the Western Cape province had the highest number of registered members (27) with the North West second highest (17) and that of the Free State third highest (2). The Gauteng province, with no training institution, had the highest number of registered members (60) (Table 3.1).

Table 3: Registered SAPIK members according to each of the nine South African provinces (2016)

Province	Number of members registered in 2016
Gauteng	60
Western Cape	27
North West	17
Free State	12
KwaZulu-Natal	4
Limpopo	4
Mpumalanga	4
Northern Cape	4
Eastern Cape	2
Total	**134**

3.5 RESEARCH DESIGN

3.5.1 INTRODUCTION

Research study designs are referred to as strategies of inquiry and provide direction for processes and procedures carried out by the researcher undertaking the study (Creswell, 2014). The research design selected for the current study is described as an exploratory research design and it was amied at exploring kinderkineticists' perceptions of kinderkinetics in South Africa. Yegis and Weinbach (1996:92) support the use of an exploratory research design by stating that: "It is appropriate when problems have been identified but our understanding of them is quite limited. It is conducted to lay the groundwork for other knowledge-building that will follow".

Qualitative research includes both complex and simple study designs. The three complex designs are: Phenomenology, Ethnography, and Grounded Theory (Kahlke, 2014). These are highly complex designs and as Kahlke (2014) reported, most qualitative researchers have found that some qualitative research studies do not simply fit within the methodical rules and guidelines of the above designs. The simple qualitative design is the qualitative, exploratiory descriptive and contextual design which includes simple qualitative data collection via focus group interviews. This design (Kahlke, 2014) is often chosen if the research problem does not fit within any of the three established designs. The qualitative, exploratiory descriptive and contextual design includes a sub-category namely: to understand how participants perceive their world and their experiences (Merriam, 2009), which is explored in a contextual setting and is described via “themes” or “categories” that emerge. This research design aims to describe more specific details and patterns such as experiences obtained through interviews (Alston & Bowles, 2003). Rubin and Babbie (2017) expand on this view adding that description is more likely to refer to a thicker examination of meaning when conducting qualitative studies.

A research approach can include either inductive or deductive reasoning and is used in either qualitative or quantitative research approaches. Often, in qualitative research, the research processes are inherently inductive, they move from specific data observations to the development of general principles, theories or frameworks (i.e. a bottom up process) (Creswell, 2014). Thus, when researchers take an inductive approach, they start with a set of observations and then move to a more general set of propositions about those experiences (i.e. moving from data to theory) (Green & Thorogood, 2009). In qualitative research, an example of this inductive approach, is in

Grounded Theory qualitative research where the theory is formed from the data (Green, 2014).

Deductive reasoning is not commonly used in qualitative research but is now increasingly being used by researchers (Pope *et al.*, 2000). Deductive reasoning is more often associated with quantitative research approaches (i.e. moving from general frameworks or principles or assumptions to specific observations), a top down approach, and is typically associated with scientific quantitative investigation (Green & Thorogood, 2009). For example, in quantitative research deductive reasoning is applied to test hypotheses or theories. According to Pope *et al.* (2000), the use of deductive reasoning can also be applied to qualitative research (Kenneth, 2000).

In this study, underpinning the qualitative descriptive exploratory and contextual research design, an inductive reasoning process was used with the exploration of a conceptual framework to guide the qualitative methodes. The qualitative methods used were semi- structured interviews (Appendix C).

3.5.2 CONCEPTUAL FRAMEWORK

In research, frameworks have been defined as the “map” for a study (Gerrish & Lacey, 2010) and are often used in inductive approaches. When the framework of a study is based on concepts, the framework is called a conceptual framework (Green, 2014). The aim of a conceptual framework is to assist researchers to organise and guide what the study aims to achieve by providing a basis for the development of the research questions (Green, 2014).

A conceptual framework is a visual or written product that justifies the main concepts to be researched, thus being a conception of what the researcher intends to study

(Miles *et al.,* 1994). It is not just a gathering of concepts but each interlinked concept results in a broader understanding of a phenomenon (Jabareen, 2009).

In conducting a descriptive, exploratory and contextual study to explore kinderkineticists' perceptions of kinderkinetics in South Africa, a deductive conceptual framework was used, to provide a framework for the development of the objectives of the study, to organise the content of the literature review and to provide a guide for the analysis of the data collected.

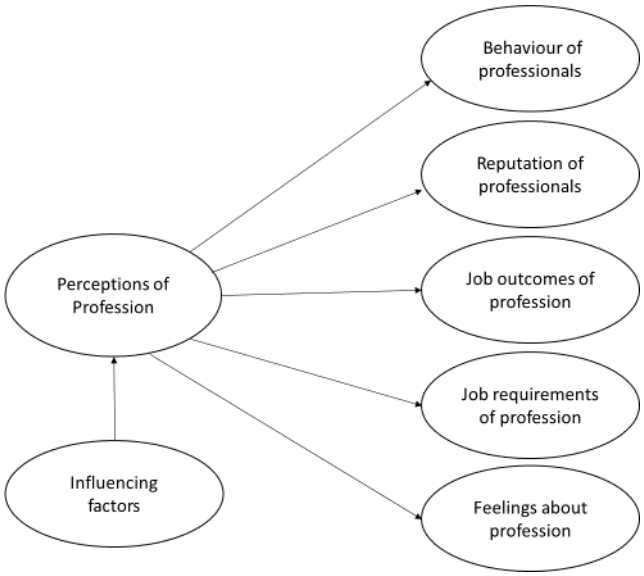
To identify a relevant deductive conceptual framework, various frameworks, used to describe professions and professional practice, were examined. These ranged from, what constitutes a profession, to describing the transition from university to work frameworks, as well as retention and recruitment frameworks, and those used to explore perceptions about a profession. Given the aim of the current study, a framework which guided the exploration of perceptions about a profession was identified as the most suitable and the "feelings and perceptions about a profession" framework by Mbawuni was adapted (Mbawuni, 2015).

3.5.2.1 Feelings and perceptions about a profession framework

Mbawuni (2015) developed this framework to explore preconceived notions of students about the accounting profession in a developing country. The framework, which was validated using a questionnaire among 1200 accounting students, has five constructs that form part of perceptions about a profession, namely: i) Perceived effects of individual (negative) behaviours on a profession; ii) Perceived (positive) reputation of members of the profession; iii) Perceived job outcomes of the profession; iv) Perceived job requirements of the profession and, v) General feelings about the

profession. In addition, the framework includes influencing factors such as gender and education on the perceptions of the accounting profession (Figure 3).

The constructs are explained below.



Profession and professionals refer to accounting and accountants

Figure 3: Feelings and perceptions about a profession (Adapted from: Mbawuni, 2015).

3.5.2.2 Perceived negative behaviour of the professionals

The first of the five constructs focus on the *perceived negative behaviour of the professionals*. In this framework by Mbawuni (2015), the relationship between negative behaviours of individuals in the profession, is hypothesised to result in negative perceptions of the profession. Thus, preconceived notions of negative perceptions towards accountants due to examples of perceived negative behaviours (e.g. corruption, and dishonesty) by accountants. This construct highlights the relationship between negative behaviours and the effect on the perception of these behaviours on the perceptions of the profession.

3.5.2.3 Perceived positive reputation of the professionals

The second construct focuses on the *perceived positive reputation of the professionals*, i.e. the image or reputation of a profession, where a positive perception towards accountants with regard to their reputation can be held (Mbawuni, 2015). This construct hypothesises that the reputation and or image of the profession being held in high regard and valued in the contextual setting, will affect the perceptions of the profession. However, it was noted that perceptions about the perceived reputation or image of a professions can be both negative and positive and that this may impact on the overall image of the profession (Mbawuni, 2015).

3.5.2.4 Perceived job outcomes of the profession

The third construct focuses on *perceived job outcomes of the profession*. Perceived benefits derived from a given job may influence career choice and can act as motivational factors to commit to the educational requirements and training required for certification in the profession (Mbawuni, 2015). Though this construct focuses on positive outcomes such as opportunities, prestige, personal satisfaction and career advancement, factors in this construct can include negative outcomes such as perceived challenges experienced in the job (Mbawuni, 2015).

3.5.2.5 Perceived job requirements of the profession

The fourth construct is the *perceived job requirements of the profession*. As Mbawuni (2015) states, all professions have their regulations, principles of practice and professional job requirements, thus requiring adequate preparation and certification. Perceptions of these requirements may not reflect reality and inaccurate perceptions

of the perceived job requirements may lead to over ambition and unrealistic job expectations (Mbawuni, 2015).

3.5.2.6 General feelings about the profession

The fifth construct is the *general feelings about the profession*. Attitudes and feelings about a profession form the foundation of the perceptions of the profession (Ajzen, 1991). Mbawuni (2015) states that general feelings about a profession may be formed from areas such as early childhood experiences, education and practical experiences in current or previous employment, resulting in idealised views of the profession. Some idealised views might result in negative feelings if the feelings of accomplishment, emotional and financial security is not felt (Mbawuni, 2015). Thus, resulting in negative perceptions of the profession.

3.5.2.7 Influences of gender and education perceptions on the profession

The last construct focuses on the role that certain factors can have that influence the perception of a profession. The identified factors in the framework of Mbawuni (2015), are gender and education. In accounting, it had been found that men perceive a profession like accounting, as more interesting than women do and that men tend to be more likely to pursue a career in this field. Thus, resulting in a positive perception of the profession from the male perspective (Mbawuni, 2015).

The construct also explored the influence of the educational differences towards the profession of accountancy by examining the perceptions of graduate and undergraduate students, implying that graduate students have a more positive perception towards the profession of accounting than undergraduate students

because of their higher educational achievement and work experience (Mbawuni, 2015).

3.5.3 APPLICATION OF FRAMEWORK FOR STUDY

For the purpose of this study, Mbawuni's (2015) framework was adapted and applied to explore kinderkineticists' perceptions of the status of kinderkinetics. In the examination of the framework used by Mbawuni (2015), the purpose of the framework was to determine perceptions of the accounting profession from the perspective of students.

Therefore, the framework was adapted to focus on the perspective of qualified professionals (kinderkineticists) instead of students, as used by Mbawuni (2015). The adapted framework thus included a specific focus on the profession of kinderkinetics from the perspective of qualified kinderkineticists (Figure 2).

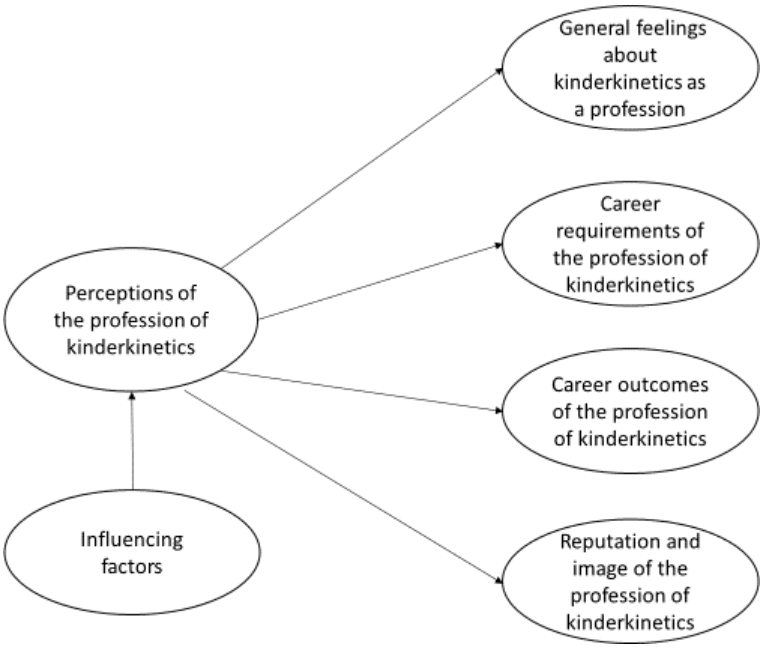


Figure 4: Feelings and perceptions of the profession of kinderkinetics.

A second adaptation includes the refining and ordering of the constructs. In the framework of Mbawuni (2015), there are five constructs. This adapted framework has four constructs only. This is as a result of the combination of the constructs of *perceived (negative) behaviour of the professionals* and *perceived (positive) reputation of the professionals* to form one construct, namely, *perceived reputation and image of the profession of kinderkinetics*. In addition, the relevant influencing factors in kinderkinetics were identified as work-related factors, namely province of employment and state of employment (practicing versus. non-practicing). The order was also rearranged to better suit the flow from kinderkineticists' *general feelings about kinderkinetics as a profession in South Africa*, followed by *career requirements of the profession of kinderkinetics*, then the *career outcomes of the profession of kinderkinetics* and lastly, the *perceived reputation and image of the profession of kinderkinetics* by stakeholders (Figure 4). The applied framework is discussed below.

3.5.3.1 Kinderkineticists' general feelings about kinderkinetics as a profession in South Africa

In this framework, the construct is about the *general feelings held by the kinderkineticists' about the status of kinderkinetics as a profession in South Africa*, as experienced by kinderkineticists. This construct includes positive and negative experiences, feelings and attitudes about kinderkinetics, including specific perceptions on their perception of the status of kinderkinetics as a profession in South Africa. As Mbawuni (2015) stated, general feelings about a profession may be formed from personal experiences, education and the work-related experiences, and in the application of this framework, the focus is on practical experiences of employment and education and the specific perceptions of the status of kinderkinetics in the context of

competing health professions (e.g. occupational therapy, physiotherapy and biokinetics).

This construct, therefore, informed Objective 1: To explore kinderkineticists' perceptions and feelings on the state of kinderkinetics in South Africa and to explore if these were different, dependant on the identified influences in the framework.

3.5.3.2 Career requirements of the profession of kinderkinetics.

In the adapted version of Mbawuni's (2015) framework, the perceived career requirements of the profession of kinderkinetics, as a construct was explored. When a career is identified as a profession, the profession is subjected to regulations, principles of practice and professional career requirements (Mbawuni, 2015). The same may be said about the profession of kinderkinetics. The specific career requirements of the profession of kinderkinetics requires a specific qualification in the field of kinderkinetics. This is an honours qualification which characteristically follows either a three-year BA/BSc undergraduate degree in Human Movement or Sport Science (dependant on the institution).

On completion, the newly qualified kinderkineticists transition from kinderkineticist-in-training (i.e. student) to professional status (i.e. kinderkineticist) by: i) registering as a practitioner with the SAPIK; ii) accumulating a certain amount of CPD points per year as per SAPIK guidelines; and iii) adhering to the code of conduct and ethical principles as set by the SAPIK.

Failure to adhere to these regulations could result in disciplinary procedures. Separate to the professional requirements, is the student's ability to transition to practice and cope with work-related stress, as well as the challenges of needing to integrate theory

and practice, while also looking for new opportunities to continue their learning and dealing with the reality of no longer being a student.

All these requirements and challenges can affect the perceptions kinderkineticists have towards their profession. This construct, therefore, informed Objective 2: to explore kinderkineticists' perceptions regarding the opportunities and challenges related to their career requirements. In addition, it would explore if perceptions of career requirements were different from the identified influences in the framework.

3.5.3.3 Career outcomes of the profession of kinderkinetics

This construct in the adapted version of the framework is the perceived career outcomes of the profession of kinderkinetics. As Mbawuni (2015) stated, perceived benefits derived from a given job may influence career choice and can motivate the student to commit to the education and training required for certification in the given profession.

Career outcomes in the profession of kinderkinetics, such as becoming an independent private practitioner (i.e. owning one's own practice) or being employed by a school as a kinderkineticist can positively or negatively influence the perception about the profession of kinderkinetics. Challenges in working in the profession may include professional isolation, challenges with professional identity, challenges with integrating theory into practice, lack of opportunities for role taking and competition from other similarly skilled professionals (e.g. occupational therapy, physiotherapy and biokinetics) (Pimmer *et al.*, 2019).

All these expectations and challenges can affect the perceptions kinderkineticists have towards their profession. This construct, therefore, informed Objective 3: to explore kinderkineticists' perceptions of the opportunities and challenges concerning their work-related outcomes. In addition, it would explore if perceptions of career outcomes were different dependant on the identified influences in the framework.

3.5.3.4 Perceived reputation and image of the profession of kinderkinetics

This construct is a combination of the first two constructs of Mbawuni (2015), the perceived negative behaviour of the professionals and the perceived positive reputation of the professionals. Both constructs highlight issues that impact on the reputation or image of the profession. Mbawuni (2015) was specifically concerned about the perceived negative behaviours of accountants and to this end he singled out perceived negative behaviours of the profession as a separate construct.

In this study, the two constructs were thus combined into a single construct, the perceived reputation and image of the profession of kinderkinetics. This construct focuses on the perceptions held by kinderkineticists on their image of kinderkinetics and includes both positive and negative perceptions which they perceived about the reputation of kinderkinetics amongst key stakeholders (e.g. parents and school personnel). Kinderkineticists rely on clients, in the form of children, taking part in kinderkinetics programmes to have a successful career in kinderkinetics. Thus, the kinderkineticist depends on parents, schools and other professionals to have a positive perception towards kinderkinetics in order to allow or refer children to take part in kinderkinetics programmes.

This construct, therefore, informs Objective 4, namely: to explore the kinderkineticists' perceptions of the attitudes of parents, schools and other health-related professionals with regards to each of their images of kinderkinetics as a profession and thus to explore the perceived reputation and image of the profession. In addition, it would explore if the perceived image of the profession was experienced differently, dependant on the identified influences in the framework.

3.5.3.5 Influencing factors on the perception of the profession of kinderkinetics

Kinderkinetics as a health profession is mainly practiced by women, therefore the issue of gender as per the framework of Mbawuni (2015) was not relevant. Although there has recently been an increase in the number of men who register as SAPIK members, women still are in the majority of those registered with SAPIK.

Educational preparation as an influencing factor was not deemed to be relevant in the current study as kinderkinetics in South Africa is an honours qualification and this have a specific preparation for the profession. The two influencing factors of relevance to kinderkinetics are related to work, namely between provinces and between kinderkineticists working and not working in the field of kinderkinetics.

3.5.4 PARTICIPANTS AND SAMPLE

During qualitative studies, the sample is described as non-representative and based on a level of data saturation. Unlike sampling in quantitative studies, the sample size in qualitative studies cannot be statistically determined, therefore non-probability sampling methods are applied (De Vos *et al.,* 2012).

The participants (population) for the study were qualified and registered kinderkineticists from the 2016 SAPIK database (N=140). This database consisted of both national and international members' plus their contact details and was downloaded from the official SAPIK website under the section of registered members. This is a password-protected website that can only be accessed by registered members. The researcher is a registered SAPIK member (membership number: 01/010/05/1011/001) and had access to the site as well as the registered members-only Facebook page. The non-probability sampling of this study was done through purposive and snowballing methods.

3.5.4.1 Purposive sampling method

Purposive sampling, as a non-probability sampling method, is sometimes referred to as "judgemental" sampling due to the fact that the researcher has to use their own judgement regarding the purposive selection of participants (Brink *et al.*, 2012). This method was used to determine the most representative or knowledgeable participants (Erlingsson & Brysiewicz, 2013). The researcher in this study selected the participants by using an eligibility criterion of inclusion and exclusion.

Inclusion criteria:

- SAPIK registered kinderkineticists practicing in the field of kinderkinetics in South Africa;
- SAPIK registered kinderkineticists not currently practicing in the field of kinderkinetics in South Africa; and
- Qualified kinderkineticists not registered with the SAPIK nor practicing in the field of kinderkinetics.

Exclusion criteria:

- SAPIK registered kinderkineticists living and practicing outside of South Africa (i.e. foreign member registrations).

SAPIK registered kinderkineticists practicing in South Africa were sampled using the 2016 SAPIK database of registered members as well as those registered on the members-only Facebook page. To include kinderkineticists that are not currently practicing in the field of kinderkinetics, or qualified kinderkineticists not registered at SAPIK nor practising in the field of kinderkinetics snowball sampling was used.

For the SAPIK registered kinderkineticists that are not currently practicing in the field of kinderkinetics, and the qualified kinderkineticists not registered at SAPIK nor practising in the field of kinderkinetics, snowball sampling was used due to the fact that their contact details could not be determined as they were not on the SAPIK list of registered members.

Snowball sampling method

Snowball sampling is a method used where previously consented participants utilise their own social network to refer other suitable participants who may potentially choose to participate in the study (Mack *et al.,* 2002). This method is beneficial as it allows the researcher to contact a greater number of potential participants. The researcher therefore had to ask the willing participants from the SAPIK registry if they could provide the names of registered kinderkineticists not practising.

In qualitative research studies, sampling is not about numbers but in-depth data. One of the advantages of using purposive sampling methods in qualitative studies is that the sample cannot be determined beforehand, instead the researcher continues to sample until no new information emerges during the collection of data by the process of data saturation (Brink *et al.*, 2012).

Participants in the current study were contacted until data saturation was reached, or alternatively explained when no new information emerged and when further coding was no longer feasible.

3.5.5 RESEARCH METHOD

3.5.5.1 Preparation of the field

The researcher obtained permission by email from the administrator of the SAPIK registered members-only Facebook page to promote the study and to invite members to participate. After permission was granted, a Facebook post was completed, inviting all members to participate in the research study. The willing participants responded on the Facebook post by sending the researcher an email. The researcher then

responded with more information regarding the interview process and requested the informed consent form be completed. After receiving a signed copy of the informed consent form, the participants scheduled an appropriate time and day to partake in the interview.

The researcher also made use of the SAPIK database of registered members from 2016. This database was obtained through the SAPIK website member-login page to which the researcher had full access as a registered member with SAPIK. The participants were then classified by current province, as indicated in the database, and contacted by means of an email or a message (i.e. Short Message Service [SMS]). Participants that responded positively were then emailed with the informed consent form included, and a time and day to administer the interview was scheduled. Throughout the process, the researcher and participants communicated by means of email or SMS.

3.5.5.2 Test interview

The researcher conducted a test interview to practice conducting an interview and to check the phrasing of the questions. The test interview was completed with a qualitative expert. Following which, the first interview with one of the participants (kinderkineticist) was reviewed and checked against the aims and objectives of the study. No changes were necessary.

3.5.5.3 Data collection

The process of data collection explains the what, how, who, where and when of the study (Brink *et al.*, 2012).

The “what” of the study was the perception of kinderkinetics as experienced by the kinderkineticists (the “who?”). Therefore, following the informed consent (Appendix A), each participant was contacted telephonically to schedule a time and date for their interview (the “how?”). Participants could choose to be interviewed telephonically in their preferred language, either Afrikaans or English. However, due to the researcher’s location in Cape Town, participants based in Cape Town could select either a face-to-face or a telephonic interview. The rest of the participants scheduled a telephonic interview (the “where?”). Five face-to-face interviews and 14 telephonic interviews were conducted in 2016.

All face-to-face interviews were recorded using the “Audio Memos - The Voice Recorder” (version 4.7.3) application on an iPad. Telephonic interviews used the loud-speaker function of the iPhone and were also recorded using the iPad Audio Memos-The Voice Recorder application.

The data collection was completed by conducting interviews using a semi-structured self-designed interview schedule, with core questions and prompts (Appendix B) (Cohen *et al.,* 2007). Interviews are useful in capturing in-depth information on the viewpoints of participants (Gratton & Jones, 2004). The use of open-ended questions for this research study, such as: “What do you think of the state of kinderkinetics in your province?” allowed each of the participants to elaborate on their own perceptions and experiences. The advantage of this method was the provision of a clear set of instructions, resulting in both reliable and comparable qualitative data between participants (Cohen & Crabtree, 2006).

The researcher took field notes of subjective expressions such as tone of voice or sarcasm during each interview and recorded them in a notebook. This was an important data collection tool as it helped in capturing subjective impressions of the interview by the researcher (Mack *et al.,* 2002). The field notes were later expanded into rich descriptions of what the researcher experienced during the interview.

The final step in the data collection phase was the transcribing of the interviews. Each interview was transcribed verbatim in the language recorded. During the transcription of each recorded interview, the participant's name was removed and replaced by a number to ensure confidentiality.

3.5.5.4 Instrument

The interview schedule included close-ended questions on demographic information (e.g. age, gender, and length of employment) and open-ended questions on their perceptions and attitudes towards kinderkinetics. In addition, a leading question was added to test the attitudes of the kinderkineticists towards a possible support network for kinderkineticists in the future.

3.5.5.5 Data analysis

The analysis of interviews is seen as a multi-stage process (DeCuir-Gunby *et al.*, 2011) and starts while the researcher is still in the process of collecting data (Creswell, 2014). In qualitative research, interviews are rich in information but not all information can be used in the study. Therefore, it is important to sort data into smaller themes (Creswell, 2014).

In this study, manual qualitative data analysis, consisting of reading and re-reading transcriptions was completed. Following the latter, coding and combining codes into

meaningful themes were performed (Erlingsson & Brysiewicz, 2013). According to Miles and Huberman (1994:56), codes are defined as ‘‘tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study’’.

The researcher used the eight steps described by Tesch (1990) for qualitative data analysis to manually form categories and codes to:

1. Read the transcripts carefully.
2. Pick one document, read it, and write thoughts concerning it in the margin.
3. Make a list of all the topics and cluster similar topics together.
4. Compare the list to the initial data and abbreviate the topics as codes next to the segments of text in the transcripts.
5. Find the most descriptive wording for your topics and turn them into categories and reduce the total list of categories by grouping topics that relate to one another.
6. Finalise the decision of the abbreviation used for each category and alphabetise these codes.
7. Collect the data belonging to each category and code and perform a preliminary analysis.
8. If necessary, recode any existing data.

3.6 RIGOR

Rigor in research is established through various strategies to ensure the validity and reliability of the research being conducted (Krefting, 1991). In qualitative studies where the researcher forms part of the data collection, the rigor of the process

of data collection needs to be ensured to limit bias and ensure trustworthiness (Creswell, 2014). To ensure trustworthiness of this qualitative study, the researcher applied the following strategies of credibility, transferability, dependability and confirmability as set out by Guba (1981) (Table 4).

Table 4: Summary of strategies used to establish trustworthiness

Trustworthiness strategy	Criteria	Application
Credibility (equivalent to internal validity)	• ***Prolonged engagement*** To allow the researcher to check perspectives and to build relationships.	• Prolonged engagement was achieved through an extended period communicating with participants before and after the interviews.
Confidence in the truth of findings and requires total submersion in the research setting (Erlingsson & Brysiewicz, 2013)	• ***Reflexivity*** To assess the influence of the researcher's own history, perceptions and interests and to prevent over involvement.	• To further ensure reflexivity the researcher used a field journal to document own thoughts, feelings and ideas. By doing this the researcher became aware of biases.
	• ***Member checking*** Participants are asked to verify if the words captured reflected their own words.	• Member checking was completed by participants to validate the transcripts prepared by the researcher. The transcripts were emailed to the participants.
	• ***Peer examination and scrutiny*** The researcher discusses the process and findings with peers.	• Peer examination and scrutiny was done using an external coder for the transcripts.

Transferability **(equivalent to generalisability)** **Applicability of findings in other contexts (Krefting, 1991)**	• ***Dense descriptions*** Researcher provides information regarding the participants and the research setting.	• Dense descriptions were made to describe the participant experiences and a participant-database table was compiled to provide rich background information.
Dependability **(equivalent to reliability)** **Consistency of findings by ensuring dense descriptions of methods, in order to be replicated by another researcher (Erlingsson & Brysiewicz, 2013)**	• ***Peer examination and scrutiny*** The researcher discusses the process and findings with peers. • ***Code-recode procedure*** The researcher waits at least two weeks after a segment was coded to recode the same segment to compare the results.	• Peer examination and scrutiny was done using an external coder to avoid research bias, poor coding and making unsupported inferences. • Dependability was also insured using the code-recode procedure.
Confirmability **(equivalent to objectivity)** **The extent to which the findings of the study are formed by the participants' responses and not by the bias of the researcher (Erlingsson & Brysiewicz, 2013)**	***Audit strategy / trail*** Records kept of the research process from the start of the study to the reporting of findings • ***Reflexivity*** to assess the influence of the researcher's own history, perceptions and interests and to prevent over involvement	• The researcher developed an audit trail by including all processes used and evidence collected starting from the initial proposal to the final findings. • To further ensure reflexivity the researcher used a field journal to document own thoughts, feelings and ideas. By doing this the researcher became aware of biases.

Credibility

As indicated in Table 4, credibility in qualitative research is equivalent to internal validity in quantitative research. Erlingsson & Brysiewicz (2013) describes credibility as the total submersion in the research setting to ensure confidence and truth in the findings. This can be obtained by prolonged engagement, reflexivity, member checking and peer examination and scrutiny (Guba, 1981). The researcher ensured credibility by means of prolonged engagement and extended communication with participants. This was performed to build a relationship with the participant being interviewed and with the intention to have total submersion during the interview process. All in an effort to ensure a rich understanding of the data when it was transcribed. The researcher also ensured credibility in doing her own transcription and translation, and another back translation of each interview. Furthermore, constant reading and re-reading of the interview transcripts were completed.

Reflexivity was ensured by the researcher keeping a field journal to document any ideas or thoughts arising during the data collection process. This helped to prevent the researcher, as a kinderkineticist herself, not to get overly involved in discussions during each interview (Erlingsson & Brysiewicz, 2013).

Member checking was done by the researcher asking participants to verify their own words. This included each participant reading the transcription of their own interview provided by the researcher. Participants were randomly selected to check to see if the words captured of their transcript was accurate, and if they were satisfied with their answers. Overall, all participants that checked their transcripts were satisfied.

The researcher used an external coder to avoid research bias, a lack of credibility of the codes selected and making unsupported inferences. The researcher contacted an

expert external coder that was recommended by other qualitative researchers. The external coder received all the transcripts as well as the research aims and objectives via email. The external coder emailed the table of themes and codes that emerged from the transcripts. The researcher then compared her own table of themes and codes that emerged with that of the external coder's. The table of themes were then extracted from the coding. This process of peer examination and scrutiny was the final criteria in ensuring credibility.

Transferability

Krefting (1991) describes transferability, the equivalent to generalisation, as the application of findings in other settings and contexts. The researcher has to present sufficient descriptive data of the setting and the participants to ensure transferability through dense descriptions (Krefting, 1991). The researcher of this study applied dense descriptions of the setting and participants, their perceptions and their experiences by starting the interview with biographical information questions to gather background information. To assist the researcher in capturing these rich descriptions, a participant database was created to sort through the background information. During the interview, the researcher made field notes to capture rich non-verbal subjective expressions such as tone of voice or sarcasm (Mack *et al.,* 2002). All field notes were captured in a notebook.

Dependability

To ensure the consistency of the findings, and to ensure that the research could be replicated by other researchers, the researcher had to ensure dependability by the use of dense descriptions of the methods (Erlingsson & Brysiewicz, 2013). The researcher

used peer examination and scrutiny as well as the code-recode procedure to ensure dependability (Guba, 1981).

The dependability of the instrument (i.e. the interview schedule) was ensured by doing a pilot interview with a health professional and experienced researcher to test the instruments' questions and the researcher's interviewing skills to ensure that the interviews would be conducted in enough depth. After reviewing the test interview, no changes were made to the instrument. An external coder was also used to determine the right procedures of coding and to avoid research bias in interpreting the interview data themes and codes.

The code-recode procedure was also used to determine dependability of the study. The researcher coded a segment then read through the transcripts again two weeks later and re-coded the segment again. This was done to compare the results and to determine if the same themes emerged, or if a new theme emerged. The researcher did the procedures of read, re-read and code-recode numerous times to ensure dependability (Creswell, 2014).

Confirmability

The last strategy to ensure trustworthiness of the study, was confirmability. Confirmability in qualitative research is equivalent to objectivity in quantitative research (Erlingsson & Brysiewicz, 2013). The researcher had to ensure that the study findings were formed by the responses of the participants and not by the bias of the researcher (Erlingsson & Brysiewicz, 2013).

An audit trail was kept by the researcher by keeping records of the research processes from the start to the reporting of findings. All processes were documented in a

notebook and all recorded interviews, interview transcripts, translations, tables of themes and codes, initial proposal, drafts and final findings were kept on a password protected laptop.

To further ensure confirmability, the researcher used the criteria of reflexivity, by means of a field journal, to document own thoughts, feelings and ideas. By doing this, the researcher became aware of biases. Because the researcher is a kinderkineticist, this strategy of trustworthiness was vital for the study to ensure that no bias was present in the study.

3.7 ETHICAL CONSIDERATIONS

All researchers have the responsibility to conduct research in an ethical manner. Therefore, the study followed the three fundamental ethical principles, originally from the Belmont Report, as described by Brink *et al.* (2012: 34-36). These include, the:

1. Principle of respect for persons;
2. Principle of beneficence; and
3. Principle of justice.

The three fundamental ethical principles are discussed below. Starting with the first principle of *Principle of respect for persons.*

Principle of respect for persons: Adherence to the principle of respect ensures that the decisions by participants and the autonomy of each research participant will be respected. Participation in any research study must be voluntary (Brink *et al.*, 2012).

To ensure the autonomy of the research participants of this study, the researcher informed the research participants about their rights to decide to partake in the study, to withdraw from the study or to decline to provide information at any time during the study. This information was provided to the participants on the information page of the informed consent form (Appendix B) that each participant had to complete before taking part in the study.

The second ethical principle was that of *Principle of beneficence.*

Principle of beneficence: This principle ensures the minimisation of risks associated with research and secure the well-being of the participant (Mack *et al.,* 2002). Although qualitative research does not involve intervention or treatment, as in quantitative research, it could still present a form of discomfort to participants due to the inquisitive and exploratory nature of qualitative research (Brink *et al.*, 2012). The researcher was sensitive to the fact that some participants would be uncomfortable to talk about their failures and negative experiences as kinderkineticists. The researcher, therefore, carefully monitored the participants during the interviews by listening for any signs of discomfort and providing an opportunity to debrief by giving the participants time to ask questions (Brink *et al.*, 2012).

The final fundamental ethical principles were that of *Principle of justice.*

Principle of justice: The principle of justice implies fairness and equity to which the researcher addressed anonymity and confidentiality as well as the participants' right to be fairly selected and treated (Brink *et al.*, 2012). To ensure the principle of justice, the researcher ensured the participants confidentiality by de-identification. All the

names of the participants were removed from the data and replaced by a number. This information was provided to the participants on the information page of the informed consent and participants were verbally reassured before the start of the study.

In accordance to the statement that “people who are expected to benefit from the knowledge, should be the ones who are asked to participate” (Mack *et al.,* 2002). The researcher of this study selected kinderkineticists to participate in the study to develop strategies to enhance the status of kinderkinetics in South Africa.

Other processes that the researcher followed to ensure that the study was conducted in an ethical manner included:

- Permission from the Humanities Research Ethics Committee (REC) at Stellenbosch University (SU-HSD-001267);
- Information was provided to participants concerning the nature and purpose of the study and was included in the informed consent form;
- Informed consent was completed by each participant before the study commenced; and
- Privacy and safe-keeping of recordings and transcriptions was upheld, using a password-protected computer.

3.8 CONCLUSION

This chapter described the methodology used to conduct the current research study. It also provided a justification regarding the congruency of a qualitative research approach as the best approach to explore a new field of research. Information about the participants, the method of data collection through in-depth interviews, and the data analysis using Tesch’s (1990) coding was also provided. A detailed explanation

of the strategies to ensure the trustworthiness of the current study was discussed, and the chapter was concluded by a brief explanation of the ethical aspects of the study.

The following chapter will report and discuss the results of the current study.

Chapter 4

RESEARCH FINDINGS AND DISCUSSION

4.1. INTRODUCTION

This chapter presents the results of the study and addresses the aims and objectives of the study using the adapted conceptual framework discussed in chapter one. The overall aim of the qualitative study was to explore kinderkineticists' perceptions and experiences of kinderkinetics in South Africa. The aim was further explored through the following objectives: To explore kinderkineticists' perceptions and feelings on the state of kinderkinetics in South Africa; to explore kinderkineticists' perceptions on opportunities and challenges about career requirements in the profession of kinderkinetics; to explore kinderkineticists' perceptions of opportunities and challenges about career related outcomes in the profession of kinderkinetics; and to explore the kinderkineticists' perceptions of the attitudes of parents, schools and other professions towards the image of kinderkinetics as a profession.

It further presents the characteristics of the participants, the central story of the findings, as well as the key themes and sub-themes according to the conceptual framework described in Chapter 3. As is convention in qualitative research, the presentation of the findings is followed by a detailed discussion in relation to previously published literature. Each theme and sub-theme is, therefore, presented and supported by direct quotes in quotation marks (“ “), and further supported by field notes. For each theme, the presentation of the themes and its subsequent sub-themes are followed by a discussion of the overall theme. The researcher used the ellipsis (…) to indicate the omission of words to shorten some quotes and to exclude unimportant

speech. The use of square brackets [ ] is used to indicate the modifications in quotations where the original quote was translated to English.

4.2. THE PARTICIPANTS

Out of an accessible population in the 2016 SAPIK database of 140 registered kinderkineticists across all provinces, a purposive sample of registered kinderkineticists were selected as well as non-registered kinderkineticists using snowball sampling. Nineteen kinderkineticists participated in the study in 2016, and data saturation was reached. No further data collection was done as no new information or themes were observed.

The 19 participants were all registered kinderkineticists whose names appeared in the 2016 SAPIK database. The non-registered kinderkineticists sampled through snowball sampling, declined the invitatation to participate in the study. The 19 participants differed in age, gender, year of graduation, training institution and current employment (Table 5). Gender description of each participant was excluded from the summarised table to ensure the anonymity and confidentiality of all the participants. This enabled the researcher to adhere to the ethical principle of anonymity (Brink *et al.*, 2012).

Table 5: Demographical details of participants

Participant	Age	Training Institute (Graduation institute)	Residential Province	Current Employment
1	25	Northlink College	Western Cape	Kinderkineticist
2	22	Stellenbosch University	Western Cape	Kinderkineticist
3	24	Stellenbosch University	Western Cape	Kinderkineticist
4	24	Stellenbosch University	Western Cape	Kinderkineticist
5	23	Stellenbosch University	Gauteng	Au Pair
6	41	Stellenbosch University	Western Cape	Lecturer
7	27	Stellenbosch University	Western Cape	Vision Therapist
8	26	North West University	North West	Kinderkineticist
9	24	North West University	North West	Kinderkineticist
10	30	North West University	Limpopo	Kinderkineticist
11	24	University of Free State	Limpopo	Kinderkineticist
12	30	North West University	KwaZulu-Natal	Kinderkineticist
13	35	North West University	Gauteng	Kinderkineticist
14	29	North West University	Gauteng	Kinderkineticist
15	29	University of Free State	Gauteng	Kinderkineticist
16	28	University of Free State	Eastern Cape	Kinderkineticist
17	23	Northlink College	Western Cape	Playball instructor
18	31	North West University	North West	Kinderkineticist
19	28	University of Free State	Northern Cape	Kinderkineticist

4.2.1. Age and years of experience of participants

The average age of the participants was 27 years, the oldest participant was 41 years old and the youngest 22 years old. Most of the participants of this study had from 1-5 years experience in the profession of kinderkinetics. Only five participants indicated that they had less than a year's experience.

4.2.2. Training Institution

Most of the participants were trained at either North West University or Stellenbosch University. Only two participants reported the completion of their educational training at a college (Table 6). It is important to note that this college is no longer a training institution that offers kinderkinetics . Participants from all the training institutions in

South Africa during 2016 offering kinderkinetics as a study field were purposively included

Table 6: Participants per training institution

Training Institution	Number of participants
North West University	7
Northlink College	2
Stellenbosch University	6
University of Free State	4

4.2.3. Current employment of participants

Of the 19 participants, 15 were registered kinderkineticists and worked actively as kinderkineticists during the time of the study. The other four participants were registered kinderkineticists working in other professions namely: Playball, au pairing, education (lecturer) and vision therapy (Table 5). Seven participants were employed in the Western Cape, four in Gauteng, three in North West, two in Limpopo and one each in KwaZulu-Natal, Northern Cape and Eastern Cape (Table 5).

Current employment as a kinderkineticist and the province of current employment were identified as two possible key influencing factors in the adapted conceptual framework. Not working as a kinderkineticist during the time of the study was not an exclusion factor for the study. All participants were registered as kinderkineticists with SAPIK and therefore they could provide information regarding their career outcomes. Kinderkineticists can be registered on the SAPIK database as a kinderkineticist even if they are not currently employed as a kinderkineticist or working in the field of kinderkinetics.

4.3. CENTRAL STORY

The central story that emerged from the study was the mixed perceptions and experiences of registered kinderkineticists, and how their perceptions and experiences related to their career preparation, career outcomes and the image of their profession. The themes that emerged from the study described the opportunities and challenges experienced by kinderkineticists, all of which provided a picture of the state of kinderkinetics at the time of the study. The findings highlight the context of the profession of kinderkinetics in South Africa, where it is a relatively emerging profession compared to established health professions such as nursing, physiotherapy and occupational therapy.

The biggest challenge experienced by the participants was their perception that the key stakeholders (e.g. parents, school personnel and other professionals such as occupational therapists) were not fully aware of the profession and lacked knowledge about the role of kinderkinetics in the field of child motor development. Due to their lack of awareness, the profession of kinderkinetics and the kinderkineticists working in the profession are experiencing career outcome challenges such as perceived role ambiguity, competition and negative attitudes about the image and reputation of kinderkinetics. This is demonstrated through the experiences of competition with other franchise programmes (e.g. Playball). These challenges hamper the career success and reputation of kinderkineticists and the profession of kinderkinetics.

For kinderkineticists working in the field of kinderkinetics, additional challenges are experienced in terms of career requirements in the preparation for independent practice. Though some educational preparation for independent practice may be done

by training institutions, professional isolation, especially in lone practices, emerged as a strong theme with challenges in accessing and participation in professional continuous personal development CPD opportunities. The need for a social connection and support platform such as a kinderkinetics community of practice (COP) would be vital for the acquisition of additional knowledge and skills, as well as personal development. Thus, improving the ongoing professional image of kinderkinetics as a relatively new profession in South Africa.

4.4. OVERALL STUDY FINDINGS

Six themes and 14 sub-themes emerged from this study. The emerging themes and sub-themes were classified using the constructs in the framework which are linked to each of the objectives (Table 7).

The key themes that emerged were:

1. *Varying experiences and stories of success and failure* (Construct 1: kinderkineticists' general feelings about kinderkinetics as a profession in South Africa);
2. *Transitional opportunities and challenges experienced by kinderkineticists* (Construct 2: Career requirements of the profession of kinderkinetics);
3. *Ongoing professional development requirement opportunities and challenges* (Construct 2);
4. *Career goals opportunities* (Construct 3: Career outcomes of the profession of kinderkinetics);
5. *Contextual challenges experienced by kinderkineticists working in the profession of*

kinderkinetics (Construct 3);

6. *Perceived attitudes experienced towards the profession of kinderkinetics* (Construct 4: Perceived reputation and image of the profession of kinderkinetics).

Table 7 provides a summary of each construct according to the adapted version of the conceptual framework and includes each objective, its themes and sub-themes that emerged. This is followed by a detailed presentation of each theme and sub-theme, supported by the field notes from the study, and a detailed contextual discussion embedded in available literature.

Table 7: Themes and Sub-themes

FRAMEWORK	OBJECTIVE	THEMES	SUB-THEMES
1. Kinderkineticists' general feelings about kinderkinetics as a profession in South Africa • *Positive experiences and feelings* • *Negative experiences and feelings*	1. To explore kinderkineticists' perceptions and feelings on the state of kinderkinetics in South Africa.	1. Varying experiences and stories of success and failure.	1.1 Positive perceptions resulting from positive feelings rooted by success stories 1.2 Negative perception resulting from negative feelings rooted by stories of failure
2. Career requirements of the profession of kinderkinetics • *Transition form student to professional* • *Professional development*	2. To explore kinderkineticists' perceptions regarding the opportunities and challenges related to their career requirements.	2. Transitional opportunities and challenges experienced by kinderkineticists. 3. Ongoing professional development requirement opportunities and challenges	2.1 Lack of experience year after graduation 2.2 Professional isolation in transition year? 3.1 Challenges in accessing CPD due to professional isolation as

3. Career outcomes of the profession of kinderkinetics • *Career path in kinderkinetics* • *Challenges in working in the profession* • *Professional isolation*	3. To explore kinderkineticists' perceptions of the opportunities and challenges concerning their work-related outcomes.	4. Career goals opportunities 5. Contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics.	4.1 Independent private practice as a career goal 4.2 Preparatory career pathways in preparation for private independent practice 4.3 Other career path opportunities 5.1 Lack of awareness of kinderkinetics 5.2 Experiences of competition of franchise programmes
			5.3 Community of practice- Providing socio-emotional support
4. Perceived reputation and image of the profession of kinderkinetics • *Attitudes of parents perceived by kinderkineticists* • *Attitudes of school personnel of kinderkinetics as perceived by kinderkineticists* • *Attitudes of non-kinderkinetics therapists of kinderkinetics as perceived by kinderkineticists*	4. To explore the kinderkineticists' perceptions of the attitudes of parents, schools and other health-related professionals with regards to each of their images of kinderkinetics as a profession.	6. Perceived attitudes experienced towards the profession of kinderkinetics.	6.1 Perceived attitudes of parents 6.2 Perceived attitudes of Pre and Primary school personnel 6.3 Perceived attitudes of non-kinderkinetics therapists

4.5. KINDERKINETICIST GENERAL FEELINGS ABOUT KINDERKINETICS AS A PROFESSION IN SOUTH AFRICA

Under construct one of the adapted conceptual framework: kinderkineticists' general feelings about kinderkinetics as a profession, the objective was to explore kinderkineticists' perceptions and feelings on the state of kinderkinetics in South Africa. Feelings were defined as the emotions and the way those who were interviewed think and feel about an issue, which are influenced by different experiences (Frijda, 2009). The experiences can either be reported as positive or negative therefore resulting in either positive or negative feelings (Diener *et al.*, 2010).

These positive and negative feelings about a profession and being in a profession can therefore be influenced by both the negative and positive experiences of members of the profession (Mbawuni, 2015). These feelings can also be generated through experiences with stakeholders and clients with whom the professionals interact. In this study, this construct included both positive and negative experiences, feelings and attitudes of kinderkineticists about the profession of kinderkinetics and the state of kinderkinetics as a profession in South Africa. Therefore, to address this objective, the researcher aimed to explore the overall feelings, as acquired through the participants perceptions and experiences, towards their profession.

The key theme that emerged from construct one and how it relates to the overall feelings towards the profession, was *theme 1: Varying experiences and stories of success and failure.*

4.5.1. THEME 1: VARYING EXPERIENCES AND STORIES OF SUCCESS AND FAILURE.

The first theme that emerged from the study was the different stories of experiences of success or failure and the contribution of these stories to the participants' feelings about the profession of kinderkinetics. Within this theme, these stories include both positive and negative experiences in the field of kinderkinetics and how these have resulted in positive or negative feelings towards the profession of kinderkinetics. When the participants were asked about their experiences (positive or negative) in the profession of kinderkinetics, they shared stories with either a sense of accomplishment and pride or failure and embarrassment. This led to two distinct sub-themes emerging under this theme, namely *Sub-theme 1.1: Positive perceptions resulting from positive feelings rooted by stories of success* and *Sub-theme 1.2: Negative perceptions resulting from negative feelings rooted by stories of failure*.

4.5.1.1. Sub-theme 1.1: Positive perceptions resulting from positive feelings rooted by success stories

A strong sub-theme emerged of positive feeling and perceptions through the telling of stories of success.

The feeling of the participants was described as joyful when they experienced the positive effects of their professional practice (kinderkinetics) on the development of children. The participants were eager and exited to elaborate on each of their positive experiences and success stories that they encountered in their careers as kinderkineticists. A sense of pride and fulfilment was noticed when the participants reported their personal feelings of success. This indicated a positive feeling towards

the effectiveness of kinderkinetics programmes and a belief that what they were doing, was making a difference in those they were working with.

The reward of observing their hard work and noticing the benefits of their programmes in getting a child to develop to their maximal potential resulted in comments like:

> *(P4) "Rewarding! So, for me it is exactly the whole profession that we are in and what we do with the children. It is good to see when the children improve and when parents come to you after you have written a report and say, ` …I can see a difference`".*
>
> [(P4) "Rewarding! So, dit is vir my uit en uit die hele professie waarin ons is, en wat ons met die kinders doen. Dit vir my goed om te sien wanneer kinders verbeter en wanneer ouers terug kom na jou toe ja jy 'n verslag geskryf het, en sê, `… ekke kan 'n verskil sien`"].

The positive results of the kinderkinetics programmes and the realisation of the benefits of kinderkinetics are vital to creating awareness of the profession, as a positive experience leads to a positive word of mouth about the practice of kinderkinetics (Allsop *et al.*, 2007). As seen in the statements below, after seeing positive results both parents and teachers, were the main creators of awareness and promoters of kinderkinetics, thus spreading the word about kinderkinetics as a suitable profession in South Africa.

.

> *(P3) "I had one mom last year that referred five (5) clients to me, just because her son had a good experience…"*
>
> [(P3) *"Laasjaar het ek een mamma gehad wat vyf (5) kliente na my toe verwys het, net omdat haar seun 'n goeie ervaring gehad het …"]*

(P12) "The teacher started to see that the children that did rem at kinderkinetics, did better, so… it started to spread quickly"

[(P12) "Die Juffrou het net begin sien dat die Kinders beter doen as hulle rem doen by Kinderkinetika en so het dit ….begin vinnig versprei"]

4.5.1.2. Sub-theme 1.2: Negative perceptions resulting from negative feelings rooted by stories of failure

The second sub-theme which emerged were the negative perceptions resulting from negative feelings rooted in stories of failure. In opposition to the positive stories of success, the participants also shared stories of failure, especially in establishing a career in kinderkinetics with resultant negative feelings and perceptions. As indicated by Diener *et al.* (2010) strong feelings and emotions had a negative effect on the perception that these participants had about their profession (Diener *et al.*, 2010).

This was not consistent among the participants, with some of the participants experiencing more difficulty than others in establishing a career in kinderkinetics. Some of these participants reported experiencing negative feelings towards the profession of kinderkinetics as their negative experiences had resulted in feelings of defeat, embarrassment and helplessness.

The negative experiences reported by some of the participants were told as stories of perceived "failure" as they were not working in the profession of kinderkinetics at the time of the interviews. Thus, this can be seen as one of the key influencing factors concerning career outcomes as the negative perceptions of the non-practicing participants resulted in negative feelings towards the profession of kinderkinetics.

One participant explained how her practice failed due to an overall lack of awareness of kinderkinetics in the province where she was residing at the time. Another participant, with sadness in her voice noted that she was not working in the field of kinderkinetics due to lack of opportunities for kinderkinetics. This was confirmed by the third participant who indicated that she was still trying to find a job as a kinderkineticist.

> (P5) *"Well, I was planning on obviously eventually opening a practice and while studying the intern at the time and I decided that we would open a practice... we basically did that and…it failed really bad…We had one client for six months and obviously we didn't have enough capital to keep it open and running… it is just not um realistic"*

> *(P17) "I am not in the profession, sadly (sigh). Actually, I am a Playball coach and um… it is very different. I feel I've got more to offer but I am unfortunately working as a coach, so I am already working underneath what I am qualified for."*

> *(P7) "…at the moment it is frustrating because I am currently looking for work as a kinderkineticists and at this stage it's frustrating because not a lot of school know what kinderkinetics is…"*

> [(P7) "…op die oomblik is dit maar bietjie frustrerend omdat ek op die oomblik nogals opsoek is na werk as 'n kinderkinetikus, en op die stadium is dit frustreerend want min skole weet wat kinderkinetika is"]

All three participants expressed positive feelings towards the profession at the start of the interview but exhibited negative feelings and frustration as they started relating their experiences of trying to establish a career outcome in kinderkinetics. The researcher noticed and documented nuances such as the double use of the word “frustrating” indicating the participant’s strong emphasis and emotion as well as sarcastic laughter or a sigh. These nuances recorded as field notes helped the researcher to describe the negative feelings the participants experienced.

4.5.1.3. Discussion Theme 1

The key theme of varying experiences, stories of success and failure, and their resultant impact on positive and negative feelings towards the profession was strongly linked to a career outcome in kinderkinetics. The impact of success stories and feelings of accomplishment are supported by Roziers *et al.* (2014) who reported that positive feedback (i.e. “word of mouth” in this study) contributed to increased confidence and enhancement of a positive attitude, thus leading to positive feeling about the profession. Stories of success can also present as external motivation and can promote job satisfaction (Aziri, 2011). When looking at job satisfaction, Aziri (2011) states that it can be as simple as looking at the internal feelings of the professional.

Similarly, the findings of the negative feelings as a result of negative experiences such as failure to establish a career in kinderkinetics is supported by Frijda (2009) who stated that negative feelings had an influence on perspectives and perceptions of the related issue. This was also found in the study of Mbawuni (2015) who examined the overall feelings of accounting students towards the profession of accounting, where the feelings (e.g. positive or negative) of accounting students formed the foundation of

their perceptions. He also stated that this has a direct impact on career outcome, in that students that had perceived negative experiences in the accounting profession, had negative feelings towards this profession, resulting in both lower retention of professionals and interest in accounting (Mbawuni, 2015). This was also evident in this study.

4.6. CAREER REQUIREMENTS OF THE PROFESSION OF KINDERKINETICS

The second construct of the conceptual framework was: Career requirements of the profession of kinderkinetics. This construct focuses on the perceptions of kinderkineticists on opportunities and challenges presented by the career requirements to pursue a career in the profession of kinderkinetics. Central to this construct was the focus on the opportunities and challenges experienced by the participants as a result of the preparation of the participants for the transition phase from student to professional.

This construct was addressed in the second objective: To explore kinderkineticists' perceptions regarding the opportunities and challenges related to their career requirements. Here, the researcher explored the career requirements through the lens of the preparation of kinderkineticists for the different options after graduation and the challenges that a newly graduated kinderkineticist might encounter when trying to establish a career in kinderkinetics.

Within this construct, two strong themes emerged, namely: *Theme 2: Transitional opportunities and challenges experienced by kinderkineticists towards the profession*

of kinderkinetics; and *Theme 3: Ongoing professional development requirement opportunities and challenges.*

4.6.1. THEME 2: TRANSITIONAL OPPORTUNITIES AND CHALLENGES EXPERIENCED BY KINDERKINETICISTS TOWARDS THE PROFESSION OF KINDERKINETICS

Using the stages of transition as described by Tryssenaar and Perkings (2001), the period after graduation where new graduates step into the world of employment, is seen as a period of transition (Tryssenaar & Perkins, 2001). This transition is evident in all professions and this period from the classroom (student) to real life practice (professional), is one of the most challenging experiences a newly qualified professional can experience (Tryssenaar & Perkins, 2001). This was clearly illustrated by the comment captured from a participant in the study:

> *(P14) "The instant you are done with your honours and you are out there, and you get the shock…"*
>
> *[(P14) "Die oomblik as jy klaar is met jou honneurs en jy is daar buite en jy kry daai skok…."]*

As in all professional training, newly qualified kinderkineticists go through a period of transitioning into their new role as a professional kinderkineticist. Kinderkineticists can follow several career options such as an independent practitioner, working in an established practice or employed by a school as a movement specialist (Coetzee & Pienaar, 2015). Within these kinderkinetics career options, they are confronted with a transition from student to practice. As part of the career requirements for a kinderkineticist, the preparation requires experienced skills that only comes with

experience. In addition, the role of the private independent practitioner has additional challenges for the kinderkineticist to now also function independently.

From the theme of transitional opportunities and challenges experienced by participants, two sub-themes emerged, namely, *Sub-theme 2.1: Lack of experience year after graduation* and *Sub-theme 2.2: Professional isolation in transition year.*

4.6.1.1. Sub-theme 2.1: Lack of experience year after graduation

The first sub-theme under transitional opportunities and challenges experienced by kinderkineticists, was the perception of the lack of and need for an internship year to gain experience after graduation.

Participants indicated feelings of frustration with the need for more experience during transition and the challenges in achieving this. The influence of current provincial residence as a factor in the transitional opportunities and challenges experienced by kinderkineticists was strong with most frustration expressed by participants in provinces with little or no practices to attend, to gain experience. This frustration was due to not having anywhere to work to gain experience and can be seen in the responses like:

> *(P4) "...when you complete your studies and you want to gain some work experience, where should you go....Because there isn't a lot of practices...?"*
>
> [(P4)"...as jy nou net klaar geswot het en jy wil graag werksondervinding opdoen, waar moet jy heen gaan?...omdat daar nie so baie praktyke is..."]

The above frustration resulted in participants reporting that kinderkineticists leave their current area of living and relocate to one of the larger provinces (e.g. Gauteng)

where more opportunities in the form of joining one of numerous well-established practices, in an effort to gain initial work and professional experience, is readily available.

A specific challenge was expressed by the participants with private independent practices. Though most of the participants indicated that they wished to open their own practices after their studies, a sense of concern was felt regarding a lack of experience as a practitioner, and the need to first gain experience before embarking on the challenge to become a private independent practitioner. These participants expressed feelings of insecurity and low confidence in starting a private independent practice and expressed strong perceptions of their lack of experience a year after graduation, due to the need to be adequately prepared to run an independent business. One participant for example, expressed a strong desire to first gain a year's practical experience after graduation.

> *P(2) "To gain a bit of experience, how to run a practice and to learn more about business, and just a year experience, that was my biggest thing, before I start."*
> [P(2) "Om bietjie experience te kry, hoe om 'n praktyk te "run" en meer dinge te leer van besigheid self en net 'n jaar experience, dit was vir my 'n groot ding voor ek begin."]

Kinderkineticists are solely responsible for their own acquisition of experience after graduation and currently the only way of gaining experience in the profession of kinderkinetics is to work in an established kinderkinetics practice or to apply for an internship at a training institution. These two options are not always possible as

some provinces or areas in South Africa do not have enough established kinderkinetics practices where there are opportunities to gain experience and currently, only one training institution in South Africa offers an internship year. This internship year is also only possible for two students and is not openly available to all newly qualified kinderkineticists.

4.6.1.2. Sub-theme 2.2: Professional isolation in transition year

A second sub-theme that emerged in the context of the transition period, were perceptions and feelings of being isolated and alone in the profession of kinderkinetics. Participants reported being alone, not having other professionals (kinderkineticists) to consult with and often not being able to attend educational opportunities due to being so far away from the training institutions or other kinderkineticists. This experience of professional isolation is common in independent private practice settings across the health services sector where professionals feel lonely or excluded (Williams, 2010). Professional isolation refers to a feeling of having “no one to turn to” for guidance or discussions of professional issues. On the other hand, it can be better explained as a sense of isolation from your peers (Turner & Knight, 2015).

On observation, kinderkinetics as a profession is found in all nine South African provinces. It is realistic to take into account that some provinces have smaller populations than others and that some are further away from the larger metropolitan cities that offer better opportunities. This has resulted in some provinces having only a few kinderkineticists due to the limited work opportunities. Where only a single kinderkinetics practice exists in an area, the kinderkineticist experiences perceptions of a lack of guidance or help from other kinderkineticists which creates the feeling of

loneliness resulting in the feeling of isolation in single person practices.

> *(P18) "… I am the only one here, so I feel alone a lot of the time…"*
>
> *[(P18)"…ek is die enigste een hier so ek voel baie keer alleen…"]*

This perception of isolation was reported by numerous participants living and working in the smaller towns or areas with fewer practices or kinderkineticists. Some participants, as seen below, experienced total isolation with their nearest professional peers being hundreds of kilometres away.

> *P10 " ...it is too far to travel 200km to make contact with someone."*
>
> *[P10"…dit is te ver om 200km te ry om met iemand kontak te maak"]*

Being far away from other professionals or working in an area with limited professionals means that kinderkineticists cannot rely on guidance, support or discussions on professional issues with other kinderkineticists, thus creating feelings of isolation. The influence of the province of residence is again observed.

4.6.1.3. Discussion Theme 2

The adequacy of the career requirements for a profession is best seen through the perceptions of the challenges and opportunities during the transition from student to professional. The period of transition from student to professional is a daunting experience in all professions and may include: the transition stage (start of new job), the euphoria and angst stage (start of professional practice), the reality of practice stage (experience of not so pleasant experiences) and lastly the adaptation stage (new world of professional practice) (Tryssenaar & Perkins, 2001).

Perceptions of the need for an experience year or internship

From the findings of this study, these stages are also seen in the profession of kinderkinetics, as the participants reported their experiences as newly qualified kinderkineticists, transitioning from student to professional in establishing a career in kinderkinetics. Firstly, participants appeared to be eager to start their new roles (euphoria) as a kinderkineticist immediately post-graduation (field notes), but that their initial angst was reflected in nervousness, due to not knowing what to expect in their profession as kinderkineticists. In this context the participants strongly expressed the need for an experience year to gain more confidence before entering the workforce and professional practice.

According to other studies this is also seen in other professions such as nursing and occupational therapy (Tryssenaar & Perkins, 2001; Pimmer *et al.,* 2019). Pimmer *et al.* (2019) supports this by adding that many nursing graduates feel that they are incompetent in certain areas and that they still lack some skills and knowledge. It has been found that transition programmes such as internships, mentorships and peer support opportunities, improve profession retention and job satisfaction (Pimmer *et al.,* 2019). The focus of transition programmes is mainly based on student learning and the acquisition of relevant job skills in real-world settings (Narayanan *et al.*, 2010). The added benefit of these programmes or an experience year, is that this experience helps to reduce or overcome inadequacies in educational preparation, thus showing that students who have completed an internship or experience year show greater ambition in their profession and did not have the reality-shock of the transition (Narayanan *et al.*, 2010).

Perceptions of professional isolation

As the reality of the professional practice stage sets in, the participants' perceptions of the reality of working in the profession of kinderkinetics as described by Tryssenaar and Perkins (2001), was reflected in a strong sense of social isolation, especially in single person practices. Isolated professionals experience feeling of being unsupported and lonely in a social context (Williams, 2010).

These feelings of isolation experienced by the participants are confirmed by O'Donnell *et al.*, (2010) who found that a substantial predictor of professional isolation was, working alone in a single-person practice - referred to as independent private practice (See Sub-theme 4.1 under Theme 4). To support the participants' statement about being isolated, Williams (2010) further explains that lone-practice professionals experience isolation as being far away from a person, place or thing and in return not having someone nearby to turn to (Turner & Knight, 2015). This results in a lack of peer support, mentorship and continuing personal development (Williams, 2010).

These transitional challenges of the lack of a year of experience and professional isolation in the profession of kinderkinetics can be detrimental to newly qualified kinderkineticists and can result in lower retention of professionals in the profession (Pimmer *et al.,* 2019).

4.6.2. THEME 3: ONGOING CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENT OPPORTUNITIES AND CHALLENGES

The second theme that emerged under the construct: Career requirements of the profession of kinderkinetics, was *theme 3: Ongoing CPD requirement opportunities and challenges*. This theme also addressed objective two: To explore kinderkineticists'

perceptions on opportunities and challenges about career requirements in the profession of kinderkinetics

Continuous personal development (CPD) practices are offered as educational meetings such as seminars, symposiums or workshops (Berndt *et al.,* 2017). In the profession of kinderkinetics, the advancement of personal knowledge and professional development are very important to stay up to date with the latest research and updated versions of test-batteries. Kinderkineticists need to accumulate twenty-six CPD points per year by attending SAPIK meetings, attending relevant educational courses, completing research article questions provided by SAPIK and any other relevant personal development activities (if approved by SAPIK). It remains the responsibility of the kinderkineticists to accumulate the acquired number of CPD points, and this responsibility can be daunting for the more isolated kinderkineticists where access to these CPD opportunities are limited.

Ongoing professional development requirement opportunities and challenges are directly impacted and compounded by professional isolation, resulting in the emergence of *Sub-theme 3.1: Challenges in assessing CPD due to professional isolation* emerged from the study.

4.6.2.1. Sub-theme 3.1: Challenges in accessing Continuous Professional Development (CPD) due to professional isolation

The issue of professional isolation also gave rise to experiences of professional development challenges. The isolation that the participants of this study experienced had an impact on their perceptions of their professional development and left them

with a feeling of negativity (field notes). Some participants felt excluded and upset that all the courses and meetings of SAPIK were held in either the North West or Gauteng provinces, making it very difficult and costly for participants who live elsewhere to attend. This again highlights the influencing factor of location on the ongoing professional development opportunities. The participants felt that the people in the larger metropolitan cities (e.g. Potchefstroom and Johannesburg) had better opportunities to enhance their personal development and that it is detrimental to live too far away from a larger city.

> (P1) *"…the courses that they (SAPIK) offer…is only in Joburg, also that could be a problem as well, it would be nice if we can have one in Cape Town…*

> (P12) "It is not always worth it to buy a ticket and fly to attend…here we are isolated.
> *[(P12) "Dit is nie altyd die moeitewerd om 'n kaartjie te koop, te vlieg net om dit te gaan bywoon nie, … hier is ons afgesonder."]*

The participants also indicated that the isolation and the lack of a platform to communicate with other professionals had a negative impact on their opportunities to find and attend CPD opportunities. This was seen in the desperate response of one of the participants

> (P17) "I also think it is very important that we communicate in regard to CPD points because there is many opportunities that we can all benefit from but if don't network and not know about them how are we going to move forward?"

4.6.2.2. Discussion: Theme 3

This sub-theme of challenges in accessing CPD due to professional isolation confirms that CPD challenges are linked to professional isolation (Cole *et al.*, 2008). This highlights the difficulties that the participants of this study experienced due to professional isolation, especially those in private independent practice and also during the transition period.

Cole *et al.* (2008) found similar barriers and frustrations regarding CPD in physiotherapists working as individual practitioners in amputee rehabilitation. They identified: Inadequate access to opportunities, Lack of professional feedback (No access to specialist staff) and Organisational barriers as some frustrations in CPD due to isolation in single practices. This is similar to the frustrations voiced by the participants of this study.

The importance of continued professional development and the positive outcomes thereof was seen in the study of Bleach (2014), which explored the importance of CPD on early childhood care and education professionals' identity as professionals. The study found that professionals gained new knowledge about themselves and their profession. This new knowledge helped the education professionals to change their practices and the way they relate to others in the profession and to reshape their identities as professionals in the profession (Bleach, 2014).

4.7. CAREER OUTCOMES OF THE PROFESSION OF KINDERKINETICS

The third construct of Career outcomes of the profession of kinderkinetics focused on the perceived outcomes of kinderkinetics as a career through the perceptions of the participants on the opportunities and challenges related to the career outcomes in the profession of kinderkinetics. This theme was addressed by Objective 3: to explore kinderkineticists' perceptions of the opportunities and challenges concerning their work-related outcomes.

The career outcomes of the profession of kinderkinetics included possible career trajectories and the ongoing challenges which could be experienced in the working environment. In this context, two themes were identified under this construct namely *Theme 4: Career goals and opportunities* and *Theme 5: Contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics*.

4.7.1. THEME 4: CAREER GOALS AND OPPORTUNITIES

To explore the experiences and perceptions of kinderkineticists, the career goals and opportunities available to newly graduated kinderkineticists was a central theme. It was important for the researcher to explore the initial career goals of the kinderkineticists after graduation, as opposed to the possible career path options open in the profession. In the profession of kinderkinetics, a newly qualified kinderkineticist has different career options available for them to pursue. These options include starting their own privately owned practice, working for an established kinderkinetics practice or working at a school as a kinderkineticist (Coetzee & Pienaar, 2015).

A key sub-theme in this theme of career goal opportunities was *Sub-theme 4.1 Independent private practice as a career goal* as the main sub-theme, supported by a second sub-theme: *Sub-theme 4.2: Preparatory career pathways in preparation for private independent practice.* Lastly, *Sub-theme 4.3: Other career opportunities* are highlighted.

4.7.1.1. Sub-theme 4.1: Independent private practice as a career goal

The key career goals for kinderkineticists include starting their own privately owned practice (Coetzee & Pienaar, 2015). When asked about their initial career goals after graduation, the participants of the study indicated, without hesitation, that their ultimate career goals were to become a private practitioner, as seen in the responses.

> *(P10) "I wanted my own practice from the beginning"*
>
> [(P10) "Ek wou van die begin af my eie praktyk gehad het"]

> *(P16) "I wanted to start my own practice right away"*
>
> [(P16) "Ek wou dadelik my eie Praktyk begin"]

> *(P17) "My career goals was (sic) basically … to hopefully open up my own practice…"*

The above responses by the participants were positive and full of confidence about their future in the profession of kinderkinetics (field notes). In anticipation of this goal, many institutions, as in other health professions, have started including

entrepreneurship as a key career requirement for preparation for private independent practice.

4.7.1.2. Sub-theme 4.2: Preparatory career pathways in preparation for private independent practice

A second sub-theme that emerged, linked to the need for an experience year, was that although most of the participants hoped to start their own private practice, some of them indicated that they first wanted to gain more experience. This presented several perceived preparatory pathways to gain experience before establishing a private independent practice. These include working for an established kinderkinetics

practice, working at schools or further academic work in the profession of kinderkinetics.

Working at established practices.

The first perceived preparatory pathway for kinderkineticists that emerged from the study was that of working at an established kinderkinetics practice alongside a professional experienced kinderkineticist. The participants of the study who opted for this career option indicated that they needed more experience and therefore decided to work at an established practice.

> (*P2)" … to gain more experience about how to run a practice and to learn about the business self, and just a year, it was a big thig for me, before I start."*
>
> [(P2) "…om bietjie experience te kry, hoe om 'n praktyk te "run" en meer dinge te leer van besigheid self en net 'n jaar experience, dit was

vir my ‘n groot ding voor ek begin.”]

(P3) “I wanted to gain experience. . .”

[(P3) “Ek wou ondervinding gekry het. . .”]

(P7) “My plan was to definitely work for someone first before I would start my own practice. . . I first wanted to gain more experience. . .”

[(P7) "My plan was om defnitief eers vir iemand te werk voor ek my eie praktyk sou wou begin het … ek wou eers ondervinding op doen …”]

(P12) “I firstly wanted to go work for someone to gain some experience”

[(P12) "Ek wou graag eers vir iemand gewerk het om bietjie ervaring op te bou"]

Working at schools

The second perceived preparatory pathway for kinderkineticists that emerged was working at both pre-primary and primary schools. In these posts, the kinderkineticists are appointed by the school’s governing body.

(P1) “… to start at schools, and then within 5 years have my own practice… within 5 years definitely I want to be my own boss make my own rules and get a whole bunch of Kinderkineticists to work for me”

4.7.1.3. Sub-theme 4.3 Other career path opportunities

In opposition to having a career pathway resulting in an independent private practice, some participants indicated a preference for academic work, such as working at training institution or furthering their studies in the field of kinderkinetics as a possible goal after graduating. This reflected a need to further their education or educate others in the field of kinderkinetics:

> *(P8) "My first goal was to start with my M (masters) right away, so I started with my M right away…"*
>
> *[(P8) "*My eerste doel was om dadelik my M te begin, so ek het dadelik met my M begin…"]

> *(P15) ''Um, I wanted to become a lecturer."*
>
> [(P15) "Um ek wou 'n dosent geword het."]

> *(P18) ''I straight away started working at Centurion Academy where I taught kinderkinetics to the Sport Management students, so initially it was to convey my knowledge to them and to provide practicals…"*
>
> [(P18) "Ek het dadelik begin werk by Centurion Academy waar ek Kinderkinetika gegee het vir die Sport Bestuur studente, so aanvanklik was dit om my kennis oor te dra en ek het ook prakties verskaf aan hulle…"]

4.7.1.4. Discussion: Theme 4

Independent private practice as the main goal and the need for experience

Every single participant of the study, when asked about their initial career goals, responded with pride and great expectation. No one responded negatively towards the profession and all indicated that they were eager to start a career in kinderkinetics after graduation. Tryssenaar and Perkins (2001) refer to this as the euphoria stage of excitement, before they are confronted with the harsh realities and negative experiences of trying to establish a career in kinderkinetics.

The challenges in establishing a private independent practice, were affected by perceptions of a lack of experience and confidence to start immediately. This theme links to the educational preparation of students who should include entrepreneurial subjects to assist with the educational requirements of establishing a private independent practice in the profession of kinderkinetics (Amini *et al.,* 2015).

Some participants indicated that they preferred to start at established practices or schools to first gain experience and confidence. This need for experience was noted earlier in the study when the participants indicated their need for an experience year, in the form on an internship, while they are still in the transition stage from student to professional (Pimmer *et al*., 2019). Working in an established practice does function like an internship where the participant can practice under supervision and mentorship and develop the skills and confidence to function independently (Reid *et al.,* 2018)

The influencing factor of the provinces on the career goal opportunities was highlighted

in the perceptions that some provinces in South Africa did not have established practices for newly qualified students to work at. This may impact on the retention of kinderkineticists as they may leave their current location and move to one of the larger provinces in search of work at an established practice to gain experience. Workforce retention in any health area is important to ensure the provision of high-quality health care and continuity of care for clients (Buykx *et al.,* 2010). Retention is often associated with increased experience and skills among professionals (Buykx *et al.*, 2010), thus again highlighting the importance of providing an opportunity to gain experience for kinderkineticists.

Academia as a career goal in kinderkinetics

A few participants opted for academic work as their first goal. No specific study on kinderkineticist choosing academia over private practice was found. An old study by Vassantachart and Rice (1997) on the academic integration of the occupational therapy faculty, explored the reasons why occupational therapy faculty members choose a career in academia. They found that the primary reason for this career path decision was their love of teaching (Vassantachart & Rice, 1997). A study of surgical residents found that one of the main differences between choosing private practice over academia was related to the importance they placed on different aspects of their professional lives and in their job satisfaction (Lanzon *et al.*, 2012). In pharmacy, one of the top reasons students were interested in academia was work life balance and a desire to teach (Eiland *et al.,* 2010). This should be an area of further research in kinderkinetics.

4.7.2. THEME 5: CONTEXTUAL CHALLENGES EXPERIENCED BY KINDERKINETICISTS WORKING IN THE PROFESSION OF KINDERKINETICS.

The second theme under the construct: Career outcomes of the profession of kinderkinetics focused on the contextual challenges experienced by kinderkineticists in their working environment. Every profession has its own challenges that result in feelings of frustration or disappointment for the professionals working in the profession, and this is explored in the theme: *Theme 5: Contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics.*

Although the participants were delighted to talk about their initial career goals after graduation, the mood changed when they were asked about their current state of employment. It indicated a sense of realisation that they once had hopes and dreams of having their own practices but, due to contextual challenges, they had experienced in the profession of kinderkinetics, these dreams were extinguished by the harsh reality of the profession.

Under the theme exploring the contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics, three sub-themes emerged namely: *Sub-theme 5.1: Lack of awareness of kinderkinetics*, *Sub-theme 5.2: Experience of competition form franchise programmes* and *Sub-theme 5.3: Community of practice providing socio-emotional support*.

4.7.2.1. Sub-theme 5.1: Lack of awareness of kinderkinetics

The participants expressed feelings of frustration and disappointment when they were asked about their experiences of the respect and/or importance given to the profession of kinderkinetics. Feelings of frustration and disappointment were also expressed of

the stakeholder awareness of the scope and role of kinderkinetics.

The participants' initial feelings towards kinderkinetics was positive and hopeful. There was a sense of hope in being able to pursue a career in kinderkinetics that, as newly qualified kinderkineticists, was their key to success but, once they were confronted with the difficulties of establishing a career in kinderkinetics they were met with disappointment. The participants reported that one of the main experiences that contributed to this disappointment was the lack of awareness of stakeholders about the profession of kinderkinetics. The perceptions of the participants were that kinderkinetics was often viewed as an unknown profession.

> *(P5) "I think the biggest limitation is the fact that no one knows what a kinderkineticist is, and what kinderkineticists does …"*

The participants had negative responses when asked about their perception of the level of respect and or importance given to the profession of kinderkinetics by stakeholders such as parents and other professions. Some participants expressed utter disappointment when asked about their perceptions of on how kinderkinetics was viewed:

> (P3) "*Horrible!"*

> *(P5) "I really think it is terrible and kinderkinetics isn't a very familiar term when it comes to parents and schools. So, I think it is really bad…"*

> *(P17) "I really think it is terrible, to be really honest, I really think it is terrible"*

The participants went further to say that the profession is still an “unknown profession” and expressed their frustration that they still had to explain to people what kinderkinetics as a profession is, despite the profession having been around for more than twenty years.

> *(P5) “It is quite difficult because it is not known, because if you go in and say you are a kinderkineticist, they go “Okay what is that?” So, it is a very unknown field…”*

The feelings highlighted above were expressed by most of the participants in the study, providing a strong indication that the profession of kinderkinetics remains unknown. These perceptions are therefore seen as having a negative impact on the identity of the profession, as perceived by the kinderkineticists.

The lack of awareness of the profession of kinderkinetics was not experienced consistently by all participants. There was a vast difference in the perceptions of awareness of kinderkinetics amongst participants from different provinces, again reinforcing that the province of residence is a major influencing factor in this study. The lack of awareness about kinderkinetics was mentioned as being most prominent in the Western Cape, KwaZulu-Natal, Free State, Eastern Cape, Limpopo and North West (excluding Potchefstroom).

Participants from Gauteng reported different perceptions related to different job opportunities and experiences compared to participants from the other provinces. The following responses from participants resident in Gauteng shows the difference of perceived awareness linked to geographical location:

(P17) "I have been in Pretoria for three months and I must say there is a vast difference between Western Cape and Gauteng. Gauteng seems to be the gold mine for kinderkineticists"

(P15) "The children that come to our school for open-day, know exactly what kinderkinetics is, the parents know what kinderkinetics is."

[(P15) "Die kinders wat na ons skool toe kom met opedag weet presies wat is kinderkinetika, die ouers weet wat is kinderkinetika."]

This is a major concern for the profession as the participants elaborated on their intense feelings of frustration about the career outcomes of kinderkinetics as a profession

4.7.2.2. Sub-theme 5.2: Experience of competition with other franchise programmes

A major theme that emerged was the experience of competition with other movement franchise programmes. Due to the lack of awareness of the profession of kinderkinetics and what it entails, it was perceived that parents, schools, and other similar professionals (Monkeynastix and Playball) did not understand the value of kinderkinetics and where it fits into society. The challenge that the participants of the study experienced in this regard was a lack of understanding of the role delineation of kinderkinetics and the perceived role ambiguity, which resulted due to competition with the other professions, franchises and extra mural activities at the schools.

(P17) "There are many extra mural activities that clash with us. Both of them

will say they develop gross motor; they work with a child as the holistic child so there is many options that a parent can have to put to their child"

This sub-theme was strongly linked to sub-theme 5.1 as better awareness of kinderkinetics was perceived to be essential to prevent perceived role ambiguity and comparison.

(P7) "There is a lot of more extra mural activities at the moment in the Western Cape, BUT kinderkinetics is not one of them"

(P2) '…kinderkinetics seen as the same as Monkeynastix and Playball, it is seen as just a another programme and someone coming to present something at the school…"

[(P2) "… kinderkinetika gesien as dieselfde soos Monkeynastix en Playball, dit was nou maar net nog 'n program en iemand wat nou ietsie kom aanbied by die skool..."]

(P10) "In general, they compare us to a franchise and think that we are a franchise…they tell the parents we are the same as Monkeynastix, they need to decide for themselves"

[(P10) "Hulle vergelyk ons oor die algemeen met 'n franchise en dink dit is 'n franchise veral … hulle vir die ouers sê ons en Monkeynastix is maar dieselfde hulle moet maar self kies… dit gebeur nogal baie." (#10)]

(P5) "…they in their minds still think that Playball and Monkeynastix do the same thing so they think there is actually no need to get a specialist in even though you explain that it is actually based on scientific evidence."

The participants made recommendations that, through the education of parents and schools and the provision of relevant information, the negative experiences and perceptions can be prevented.

4.7.2.3. Sub-theme 5.3: Community of practice- Providing socio-emotional support

The third sub-theme under theme 5, contextual challenges experienced by kinderkineticists, related to the professional isolation of participants (discussed under theme 3). The participants reported experiences of professional isolation and a lack of access to CPD opportunities. They also expressed a strong desire for peer support and communication through a network (formal or informal) of kinderkineticists. These networks were perceived as being able to address some of the professional isolation experienced by kinderkineticists. The participants reported that their experiences of being isolated or far away from other professionals and opportunities, created a need for a network support platform or a means to communicate or interact with other kinderkineticists. The participant elaborated on the topic by adding statements such as:

> *(P14) "To actually get to them (other kinderkineticists) and to hear how they do it at the schools. There is really a need for it."*
>
> *[(P14) "Om eintlik by hulle uit te kom en te hoor hoe doen hulle skole dit. Daar is regtig 'n behoefte daarvoor."]*

> *(P12) "It would actually be very nice; you tend to get into your own world and then you get cut off from what others do…"*
>
> *[(P12) ''Dit sal actually baie lekker wees, mens raak half in jou eie wereld en bietjie afgesny van die wat die ander doen..."]*

"(P17) "I also think it is very important that we communicate in regards to CPD points because there is many opportunities that we can all benefit from but if don't network and not know about them how are we going to move forward?"

In the profession of kinderkinetics, where word of mouth is one of the best marketing practices, networking of kinderkineticists could assist in creating awareness of the profession. The participants indicated the need to have a platform so they could network with each other as per the response below:

(P17) "… we need to network each other and in the different areas so if I am for instance in Cape Town and I have a parent that would like to attend but she is in Bellville then I can recommend my friend(kinderkineticist) that is in Bellville to her. . . we can help each other in that way. "I think that we all need to work together, every province that got Kinderkinetics in it need to work as a whole"

4.7.2.4. Discussion Theme 5

Kinderkinetics perceived as an 'unknown' profession

Awareness of a profession is usually explained in terms of its perceived characteristics, or what the people know about the profession and the provision of professional services (Prendushi, 2017).

In kinderkinetics, the lack of awareness of the profession is a major contextual challenge experienced by the participants when trying to establish a professional

career. Participants experienced kinderkinetics as being perceived as an unknown profession due to the lack of awareness of the profession by key stakeholders. This was specifically highlighted in their experiences of having to explain the concept and profession of kinderkinetics to the public. The participants felt strongly that this was detrimental to their professional identify and their status as professionals.

This finding has also been reported in other health professions. In the field of physiotherapy, Prendushi (2017) reported that, though in many countries the level of awareness of physiotherapy was generally high, there were cases of a low sense of awareness. Turner and Knight (2015) in a study of personal identity of the profession of occupational therapy, provide a statement reflecting the perceptions of occupational therapists concerning the public's lack of awareness of their profession:

> '*How do you explain occupational therapy to people?' The response is usually an exasperated: 'Why should we have to explain our role? Why don't (sic) the public know our role by now?*' (Turner & Knight, 2015:1)

Occupational therapy, as with kinderkinetics, has problems with personal identity, due to the profession being perceived to be unknown (Turner & Knight, 2015) resulting in perceptions of role ambiguity.

Competition from franchises

The second finding of the contextual challenges experienced by the participants were their experiences of competition from other franchise programmes. This particularly the case when they were trying to establish a career in kinderkinetics. The frustration

and disappointment experienced by the participants was perceived as detrimental to the overall professional identity of kinderkinetics.

Extramural activities such as Playball and Monkeynastix, to name a few, are franchise-based programmes for pre-school children. Unlike kinderkinetics, these franchise-based programmes do not require the instructor to have a tertiary qualification in early childhood development or gross motor skills. According to the Monkeynastix website, to become an instructor you only need to complete an international instructor accreditation course. This consists of a theoretical and physical examination course that can be done as an online course (*Monkeynastix*, 2019). To become a Playball instructor, the applicant receives training from the franchise owner and the Playball Head Office. According to the website this includes full training on the Playball coaching system, training in coaching skills and a compulsory bi-annual workshop to learn about programme changes (*Playball*, 2019).

None of these franchises require instructors to complete practical training, whereas a kinderkineticist has to complete 300 practical hours during their honours year, resulting in a more practice-based learning experience (Coetzee & Pienaar, 2015). This perceived role ambiguity results in feelings of frustration, infuriation and demoralisation. These feelings were also reported to lead to self-doubt and can influence the level of self-confidence and professional identity of kinderkineticists.

A few studies were found on competition in health professions (Pekola *et al.*, 2017). A study on competition in physiotherapy found that competition had a negative effect on the quality of physiotherapy services, however the findings were queried as it was

felt that too little information was provided to patients to make adequate choices about proper service providers (Pekola *et al.*, 2017). Though the central tenet of access to information on competitive programmes is relevant to kinderkinetics, the study is not comparable. In kinderkinetics, the level of qualification (honours degree and above) and training of the professionals in kinderkinetics cannot be compared to the training for a franchise.

Professional isolation and the need for network support

The last contextual challenge experienced by the participants was strongly linked to professional isolation. Kinderkineticists in the profession of kinderkinetics do not have a platform to communicate or engage with other kinderkineticists, thereby limiting their access to peer support and guidance. Establishing a communication platform network, such as a community of practice (Wenger, 1998), is vital to overcome professional isolation and to create a space where kinderkineticists can interact with one another.

These communities of practice (Wenger, 1998), or a professional networking platform (Hoffmann *et al.*, 2011) enables practices such as resource sharing, knowledge acquisition and networking (Hoffmann *et al.*, 2011). According to Rojas-Guyler *et al.* (2007), networking promotes professional recognition and career development. Through a community of practice platform, networking can help health educational professionals to assist each other and provide support. These platforms can be “virtual” through the use of applications such as WhatsApp. This was demonstrated in a study of WhatsApp groups used as community-of-practice platforms for graduate nurses in their first year of practice (Pimmer *et al.,* 2019). The study found that the

WhatsApp group offered the students a platform where they could share experiences and created a place of belonging (Pimmer *et al.,* 2019). This kind of platform could be recommended for kinderkinetics.

4.8. PERCEIVED REPUTATION AND IMAGE OF THE PROFESSION OF KINDERKINETICS

The construct of Perceived Reputation and Image of the Profession of kinderkinetics or perceptions of professional prestige addresses the fourth objective to explore the kinderkineticists' perceptions of the attitudes of parents, schools and other health-related professionals with regards to each of their images of kinderkinetics as a profession. Professional prestige is defined as the social standing of the profession compared to other professions (Prendushi, 2017), and includes both the perceived reputation and image of a profession.

The profession of kinderkinetics, largely offered via independent private practice, relies on the key stakeholders: parents, schools and other professionals such as occupational therapists, to refer clients to the kinderkineticist. In order to get clients (children) to participate in kinderkinetics programmes, parents need to agree to pay for the service. Schools can recommend kinderkinetics to parents or agree to have kinderkinetics as part of their school activities. Kinderkineticists also rely on other professionals for referrals where kinderkinetics as a therapy is the more suitable alternative. Therefore, the researcher wanted to determine the attitudes of these stakeholders towards the profession of kinderkinetics, as perceived by the

kinderkineticists. These attitudes are a reflection of the social standing of the profession as viewed by the stakeholders.

From this construct, a major theme, Theme 6: Perceived attitudes experienced towards the profession of kinderkinetics emerged. The theme deals with perceived negative attitudes towards the profession of kinderkinetics. These were the attitudes of parents, schools and other therapists but as perceived and experienced by the participants.

4.8.1. THEME 6: PERCEIVED ATTITUDES EXPERIENCED TOWARDS THE PROFESSION OF KINDERKINETICS.

Kinderkinetics, as a relatively new profession in relation to other professions such as occupational therapy, and gross motor development programmes for children rely on the key stakeholders of parents, schools (personnel) to gain clients (children). Therefore, it is important to determine these stakeholders' attitudes towards the profession of kinderkinetics and the professional prestige or perceived reputation of kinderkinetics. The perceived attitudes of other therapists also have an impact on the professional status of kinderkinetics as a profession as well as the acceptance of the profession in the multidisciplinary teams involved in working with children.

This theme had three sub-themes related to the key stakeholders, namely: Sub-theme 6.1: Perceived attitudes experienced of parents towards the profession of kinderkinetics; Sub-theme 6.2: Perceived attitudes experienced of pre and primary school personnel towards the profession of kinderkinetics; and Sub-theme 6.3: Perceived attitudes of other health professionals (occupational health, physiotherapy and speech therapy) experienced towards the profession of kinderkinetics. The

attitudes reported below are not the attitudes of these stakeholder but the attitudes as perceived by the participants (kinderkineticists).

4.8.1.1. Sub-Theme 6.1 Perceived attitudes of Parents

Sub-theme 6.1: Perceived attitudes experienced of parents towards the profession of kinderkinetics was the first sub-theme under the professional prestige of kinderkinetics.

Working in a field such as kinderkinetics, the primary source of income for kinderkineticists is from cash payments made by the parents of the children. This is opposed to payments made by medical aid funders that other health professions (e.g. physiotherapy, occupational therapy and biokinetics) in South Africa are licensed to do. The first step of obtaining a client is to convince the parents that their child needs the services of a kinderkineticist. The parents' attitudes, knowledge and perceptions about the characteristics of the profession of kinderkinetics, what they know about kinderkinetics and the services the profession provides, is therefore of utmost importance.

The participants of the study had already indicated that the profession of kinderkinetics was perceived as relatively unknown and that many parents were not aware of kinderkinetics or its benefits. Despite this, some of the participants experienced positive attitudes about the services and benefits provided by kinderkinetics, and that parents, when well-informed and after having a good experience tend to invest in kinderkinetics is seen in the statement below:

(P1)*"… well what you are telling me, any kid can benefit from so let my daughter participate, I am happy to tell the other moms"*

The perceived negative attitudes, as reported by the participants, were around the payment of kinderkineticists' fees. Kinderkinetics does not form part of the Health Professions Council of South Africa (HPCSA), therefore, even though the service is seen as a therapy, the parents cannot claim from their medical aid but must pay the kinderkineticist directly. The participants reported frustrating experiences with parents who wanted to use their medical aids to pay for the service rather than making cash payments. The outcome of this was that some parents decided that their children would not partake in kinderkinetics.

The following statements highlights the unhappiness and frustration some participants experienced from parents that were unhappy about the payment for kinderkinetics lessons:

(P3)"…it irritates them that they have to pay at the end of each month…"

[(P3)"… dit irriteer hulle dat hulle aan die einde van elke maand nou moet betaal…"]

(P14)"I had parents that said that they would rather not do it [kinderkinetics] due to the fact that they could not do it through medical aid."

[(P14)"Ek het al ouers gehad wat al gesê het dat hulle dit liewers nie gaan doen nie omrede hulle nie dit op medies kan doen nie" (#14).]

(P11) "… when the people don't have money anymore, they stay with OT because the medical aid pays, even if we are cheaper."

[(P11)"…as die mense nie meer geld het nie bly hulle by die OT want hulle medies betaal, al is ons goedkoper"]

4.8.1.2. Sub-Theme 6.2: Perceived attitudes of Pre- and Primary school personnel towards kinderkinetics

Sub-theme 6.2: Perceived attitudes experienced of pre and primary school personnel towards the profession of kinderkinetics emerged from the study when participants were asked about schools and their experience of approaching or working at schools.

The participants of the study again experienced both positive and negative attitudes towards kinderkinetics from school personnel of both pre-primary and primary schools as one of the participants responded below:

(P5) "So...there is a positive that they are open, they'll give you the time of day and listen to you ,but the negative is that it is basically thank you for coming ... you know... they don't really do much with it afterwards."

The response indicates that some schools are willing and open to learn about kinderkinetics, but they are not ready to implement kinderkinetics, or do not see a need or a place for kinderkinetics in their schools.

The following responses highlight the negative attitudes experiences by participants from the schools about incorporating kinderkinetics at their school:

(P2) ''Schools don't want to give us a chance…"'

[(P2)"Skole dat hulle nie vir ons 'n kans wil gee nie."]

(P3) " …the other schools are somewhat closedminded, and I think the thing is, everything is about planning for the year, if you don't pitch to them before their planning meeting, they scrap you right there.''

[(P3)"die ander skole is nogal baie closedminded en ek dink die ding is ook alles gaan oor hulle beplanning vir die jaar so as jy nie voor hulle jaarlikse beplanningsvergadering vir hulle gepitch het en alles dat hulle daaraan gedink het net, scrap hulle jou net daar."]

(P5) "…but the school yet again was not so reluctant of implementing it and stuff so I think that people are... if they are aware of it they are interested in trying it but then again on the other hand it is quite difficult because it is not known."

Other participants also experienced that schools were not initially interested in implementing kinderkinetics but later, after gaining more knowledge about the profession, showed more interest.

(P12) ''…pre-primary schools that told me no in the first year, actually phoned me and asked that I come and speak to them again, and that is where I am today, at that school that did not initially

[(P12)" …kleuterskole wat in die eerste jaar vir my nee gesê het my actually gebel en gevra ek moet asb weer met hulle kom praat en dit is waar ek vandag

is, by daai kleuterskole, wat eers nie in my geglo het nie maar na hulle goed gehoor het my terug gebel het."]

In contrast to the above participants' experiences, one participant had the opposite experience with a school:

(P14)"… they were on board right away and appointed me immediately…for example, I had a headmaster that came to listen to my presentation because he wanted to appoint a kinderkinetics and wanted to know what I do at the school."

[(P14)"…hulle was dadelik on board en hulle het my dadelik aangestel… ek het byvoorbeeld 'n skoolhoof gehad wat na my presentation kom luister het omdat hy graag 'n kinderkinetikus wou aanstel en wou geweet het wat ek by die skool doen."]

This indicates that, where a stakeholder knows about a profession and the services it provides, the professional prestige of the profession improves (Prendushi, 2017).

The perceptions of the participants from different provinces supported the fact that the influencing of working in different provinces could be the reason for the contrast in professional prestige as perceived by the different participants. Participant 5 was trying to establish a practice in the Western Cape and participant 14 was working in a pre-primary school in Gauteng.

The mixed attitudes (e.g. negative and positive) of the school personnel, experienced by the kinderkineticists as the perceived professional prestige, towards kinderkinetics

can again be contributed to the lack of awareness of the profession and the unidentified role of the profession of kinderkinetics.

4.8.1.3. Sub-Theme 6.3 Perceived attitudes of non-kinderkinetics therapists.

Sub-theme 6.3: Perceived attitudes of other health professionals (occupational health, physiotherapy and speech therapy) as experienced towards the profession of kinderkinetics is the third sub-theme under the theme of perceived reputation and image of the profession.

To optimise the motor development of a child, kinderkineticists are trained to work holistically and together with the support of other health professionals, such as occupational therapists, in order to operate as a multidisciplinary team (Coetzee & Pienaar, 2015). The role of the kinderkineticist in the multidisciplinary team is still undefined, and therefore it is important to determine the attitudes that these other professionals have towards the profession of kinderkinetics. Participants of the study had mixed experiences regarding the perceived attitudes of therapists such as occupational therapists.

The participants that experienced positive attitudes explained that it was rewarding to be viewed as a professional and recognised as such by other therapists.

> *(P2) ‘’it is so rewarding when an occupational therapist sees your report…and they say….wow your report is so detailed, and they were heavy impressed with us so I think people still underestimated kinderkinetics”*

> [(P2) “dit was baie rewarding... as ‘n arbeidsterapeut jou verslag sien…en die arbeidsterapeut sê … Wow julle verslag is baie in detail en hulle was soos heavy impressed met ons so ek dink die mense onderskat nog Kinderkinetika’]

Others experienced that some occupational therapists were aware of the benefits and the need for kinderkinetics, therefore referring clients to them.

> *(P3) ‘’we have a very good relationship with an occupational therapist, and she has given us many referrals…”*
> [(P3) “ons het ‘n goeie verhouding met ‘n arbeidsterapeut en sy het ons al baie verwysings gegee …”]

However, as with most other professions, due to the added influence of being an unknown and relatively new profession, and the lack of published role definitions for kinderkinetics, other professions may not have a clear view of the role of kinderkineticists and their scope of practice. This may result in kinderkineticists being affected by perceived role ambiguity by other professions. This could be seen in the responses of some of the participants that experience this negative perception from other therapists.

> *(P14) ”I had a negative experience during my first year at the school with other therapists that did not know kinderkinetics so well and also not the scope of kinderkinetics, so yes I had a bad experience with them.”*

[(P14) “Ek het in my eerste jaar by die skool nogals ‘n negatiewe ervaring gehad met ander terapeute, um wat nie kinderkinetika so goed geken het nie en ook nie ons scope of practice goed geken het nie, so ja ek het nogal ‘n slegte ervaring met hulle gehad.”]

(P16) ”Because they are not 100% sure what we do, I think there is somewhat of a treat to them.”

[(P16) “Omdat hulle nie 100% seker is oor wat ons doen nie , dink ek is daar so ietwat van ‘n bedreiging vir hulle”]

(P2) ”The occupational therapists took her out about being in their scope and doing the same work as them, and that put her off completely, she doesn’t even practice as a kinderkineticists this year…”

[(P2) “Die arbeidsterapeut het haar so uitgehaal van ons wat so op hulle tone trap en ons doen dieselfde werk as hulle , en dit het haar heeltemal afgesit , dat sy nie eers hierdie jaar meer praktiseer as ‘n kinderkinetikus nie…”]

4.8.1.4. Discussion: Theme 6

The professional prestige or perceived reputation and image of the profession of kinderkinetics was demonstrated through the sub-themes of perceived attitudes experienced towards the profession of kinderkinetics. The experiences of the participants of the perceived attitudes towards the profession of kinderkinetics, identified key stakeholders as parents, schools (e.g. pre-primary and primary) and other therapists (e.g. occupational therapists, physiotherapists and biokineticists).

This study found that the professional image and identity of kinderkineticists can be negatively impacted when faced with a feeling of inferiority due to the rejection of parents and schools, and that the participants reported feelings of frustration even though some experienced positive attitudes. The mixed attitudes (e.g. negative and positive) of the schools, experienced by the kinderkineticists, towards kinderkinetics can be contributed to the lack of awareness of the profession and the unidentified role of the profession of kinderkinetics.

According to Turner and Knight (2015), the identity and image of a profession is influenced by both how the individuals of the profession perceive themselves and how they are perceived by others. Prendushi (2017) defines professional prestige as the social standing and professional autonomy when compared to other professions. Central to professional prestige is the role definition of the profession, the characteristics of the profession, what the stakeholders know about the profession and the services it provides (Prendushi, 2017). No studies on the professional prestige of kinderkinetics were found. Similarly, Prendushi (2017) indicated that there were only a few studies on the professional prestige of a similar profession, namely physiotherapy.

Overall, Prendushi (2017) reported that in many countries, the attitudes towards the profession of physiotherapy and the awareness of physiotherapy as a profession was high, but that there were cases of low awareness of the work of physiotherapists. Similarly, this study found that among the stakeholders in kinderkinetics, there was low awareness of kinderkinetics. Prendushi (2017) hypothesised that one of the contributing factors to low awareness is a lack of role definition as a discipline. This was also reported in a study on physiotherapy in Australia and Japan (Ogiwara &

Kurokawa, 2008). Kinderkinetics differs from other professions, such as occupational therapy and physiotherapy, by having a specific focus on the gross motor development of children (Davies *et al.,* 2011). Occupational therapy focuses on the fine motor deficiencies and sensory motor problems of children, and physiotherapy, as the name suggest, is concerned primarily with diagnosing and treating physical dysfunctions of movement caused by injury or illness (Davies *et al.,* 2011). It is understandable that kinderkinetics could be seen as a threat to similar professions, due to role ambiguity and overlap, if the practitioners are not aware of the scope of kinderkinetics. This role ambiguity is detrimental to the growth of relationships between kinderkineticists and other professions for future multidisciplinary work with a child. Just as physiotherapy and occupational therapy, kinderkinetics can also form part of the multidisciplinary team assisting a child.

The findings from this study indicate that the profession of kinderkinetics may need to embark on a process of role definition to market the role delineation between related professions and to remove any perceived role ambiguity. Sayers *et al.* (2015) confirms that role ambiguity influences job satisfaction and professional identity and role clarity is a vital factor to the enhancement of a profession. Therefore, more awareness creation of the scope and practice of kinderkinetics and the profession is needed for other professionals to understand the role of kinderkineticists as an integral part of a healthcare team.

In conclusion, a study on podiatry as a profession concluded that marketing as well as university education are considered important to image enhancement (Borthwick *et*

al., 2009). The lack of knowledge about kinderkinetics, and the absence of marketing to address this, may be important for the profession of kinderkinetics in the future.

4.9. CONCLUSION

In this chapter the researcher gave a brief description of the participants of the study and highlighted the influencing factors. This was followed by a detailed presentation of the findings of the study followed by a discussion of the findings of the study, contextualised in available literature.

The researcher described and discussed the six main themes which emerged from the study and were organised using the adapted conceptual framework. The first theme dealt with the varying experiences and stories of success and failure under the construct of: Kinderkineticist general feelings about kinderkinetics as a profession in South Africa.

The second theme was the transitional opportunities and challenges such as lack of an experience year after graduation and professional isolation, experienced by kinderkineticists under the construct of: Career requirements of the profession of kinderkinetics.

The third theme, also under the same construct, dealt with the ongoing professional development requirement opportunities and challenges in accessing CPD due to professional isolation. The fourth theme of career goal opportunities and the fifth theme of contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics was explored under the construct of: Career outcomes of

the profession of kinderkinetics. Here the researcher discussed the preparatory career pathways in preparation for independent private practice together with other career path opportunities in the profession of kinderkinetics as well as the contextual challenges of lack of awareness and competition with other programmes. This theme ends with the identification of the need for a community of practice or networking platform.

The final theme of the study, under the construct of: Perceived reputation and image of the profession of kinderkinetics, were the perceived attitudes experienced towards the profession of kinderkinetics from the key stakeholders of the profession.

Chapter 5 is the final chapter and provides a summary of the study, highlights the key findings, make recommendations for the profession and discusses the limitations of the study.

Chapter 5

SUMMARY, KEY FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1. INTRODUCTION

The final chapter of this thesis provides a summary of the study and highlights its key findings in line with the purpose and objectives described in chapter one. It also provides recommendations which arose from the study, as well as a general discussion as well as the conclusion of the study.

5.2. SUMMARY OF THE STUDY

The main aim of this study was to explore the perceptions and experiences of registered kinderkineticists in South Africa.

A generic qualitative explorative descriptive and contextual design was used together with an adapted version of the conceptual framework of Mbawuni (2015) to explore the perceptions and experiences of the participants (i.e. SAPIK registered kinderkineticists). The participants of the study consisted of 19 SAPIK registered kinderkineticists sampled through purposeful and snowball sampling methods from the 2016 list of SAPIK registered members.

The data were collected through an in-depth, semi-structured, self-designed, interview schedule. The interviews were either conducted face-to-face or telephonically. Data collection ended when data saturation was reached, and each interview was then transcribed and translated, where needed, before the data were analysed.

The researcher, guided by the adapted version of Mbawuni's (2015) conceptual framework and the inductive process, analysed the data using thematic analysis through coding and themes. The eight steps of data analysis, as set out by Tesch in Creswell (2014) was used to analyse the data. To ensure the validity and trustworthiness of the research findings, measures were taken to ensure credibility, transferability, dependability and confirmability of the study and the results. The framework was then used to organise the six themes and fourteen sub-themes.

The first construct of the framework was: **Kinderkineticist general feelings about kinderkinetics as a profession in South Africa**. Theme 1 of: *Varying experiences and stories of success and failure* aligned with this construct where the participants shared positive and negative perceptions resulting from positive and negative feelings driven by success stories or stories of failure.

The second construct of **Career requirements of the profession of kinderkinetics** was aligned with two themes namely Theme 2: *Transitional opportunities and challenges experienced by kinderkineticists* around the lack of, and the need for an experience year, such as an internship, after graduation and professional isolation in the transition year; and Theme 3: *Ongoing professional development requirement*

opportunities and challenges, around reported challenges that the participants experienced in accessing CPD opportunities due to professional isolation.

The third construct: **Career outcomes of the profession of kinderkinetics** *was* aligned with Theme 4: *Career goals opportunities* and Theme 5: *Contextual challenges experienced by kinderkineticists working in the profession of kinderkinetics* emerged. Here the participants reported on their initial career goals, indicating the goals of independent private practice, and other career path opportunities such as academic work (e.g. lecturing) or working in a school setting (e.g. pre-primary and primary schools). The challenges that were reported included the lack of awareness of the profession of kinderkinetics, the competition from franchise programmes, the lack of a support base or community of practice in the profession of kinderkinetics and the experience of professional isolation due to single person practices.

The last construct of **Perceived reputation and image of the profession of kinderkinetics** aligned with Theme 6: *Perceived attitudes experienced towards the profession of kinderkinetics.* The participants reported on the perceived attitudes of parents, pre-primary and primary school personnel and non-kinderkinetics therapists (e.g. occupational therapists, physiotherapists and Biokineticists). These finding were as experienced by the participants.

5.3. KEY FINDINGS

The key findings of the study are presented as concluding statements pertaining to each of the themes and sub-themes that emerged from the study.

5.3.1. MIXED FEELINGS TOWARD THE PROFESSION OF KINDERKINETICS RESULTING FROM THE DIFFERENT EXPERIENCES THAT THE PARTICIPANTS ENCOUNTERED

Participants' had mixed feelings towards the profession of kinderkinetics resulting from the different experiences that the participants encountered. The participants wanted to continue a career in kinderkinetics after graduation and saw a future for themselves in the profession of kinderkinetics. The researcher sensed a tone of excitement when the participants spoke about their success stories.

The influencing factor of employment as a kinderkineticist here is a major contextual issue, often being related to opportunities in different provinces, and overall provided either a positive or negative perception of the profession of kinderkinetics. However, some of the participants experienced hardships, in their profession as a kinderkineticist, which resulted in negative feelings. All of them started with a sense of hope and feelings of prosperity for the future of the profession of kinderkinetics.

5.3.2. STRONG PERCEPTIONS OF TRANSITIONAL CHALLENGES AND THE NEED FOR AN 'EXPERIENCE YEAR' AS PART AS THE CAREER REQUIREMENTS FOR KINDERKINETICS

The main transition challenge as a kinderkineticist in the profession was the lack of an internship/experience year after graduation, which is need to assist with the transition from student to professional. It was strongly felt that the incorporation of an

'experience' internship year, would be beneficial to address the career requirements of kinderkinetics. This finding was again reinforced in section 5.3.4 (Clear career goals to establish independent private practices with various preparatory career pathways to gain experience prior to independent private practice), where the participants made alternate arrangements to gain experience.

5.3.3. THE IMPACT OF PROFESSIONAL ISOLATION AND THE LACK OF ACCESSIBLE ONGOING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

The participants indicated that they experienced significant professional isolation, with reports of experiences of feeling alone and having no one to talk to about clients and issues in practice. This was experienced during the transitional period from student to professional kinderkineticist, as independent private practitioners, and in smaller provinces with lower numbers of kinderkineticists. The perceptions of professional isolation resulted in experiences of a lack of accessible ongoing professional development requirement opportunities.

5.3.4. CLEAR CAREER GOALS TO ESTABLISH INDEPENDENT PRIVATE PRACTICES WITH VARIOUS PREPARATORY CAREER PATHWAYS TO GAIN EXPERIENCE PRIOR TO INDEPENDENT PRIVATE PRACTICE.

The career goal of independent private practice was the initial and key career goal of most of the participants. However, due to a lack of confidence and experience, other career options, such as working for established practices, schools and academic work, emerged from the study as preparatory pathways to reach this goal. At the time of this study only six of the participants had begun their own independent private practices.

5.3.5. CONTEXTUAL CHALLENGES OF LACK OF AWARENESS OF THE PROFESSION OF KINDERKINETICS AND COMPETITION WITH NONPROFESSIONAL FRANCHISE PROGRAMMES

The profession of kinderkinetics as a relatively new profession suffers from a lack of awareness, leading to issues of professional identity and image. The direct experiences with stakeholders confirmed the contextual challenge related to a lack of awareness of the profession of kinderkinetics, which directly links to section 5.3.7 (the need for marketing and role definition in kinderkinetics to address the perceptions of professional prestige and prevent role ambiguity) and the perceptions of professional prestige. This lack of awareness created major challenges for kinderkineticists when trying to establish a career in kinderkinetics. Due to the lack of awareness of the profession of kinderkinetics, the participants also experienced competition with other franchise programmes which resulted in further frustration and difficulty for kinderkineticists to establish a career in kinderkinetics.

5.3.6. THE NEED FOR A NETWORK PLATFORM OR COMMUNITY OF PRACTICE TO PROVIDE SUPPORT FOR PROFESSIONAL ISOLATION AND IMPROVED ACCESS TO CPD

The need for a professional networking platform or a professional community of practice for social-emotional support in the profession of kinderkinetics was recommended by the researcher. From this study and the corresponding literature, it is evident that the profession of kinderkinetics can benefit from communities of practices. This platform could not only assist with knowledge acquisition and support but could remediate professional isolation by providing a support system. Creating a sense of belonging through a virtual community of practice (Pimmer *et al.,* 2019), will in return, promote the professional identity of kinderkineticists.

5.3.7. THE NEED FOR MARKETING AND ROLE DEFINITION IN KINDERKINETICS TO ADDRESS THE PERCEPTIONS OF PROFESSIONAL PRESTIGE AND PREVENT ROLE AMBIGUITY

Due to the stakeholder perceived undefined role of kinderkinetics, and subsequent possible role ambiguity in the profession, the participants experienced mixed attitudes from stakeholders, such as parents, school personnel and other therapists, towards the profession of kinderkinetics. Role ambiguity can influence job satisfaction and professional identity and role clarity is a vital factor to the enhancement of a profession (Sayers *et al.,* 2015).

5.4. RECOMMENDATIONS

Kinderkineticists' general feelings about kinderkinetics as a profession in South Africa has a direct influence on the perceived professional identity and prestige of kinderkinetics. From the findings of the study, the kinderkineticists' feelings about the profession were influenced by challenges experienced in the areas of career requirements, career outcomes and perceptions of the reputation and image of the profession of kinderkinetics.

Therefore, emerging from the study, recommendations are proposed under the constructs of career requirements, career outcomes and reputation and image of the profession of kinderkinetics. In addition, recommendations are suggested for further research.

5.4.1. RECOMMENDATIONS FOR CAREER REQUIREMENTS

5.4.1.1. Recommendation 1: The establishment of an internship year for kinderkinetics graduates

The findings of this study showed an overwhelming need for an experience year or internship year for students, to assist them with the transition from student to professional. Evidence in the literature also supports the fact that the inclusion of an internship programme can improve profession retention and job satisfaction (Pimmer *et al.*, 2019). It is therefore recommended that the relevant academic stakeholders (i.e. course convenors), consider the possibility of including an experience or internship year.

5.4.1.2. Recommendation 2: The inclusion of entrepreneurial subjects in the educational preparation of graduates

Most of the participants indicated that they aspired to open their own private independent practices, but that adequate preparation for this is required. It is therefore recommended that the educational preparation of the students include entrepreneurial subjects to assist with the educational requirements for establishing a private independent practice in the profession of kinderkinetics (Amini *et al.,* 2015).

5.4.2. RECOMMENDATIONS FOR CAREER OUTCOMES

5.4.2.1. Recommendation 3: The establishment of a network platform or community of practice in the profession of kinderkinetics.

To improve or limit professional isolation, it is recommended that the profession of kinderkinetics establishes a virtual community of practice to provide and assist kinderkineticists with emotional support and guidance and to provide improved access

to CPD. Communities of practice enables the practice of resource sharing, knowledge acquisition, networking and the promotion of professional recognition and career development (Hoffmann *et al.*, 2011).

5.4.3. RECOMMENDATIONS TO IMPROVE THE PERCEIVED IMAGE AND REPUTATION OF KINDERKINETICS

5.4.3.1. Recommendation 4: The establishment of greater awareness of the profession to decrease role ambiguity in the profession of kinderkinetics.

It is recommended that greater efforts are made in marketing and creating awareness of the profession of kinderkinetics in all provinces. Marketing and university education were considered important to image enhancement (Borthwick *et al.*, 2009). Marketing or awareness raising in the profession should include information on the profession, the services provided by it and role differentiation from other services in the field.

5.4.3.2. Recommendation 5: Role definition development

Though significant work on the scope of kinderkinetics was done by Pienaar and Coetzee (2015), the findings from this study indicate that the profession of kinderkinetics needs to embark on a process of role definition to market the role delineation between related professions and remove any perceived role ambiguity. Sayers *et al.,* (2015) confirms that role ambiguity influences job satisfaction and professional identity and that role clarity is a vital factor to the enhancement of a profession. Therefore, more promotion of the scope of practice of kinderkinetics is needed so that other professionals can understand the role of kinderkineticists as an integral part of a healthcare team.

5.4.4. RECOMMENDATIONS FOR FURTHER RESEARCH

5.4.4.1. Recommendation 6: Future qualitative and quantitative studies exploring the profession of kinderkinetics

From the results of the current study and literature reviewed, it was evident that the perceptions and experiences of the professionals in the profession of kinderkinetics is not an area that has been previously researched. As this study was an initial exploratory study of the perception and experiences of registered South African kinderkineticists, it is recommended that further research, both qualitative and quantitative, be done on aspects of the profession such as professional isolation, specific career path decisions in kinderkinetics, why kinderkineticists leave the profession of kinderkinetics and the direct attitudes and perceptions of other stakeholders towards the profession.

5.5. LIMITATIONS OF THE STUDY

As kinderkinetics is a relatively new profession in comparison to professions such us occupational therapy, the literature on kinderkinetics was sparse and very few published papers on the profession of kinderkinetics in South Africa were found. None of the literature found addressed issues of professional isolation in kinderkinetics or the perceptions or experiences of kinderkinetics. Similarly, no qualitative studies in the field could be found. This led to a limited literature review and hence literature on other professions was used to contextualise the data.

In line with the dearth of literature, a second limitation was the lack of suitable conceptual frameworks to apply to a study of the profession of kinderkinetics or to

explore the experiences, feelings and perceptions about the profession. The only suitable framework found was from the field of accounting and the researcher had to adapt the accounting framework of Mbawuni (2015) to the current study.

In examining the research process and methodology, sample selection was a further limitation. Though purposive sampling was conducted, the researcher had difficulty in finding kinderkineticists registered with SAPIK that were not currently practicing in the field of kinderkinetics. The few non-practicing members that were found by the purposive and snowball sampling methods, provided insight into the reasons why kinderkineticists had decided not to practice in the profession anymore. More non-practicing participants would have provided more insight on this issue.

A further limitation identified, may potentially be the age of the data collected, as data collection was conducted in 2016. No further data collection was done due to the fact that from 2017 to 2019, the educational preparation of kinderkineticists remained largely unchanged, occupational opportunities have not really increased and the overall number of kinderkineticists has only increased by 47. Also, in 2019, the SAPIK database indicated that only four provinces had kinderkineticists working in schools.

Lastly, no direct interviews were conducted with parents, school personnel or other therapists to establish their perceptions of the professional prestige of kinderkinetics and their direct attitude towards kinderkinetics. Conducting these interviews would have provided a more accurate reflection of their actual attitudes and this has been recommended for further research.

5.6. CONCLUSION

Based on the findings, the researcher concluded that the perceptions and experiences of registered South African kinderkineticists were influenced by a number of challenges experienced in the relatively new profession of kinderkinetics. These challenges include the lack of experience of newly qualified kinderkineticists, their professional isolation in the transition year and in independent private practice, a lack of awareness and role ambiguity resulting in competition and negative attitudes from other similar professions. This resulted in the mixed feelings and perceptions, of the participants, in the profession of kinderkinetics. Greater efforts need to be made in marketing and promoting the profession, in all provinces, to attract more people to the profession and to establish the development of a strong professional identity.

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APPENDIX A

Institutional permission

Ethics approval

UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvennoot • your knowledge partner

18 November 2015

Ms Ané Kotze
Department of Sport Sciences
Stellenbosch University

Dear Ms Kotze

Concerning research project: *An investigation of the state and status of kinderkinetics in the Cape Town Metropolitan District*

The researcher has institutional permission to proceed with this project as stipulated in the institutional permission application. This permission is granted on the following conditions:

- Participation is voluntary.
- Persons may not be coerced into participation.
- Persons who choose to participate must be informed of the purpose of the research, all the aspects of their participation, the risks to participation, their role in the research and their rights as participants. Participants must consent to participation. The researcher may not proceed until she is confident that all the before mentioned has been established and recorded.
- Persons who choose not to participate may not be penalized as a result of non-participation.
- Participants may withdraw their participation at any time, and without consequence.
- Data must be collected and processed in a way that ensures the anonymity of all participants.
- The data that is collected must be responsibly and suitably protected.
- The researcher must pay due diligence in seeing that the data is handled in the strictest confidence.
- The use of the collected data may not be extended beyond the purpose of this study.
- Individuals may not be identified in the report(s) or publication(s) of the results of the study.
- The privacy of individuals must be respected and protected.
- The researcher must conduct her research within the provisions of the Protection of Personal Information Act, 2013.

Best wishes,

Prof Ian Cloete
Senior Director: Institutional Research and Planning

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Approval Notice
New Application

30-Nov-2015
Kotze, Ane A

Proposal #: SU-HSD-001267
Title: AN INVESTIGATION OF THE STATE AND STATUS OF KINDERKINETICS IN THE CAPE TOWN METROPOLITAN DISTRICT

Dear Ms Ane Kotze,

Your New Application received on 05-Nov-2015, was reviewed by members of the Research Ethics Committee: Human Research (Humanities) via Expedited review procedures on 30-Nov-2015 and was approved.
Please note the following information about your approved research proposal:

Proposal Approval Period: 30-Nov-2015 -29-Nov-2016

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your proposal number (SU-HSD-001267) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Included Documents:
REC: Humanities New Application

Sincerely,

Clarissa Graham
REC Coordinator
Research Ethics Committee: Human Research (Humanities)

APPENDIX B

Participant consent form

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title of Research Project: Perceptions and experiences of registered South African Kinderkineticists: A qualitative study

You are asked to participate in a research study conducted by **Ané Potgieter (Kotzé)** (enrolled for Masters in Sport Science) under the supervision of **Dr. E Africa**, from the **Department of Sport Science** at Stellenbosch University. The results of the study will *contribute to research papers and a dissertation* towards a Maters in Sport Science. You were selected as a possible participant in this study because you are a qualified kinderkineticist.

1. PURPOSE OF THE STUDY

To explore the perceptions and experiences of registered kinderkineticists in South Africa.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- Agree to an interview that will consist of questions regarding your experience as a qualified kinderkineticist.
- Agree for the interview to be recorded and transcribed.

3. POTENTIAL RISKS AND DISCOMFORTS

The study has minimal risks. Discomfort and inconvenience may arise during the interview at any time at which the interview can be suspended. Participation is voluntary and the participant can stop the interview at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

This study could provide information on the career path of kinderkineticists and make recommendations on strategies to strengthen kinderkinetics in the Western Cape.

5. PAYMENT FOR PARTICIPATION

As a participant, you will not receive any financial reimbursement or payment to participate in the study and there will be no costs involved for the participation in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of withholding the names of the participants. Recordings and de-identified transcriptions will be filed and stored in a locked room and on a password protected personal computer and will only be accessed by the researcher and a professional qualitative coder. You have the right to read and edit your transcript. All published results will be de-identified.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the researcher Ané Potgieter (Kotzé) (0609369904; anepotgieter@gmail.com) or the supervisor Dr. E Africa (africa@sun.ac.za).

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by the researcher Ané Kotzé in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____

Name of Subject/Participant

_____ _____

Signature of Subject/Participant Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to_____[*name of the subject/participant]. [H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English*]

_____ _____

Signature of Investigator **Date**

APPENDIX C

Interview Schedule

	INTERVIEW SCHEDULE
	Interview length: 20-30min About the interviewee Age: Sex: Graduation institute: Pukke / Maties / Kovsies / Northlink College Profession Length of employment: Date: Time:
	Introduction • Promote goodwill • Assure anonymity • Ask permission to record
	Questions
1.	After graduation in Kinderkinetics, what were your career goals?
2.	What are you doing now as a qualified Kinderkineticist?
3.	What do you think of the state of Kinderkinetics in [your province] ~~the Western Cape~~?
4.	What are some of your experiences in your career as a Kinderkineticist? (Promt: positive / negative)
5.	What kind of Programmes do you do in your practice?
6.	How do you get new clients?
7.	What limitations do you experience in you practice?
8.	What recommendations can you make to improve Kinderkinetics as a profession?
	Closure
9.	Thank you for your time. Do you have any other comments?

APPENDIX D

Interview transcript English

Interview transcript Afrikaans

Translated interview transcript

Interviewee #5 Transcript

Age: 23

Sex: F

Graduation institute: Pukke / **Maties** / Kovsies / Northlink College

Profession: Part time student and Au Pair in JHB

Length of employment: 6 months

Date: 14 June 2016

Time: 9:53

*TELEPHONE INTERVIEW (permission was granted to record the telephone call)

INTERVIEWER Thank you so much that I can interview you over the phone. Thank goodness for technology.

INTERVIEWEE Ja, no you are welcome.

INTERVIEWER So now we can start with the questions, so after Graduating as a Kinderkinetineticst , what were your career goals?

INTERVIEWEE Well, I was planning on obviously eventually opening a practice and while studying the intern at the time and I decided that we would open a practice in die Helderberg area. Um...ja...so we basically did that and as I told you it failed really bad.

INTERVIEWER Is it, did it fail? In what sense did it fail?

INTERVIEWEE Um... the thing is about the Helderberg area, especially in Cape Town there is strong competition like Monkeynastix and you have Playball and stuff like that so all the schools have those things already in place so when you go there and approach them about doing Kinderkinetics um as an extra mural for the kids like Monkeynastix , um... they like the idea but because they are already committed to it and they know it and its been successful for the past 3/4 years , they

are very reluctant to change just in case people are not really interested in doing Kinderkinetics as an extra mural so the schools were happy about is and quite excited about having something like that , they just weren't willing take on the risk of doing it at the school.

INTERVIEWER Okay

INTERVIEWEE Ja

INTERVIEWER Okay...so... on that note, you said the schools were happy and were willing but they still not um... still you weren't able to get in at the schools ?

INTERVIEWEE Ja

INTERVIEWER I want to ask you, what do you think of the state of Kinderkinetics in the Western Cape?

INTERVIEWEE Um... I think that lots of people ... but then later in the year I worked at a Private School um and the parents were very excited and wanted to do it, um but the school yet again was not so reluctant of implementing it and stuff so I think that people are... if they are aware of it they are interested in trying it but then again on the other hand it is quite difficult because it is not known, because if you go in and say you are a Kinderkineticst, they go "Okay what is that?" So, it is a very unknown field in the Western Cape unless you are doing it like at a school or um, stuff like that. We even phoned schools and um, there is a Kinderkineticist working at some schools in the Helderberg are and when we contacted those schools, they loved it , they enjoyed it. They didn't even have Monkeybastix or Playball as part of their curriculum because they had Kinderkinetics so when people know about it and see it, they are much more open to it but it is so unknown when you talk to people even like people that you meet and you say Ja, I am a Kinderkineticist and they are like

"I know what a Biokineticist is but I have no idea what you are talking about" . So, it is very unknown in the Western Cape.

INTERVIEWER Okay good. Um... so i would just like to ask you , in the couple of months that you were trying to open your practice or have a practice at schools, what were some of your experiences? It can be positive or negative experiences that happened in that time?

INTERVIEWEE In what sense?

INTERVIEWER Um...like with the school setting? Um...did you have a negative encounter with Playball? Or did you have a negative encounter with a Kinderkineticisit ? You said that schools were open for it but struggled with the implementation of it...um...How do you think they feel towards us as Kinderkinetics , do you think they have a need for us?

INTERVIEWEE Um... I think that they would except that there is a need because when you explain exactly what we do then they think that it is a really wonderful idea and they can see the benefits of it but, they in their minds still think that Playball and Monkeynastix do the same thing so they think there is actually no need to get a specialist in even though you explain that it is actually based on scientific evidence, it is not just something that you can go do a course on, get a file and implement it at schools, it's actually done research into these things and you apply something that the kids actually need which will benefit them not only on the playground but in the classroom as well, and they are like, then they listen and they like "ah well that is a good thing" but then it's always um a lot of talk if you can say, so they're very interested in doing it but, they won't do it.

INTERVIEWER Okay

INTERVIEWEE So...There is a positive that they are open, they'll give you the time of day and listen to you ,but the negative is that it is basically thank you for coming ... you know... They don't really do much with it afterwards.

INTERVIEWER Okay, and then when did you, or why did you then decide that after feeling that it is now failing that you rather stop it so when was you breaking point to say listen we need to stop now it is not going any further?

INTERVIEWEE Well on top of trying to get into schools we had open a practice like a semi practice. We had 1 client for 6months and obviously we didn't have enough capital to keep it open and running for let say a year... to then re-go to the schools before they did their financial planning to try and do demonstrations and see if then they would implement it as it is just not um realistic to do that when both of us not really having a salary for beginning 6months of the year, because we only had 1 client throughout that time.

INTERVIEWER Sjoe, okay. Um...now you spoke about your 1 client. How did you get this client? Did you do any form of marketing or was it word by mouth or how did you get your client?

INTERVIEWEE It was actually my nephew. While I was studying, I knew that I could help him. He has not officially been diagnosed but he is on the end of the autistic spectrum . . .

INTERVIEWER Okay

INTERVIEWEE So I knew that I could help him, I mean we did marketing at the school and we got phone calls from about 5 or 6 parents who were interested but the fact that we weren't coming to the school to do it, um... they didn't want to have to drive and bring their children to another place um... so they were more open in maybe sending their children maybe for

private lessons if we could get it done at the school, which we couldn't get it done, we had to do it at our practice so then they kindly didn't follow through with it.

INTERVIEWER Okay, Um... so you are now currently in Joburg as a Au Pair, do you ever think you will maybe get back into Kinderkinetics? Maybe in Joburg or have you tried getting into Kinderkinetics in Joburg?

INTERVIEWEE Um... no what my plan was, especially at the school that I was working at last year, I was a teacher in a 3-4year old class so what I did was , I implemented Kinderkinetics there in their PE half an hour with the 3 classes . There was a 3-4, 4-5 and then a Grade R class so I did all of their PE and I did Kinderkinetics and what I decided was that I would study to become a pre-school teacher and then I want to implement the Kinderkinetics with the teaching, so that is the end goal now.

INTERVIEWER Okay, so you haven't tried approaching schools or you won't be able to tell me if you find that it's easier to get a job as a Kinderkineticist in Joburg?

INTERVIEWEE No, I wouldn't be able to, but I think it would actually be easier because in Joburg and Gauteng area you have practices all over the place um... where in Cape Town you don't even have a single practice. You have one single Kinderkineticist working in the Helderberg area and I know of a girl that graduated with me that is now implementing Kinderkinetics in her gymnastics club, so if you don't have your foot in the door or have a place where you can do it where people are willing to allow you to do it, it is much harder to start it up in Cape Town but in Joburg ... even if you see job opportunities its mainly down here in Gauteng , so I think it would be easier to find job here than in Cape Town.

INTERVIEWER Okay, So, what would you say are some of our biggest limitations as Kinderkineticists in the Western Cape?

INTERVIEWEE I think the biggest limitation is the fact that no one knows what a Kinderkineticst is , and what Kinderkineticists does so the fact that it's so unknown and people have absolutely no idea what it is um... I think that is the biggest downfall that we have.

INTERVIEWER Okay good. And then my last question that I want to ask you. Do you have any recommendations, um... that would help to improve Kinderkinetics as a profession, especially in the Western Cape?

INTERVIEWEE I think the biggest thing for Kinderkinetics in the Western Cape for it to grow and become something that is successful because it can become very successful is for there to be more information out there, I mean besides Eikestad Primary in Stellenbosch, cause that is where we get most of our clients from, and from Bel Park where we go and do our practical, besides like a handful of schools that know about it, and it is successful there , but I think the biggest thing that we need to do as Kinderkineticists especially in the Western Cape is to get out there whether you plan to an open day at a school, just to give information and see if it's okay if you be there, maybe go to malls they have like those little areas where people sell stuff maybe having a little booth there like telling people about it , I think that is the biggest thing that we can do, cause once you start talking to people you can actually see that they want to no more , and if it is beneficial to for their children what parent wouldn't do it? That is the biggest thing, to get it out there.

INTERVIEWER So, we need to up our marketing?

INTERVIEWEE Yes, by far! Nothing against Kinderkinetics there, I mean there is absolutely no marketing that gets done. I mean up

until last year there wasn't even a... like they put up a Facebook page, but you know there isn't really anything that people really know about. You'll have a few parents that will tell other parents that my kid goes to Stellenbosch to do Kinderkinetics but besides the 5,6,7, parents that are there no one knows about it and that is the difficult part about is.

INTERVIEWER Okay, good. Thank you so much. I have one more question, I thought it was my last, but I have one more. Do you think that the Kinderkineticst in the Western Cape should have a better integrated system or community where we get together and help each other or do you think that it won't have a big effect on Kinderkinetics as a profession?

INTERVIEWEE I think that it is a... especially with the fact that profession is such a new thing in the Western Cape , I think it would be a brilliant idea, because you are constantly learning from each other and you constantly helping each other for instance when you are doing your research project in your honours year everyone focuses on a specific field so you ... or um... aspect within it, so you get so much more information for your research about that thing when you actually know a lot more about that specific thing compare to the other people, so I think it is very important to keep that line open if I can say that because you can learn so much from your other colleagues even in a small like ... with a case... like you see a kid that maybe has a problem with midline and it ties back to something different but you don't actually know but someone did a research project on it and they can help you. So ja.

INTERVIEWER Okay good. Thank you. I am done with all my questions; do you have any comments that you would like to add? Or are you happy with everything?

INTERVIEWEE No I am happy with everything, I think the biggest worry especially for a lot of Kinderkineticicst at the moment is the rumour that Biokinetics and Kinderkinetics are getting intergrated into one um... degree which goes from undergrad all the way through to post grad so I think that is a big worry because Biokinetics is suck a well-known field that if you integrate the two, a person that is sole Kinderkineticist would lose out a lot , especially in the Western Cape seen as there is such a small market rate going anyway, so I think that is quite a worrying thing, um... ja.

INTERVIEWER That is a good comment. Thank you so much for your time.

Interviewee #8 Transcript (Afrikaans)

Age: 26

Sex: F

Graduation institute: **Pukke** / Maties / Kovsies / Northlink College

Profession: Kinderkineticist + PHD student

Length of employment: 4jaar

Date: 15 September

Time: 17:18

***TELEPHONE INTERVIEW (permission was granted to record the telephone call)**

INTERVIEWER Dankie vir jou tyd! Eerste vragie dan aan jou is toe jy nou klaar afgestudeer het as ‘n Kinderkietikus wat was jou aanvanklike doel wat jy wou bereik? Wat wou jy direk na jy afgestudeer het gedoen het?

INTERVIEWEE My eerste doel was om dadelik my M te begin, so ek het dadelik met my M begin en ek het by ‘n kleuterskool of ‘n dagsorg hier in Potch het ek in die oggende gewerk en dan Kinderkinetika en goeters by die skool gegee, maar my doel was om eers my M te begin en vir ‘n jaar eers aan die gang te kom maar ek het nie net Kinderkinetika gelos nie want ek was in die oggende by ‘n skool waar ek met die kinders Kinderkinetika gedoen het.

INTERVIEWER Okay so dan my tweede vraag aan jou is wat doen jy nou huidiglik as ‘n Kinderkinetikus ?

INTERVIEWEE Okay, ek het my eie Praktyk in Potch, so ek het vier Programme wat ek op die oomblik aanbied. Ek doen ‘n Welstand program, swem, baba stimulasie en kleuter ontwikkeling. So dit is my 4 programme.

INTERVIEWER Okay so jou eie praktyk is dit ‘n reisende praktyk of is dit by skole?

INTERVIEWEE Dit is reisende, ek het nie ‘n gebou op die oom blik self nie so ek gaan van skool to skool.

INTERVIEWER Okay, as jy nou praat van skole, is dit kleuterskole of Laerskole of albei?

INTERVIEWEE Nog nie Laerskole nie , net op die oomblik kleuterskole . Nog nie te veel nie want ek doen nog nie regtig baie bemarking nie want ek is besig met my D. So dit is perfek om my inkomste darem te kry , maar ek wil nie net ophou nie want ek het al begin en ek wil nie net my praktyk los nie so…

INTERVIEWER Okay , dan wil ek vra.. gepraat van bemarking… het jy al probeer inkom by Laerskool bv.?

INTERVIEWEE Ja, ek was toevallig by ‘n Laerskool vanoggend vir volgende jaar, so ja.

INTERVIEWER Okay, so as jy nou by die Laerskole bemark hoe is hulle teenoor jou ten opsigte van Kinderkinetika? Weet hulle daarvan? Is hulle opgewonde of sien hulle nie die nut daarvoor nie?

INTERVIEWEE Ja ek was nou al by 2 laerskole, die een was al ‘n rukkie terug maar hulle wou hul programme het dit net nie toegelaat nie en die een van vanoggend sin, en altwee was regtig positief. Hulle het geluister na wat ek sê en hulle het my nie net… toe ek by hulle ‘n afspraak gemaak het gesê nee hulle stel nie belang nie en ek kon lekker met hulle gesels en hulle was baie oop vir dit, positief teen oor dit.

INTERVIEWER Wonderlik, en dan as jy sê Kinderkinetika , weet hulle wat dit is?

INTERVIEWEE Nee, van hulle. Een het geweet… die een van vanoggend moes ek net bietjie meer verduidelik wat dit is.

INTERVIEWER Okay

INTERVIEWEE Maar hy het min of meer ‘n idee gehad dit het iets met beweging te doen ek moes net mooi vir hom verduidelik presies wat dit is.

INTERVIEWER Okay, ons gaan lekker vinnig deur die vraag. Jy het nou gesê jy is in Potch, dit val nou onder die Noord Wes Provinsie. Wat dink jy van die status of in engels die “state” van Kinderkinetika in julle provinsie Noord Wes en selfs ook in Potch?

INTERVIEWEE Hoe bedoel jy? Dink ek dit gaan goed?

INTERVIEWER Ja

INTERVIEWEE Um… ek weet eerlik waar net van ons praktyke in Potch en dan weet ek daar is een in Klerksdorp en Rustenburg, ek sal nie sê die hele Noord Wes is daar

praktyke in die groot dele van Noord Wes nie want dit is redelik ‘n groot provinsie maar dis maar net in ons drie dele waar daar is, so maar as ek kan sê… dit is defnitief aan die groei ek kan net kyk ek is bereid is vir ‘n praktyk en iemand met 3 praktyke in Potch en ons al 3 doen op ons eie manier goed sonder om mekaar te beinvloed so ek dink dit is baie positief.

INTERVIEWER So daar is 3 praktyke in Potch?

INTERVIEWEE Ja dit is die opleiding – PRET Land, en dan het Irma ‘n praktyk FUNKIDS en dan myne.

INTERVIEWER Okay

INTERVIEWEE So ons al 3, niemand beinvloed mekaar of het enige konflik of enige iets nie en ons almal doen ons eie… ons almal doen goed. (Dink ek persoonlik)

INTERVIEWER Goed, dan wil ek gou by jou hoor, hoe dink jy vergelyk die Noordwes Provinsie met ander Provinsies wat Kinderkinetika aan betref?

INTERVIEWEE Ek dink as mens nou kyk na die grootes soos Gauteng sal daar uiteraard meer praktyke wees en hulle kan meer uitbrei en daar is meer skole, meer geleenthede. So ja ek dink ander provinsies het dalk bietjie meer , maar tog dink ek ons provinsie is een van die wat nog meerderheid praktyke het, Vrystaat het ook ‘n paar maar ek weet die Kaap omgewing is byvoorbeeld stil so ek dink ons is… dit gaan goed in Noordwes as ek so kan sê.

INTERVIEWER Okay, dan het jy nou gesê dat julle wat die drie praktyke het, dat julle nie mekaar beinvloed nie… kom julle ooit bymekaar en gesels oor gevalle of bel julle mekaar? Het julle ‘n netwerk met mekaar waar julle in kontak tree om gaan elke een maar net aan met sy eie dingetjie…

INTERVIEWEE Nie op die oomblik nie, alhoewel ek baie kontak het met die PUK personeel , so nou en dan sal mens iets vra , maar op die oomblik omdat ons 2 van die 3 praktyke redelik nou nuut is dink ek probeer ons altwee net ons self redelik verstig maar ek dink daar is ‘n geleentheid of ‘n moontlikheid om so iets te doen. Maar ek kan eerlik sê ons beivloed , sover kom ek nog niks agter nie en probeer ek nie so almal gaan nog goed aan , maar ek verstaan wat jy sê… soos mekaar help dalk om gevalle te bespreek.

INTERVIEWER Dink jy as mens ‘n platvorm kan kry of ‘n netwerk kan begin dat Kinderkinetikuste met mekaar kan kommunikeer, dink jy so iets kan werk en dink jy daar is ‘n behoefte daarvoor?

INTERVIEWEE Ek dink nogal dit kan werk ja, maar ek dink ook dit is nou iets persoonlik, dit is nou nie tussen Kinderkinetici nie maar ek dink nogal mens se eie persoonlike ding wat mens moet reel, is ‘n meer n sessies met ouers, nie groot groepe nie maar klein groupies, hulle is gewoontlik die wat inligting by mens wil hê en iets wat goed kan werk so wat mens dan almal kan betrek soos al die Kinderkinetici in Potch en daai ouers by mekaar kry en gesels geleentheid hou of wat okal.

INTERVIEWER Okay dit is ‘n oulike idee. Dan wile k gou by jou weet, in jou 4 jaar as Kinderkinetikus um was daar enige positiewe ervaringe wat jy gehad het en dan ook dalk negatiewes? In ons beroep.

INTERVIEWEE Ek kan persoonlik sê ek het nog nie enige negatiewe goed ervaar nie, net goeie goed. Persoonlike goed wat met kinders gebeur en ontwikkeling of vordering of net positiewe goed met Kinderkinetika. Of ouers wat dit versprei of opgewonde is om die vordering te sien, ek kan eerlikwaar sê ek het nog nie negatiewe goeters gehad nie.

INTERVIEWER Ouer wat versprei? Sal jy sê dit is hoe jy die meeste nuwe kliente kry of hoe kry jy nuwe kliente?

INTERVIEWEE Ja nee defnitief, die grootste deel van myne is word of mouth. Grootste grootste deel, ek kry regtig baie oproepe van mense wat sê die en die het gesê jy doen dit en dit kan ek my kind bring of sulke goed so myne is regtig, ek kan eerlik sê word of mouth, vriende, vriendinne wat dit versprei. Dit is nou op die oomblik die grootste deel van my bemarking.

INTERVIEWER Okay. En ander bemarking? Doen jy ander bemarking?

INTERVIEWEE Ja ek het my fliers wat ek uitgee oor die verskillende programme en ek is by oueraande van party skole, party skole verkies dat ek by hulle opedag is , so elke skool het sy eie wat hulle verkies in terme van die bemarking.

INTERVIEWER Okay

INTERVIEWEE Ek moes al by een se konsert, voor die konsert begin het moes ek hulle eers vertel wat Kinderkinetika is want toe is al die ouers en ouma's en oupa's daar want gewoontlik is dit ook mos ouma's en oupa's wat betaal vir die buitemuurse aktiwiteite, so toe het die skool gedink dit sou oulik wees as mens voor die konsert gesels so ek het al sulke gevalle ook gehad.

INTERVIEWER Okay, ons is amper klaar, is daar enige beperkinge of enige iets wat jou as 'n Kinderkinetikus in perk op die oomblik, in jou praktyk of jou omgewing om te kan groei.

INTERVIEWEE Ek dink , as ek nou moet anders , dit is nou meer van 'n uitdaging, is nou maar die ander programme wat nou maar ook goed doen soos jou Playball want baie skole het dit nou al vir 'n lang tyd , dit verhoed baie keer of dit is dan baie moeite om vir 'n hoof te verduidelik of die KDP weet nie of jy al van dit gehoor het nie?

INTERVIEWER Ja

INTERVIEWEE So dit is amper… hulle apparate en goed lyk nes Kinderkinetika dit lyk amper of dit 'n Kinderkinetika les is. Van ons Laerskole het dit en dit is so goeie Laerskool en die geleentheid is so groot om daar te kan gee maar nou het hulle klaar KDP byvoorbeeld so dit verhoed dat mens bietjie verder kan gaan, veral by die skole.

INTERVIEWER By Laerskole?

INTERVIEWEE Ja by Laerskole

INTERVIEWER Hier is nou my laaste vraag aan jou is daar enige aanbevelings wat jy kan maak wat Kinderkintika as 'n professie kan verbeter…

INTERVIEWEE Ek dink… maar dit is 'n moeilike ene en ek weet nie hoe mens dit altyd kan doen nie maar dit is 'n moeilike ene… om die bemarking deel van Kinderkinetika elke een van ons… dis reg elke een moet hulle eie praktyk bemark maar ek dink as ek maar weer Playball as 'n voorbeeld kan gebruik , hulle goed lyk dieselfde reg oor die land so as iemand daai mannetjie sien dan weet hulle dit is Playball of Monkeynaskix se apie of wat okal so as mens, ek weet ons logo's is al so dat almal dit op hul goed kan sit en dieselfde lyk, maar dit lyk net mooi as mens… ja die hele land weet van Playball en Monkeynastix want oral is die presies dieselfde ek weet dit is 'n franchise en weet dit is maklike maar so iets.

INTERVIEWER So meer eenvormigheid?

INTERVIEWEE Ja Eenvormigheid dit is die woord!

INTERVIEWER Okay, dit is nou al my vrae. Is daar enige iets wat jy nog wil aanlas oor Kinderkinetika of oor hoe die skool jou laat voel of enige iets wat jy nog wil aanlas?

INTERVIEWEE Ag nee, ek wil maar net sê ek is baie opgewonde want dit is baie positief in ons omgewing die Kinderkintika op die oomblik, so dit is ‘n baie goeie ding op die oomblik, ek dink daar, op ‘n manier kom die regte boodskap by die ouers uit en dan begin hulle besef dat ons nie net sommer ‘n programme is wat ons wil uit geld uit maak nie maar dat ons regtig omgee vir die ontwikkeling van die kind en moeite doen met elke kind so ek dink dit is baie positief.

INTERVIEWER Ek sê vir jou baie dankie vir jou tyd!

Interviewee #8 Transcript (Afrikaans Translated to English)

Age: 26

Sex: F

Graduation institute: **Pukke** / Maties / Kovsies / Northlink College

Profession: Kinderkineticist + PHD student

Length of employment: 4jaar

Date: 15 September

Time: 17:18

***TELEPHONE INTERVIEW (permission was granted to record the telephone call)**

		Comment
INTERVIEWER	Thank you for your time. First question, when you finished your studies as a kinderkineticists, what was your fisrts goal that you wanted to reach? What did you want to do directly after graduation?	
INTERVIEWEE	My first goal was to start with my Masters immediately, so I started with my M right away and I worked at a crèche or day-care in the mornings, and then did kinderkinetics stuff at the schools, but my goal was to first start with my M and to first get going in a year, but I did not leave kinderkinetics, because I worked with children doing kinderkinetics.	
INTERVIEWER	Okay then, my second question to you is, what do you do now as a kinderkineticists?	
INTERVIEWEE	Okay, I have my own practice in Potch, so I have four programmes that I do at the moment. I do a well-being programme, swimming, baby-stimulation and toddler development. So that is my four programmes.	
INTERVIEWER	Okay so your own practice, is it a traveling practice or is it at schools?	
INTERVIEWEE	It is traveling, I don't have a building at this stage, so I go from school to school.	

INTERVIEWER Okay, so if you say schools, do you mean pre-primary schools or primary schools or both?

INTERVIEWEE Not primary schools yet, only pre-primary schools. Not too many also because I don't do any marketing at this stage because I am busy with my PhD. So, it is perfect to get an income, but I don't just want to stop because I have started all ready. I don't want to leave my practice.

INTERVIEWER Okay, then I want to ask, talking about marketing, have you tried getting in at a primary school?

INTERVIEWEE Yes, I was actually at a primary school this morning, so yes.

INTERVIEWER Okay, so when you did marketing at the school this morning, how were they towards kinderkinetics? Do they know about it? Are they excited or don't they see the need for it?

INTERVIEWEE Yes, I went to two schools, the one was a while back, they wanted to , but their programme did not allow it and the one from this morning and both were really positive. They listened to what I had to say, and they didn't just… when I made an appointment, they didn't just say no they are not interested… I could speak to them and they were open and positive towards it.

INTERVIEWER Wonderful, and then when you say kinderkinetics, do they know what it is?

INTERVIEWEE No, some of them. One knew… the one of this morning had to be explained what it is.

INTERVIEWER Okay

INTERVIEWEE But he had basically an idea that it had something to do with movement, I had to explain to him precisely what it is.

INTERVIEWER Okay, are going through the questions nice and quick. You just said that you are in Potch, it falls beneath the North Wes province. What do you think og the status or

as in English the state of kinderkinetics in your province of the North West and also in Potch?

INTERVIEWEE How do you mean? Is it going well?

INTERVIEWER Yes

INTERVIEWEE Um… honestly, I just know about our practices in Potch and then I know there is one in Klerksdorp and Rustenburg, I won't say there is practices in the whole North West and the bigger parts of North West because it is a big province, but it is just our three parts where there is, so but if I can say… it is definitely growing, I can just say I am willing to have a practice and someone with 3 practices in Potch and we all do it on our own way, without influencing each other and I think that is very positive.

INTERVIEWER So there are three practices in Potch?

INTERVIEWEE Yes, it is the training institution – PRET-land and then [redacted] (name removed) and mine.

INTERVIEWER Okay

INTERVIEWEE So, all three of us, no one influence each other or have any conflict or anything we all do our own thing, we all do well (I think personally)

INTERVIEWER Good, then I want to hear from you, how do you think does the North West province compare to other provinces regarding kinderkinetics.

INTERVIEWEE I think if we think about the bigger ones like Gauteng, obviously there will be more practices and they can develop because there are more schools, more opportunities. So yes I think other provinces have more, but I think our province is one of those that have the majority practices, Free State also have a few but I don't know, The Cape region for example is quite… so it is going well in the North West if I can say so.

INTERVIEWER Okay, you just said that you with the three practices, don't influence each other… do you ever come together

to chat about cases, or do you phone each other? Do you have a network through which you have contact with each other?

INTERVIEWEE Not at this stage, although I have a lot of contact with the staff at PUK, now and then you ask something, but at this stage where 2 of the three practices are relatively new, we only try and get established first, but I think there is opportunities to do something like it. But I can honestly say that we don't influence each other, so far I haven't noticed anything and I try to get along with everyone

INTERVIEWER Do you think that if we can start a platform or network, that kinderkinetiicts can talk to each other, do you think that there is a need for something like this?

INTERVIEWEE I do think it can work, but I also think something more personal, this is not between kinderkinerticicts,but I think something that everyone on their own need to do, is have more sessions with parents, not big groups, small groups. They are the ones that need the info, and something that can work well. All the kinderkineticists in Potch can come together with the parents and have a discussion.

INTERVIEWER Okay that is a good idea. Then I want to knoe from you, in your 4 years as a kinderkineticist, um, was there any positive experiences that you encountered and then any negative ones in our profession?

INTERVIEWEE I can personally say that I haven't encounter any negative experiences, just good things. Personally, stuff that happen with children and development and progress or just positive things with kinderkinetics. Or parents that spread the word or that are excited to see progress. I can honestly say I haven't had any negative things.

INTERVIEWER Parents that spread the word. Would you say that this is the way you get the most new clients?

INTERVIEWEE Yes, definitely , the biggest part of mine is word of mouth. Biggest, biggest part. I really get a lot of phone calls from

people that say this one said you do this and that and can I bring my child or things like that. I can honestly say word of mouth and friends that spread the word. It is currently the biggest part of my marketing.

INTERVIEWER Okay, and other marketing? Do you do any other marketing?

INTERVIEWEE Yes, I have my flyers that I distribute about the different programmes and I am at some parents evening at schools, some of them prefer that I am at their open days. So, every school has there own that they prefer with regards to marketing.

INTERVIEWER Okay

INTERVIEWEE I once had to, at a school concert, before the start of the concert, explain what kinderkinetics is because all the parents and grandparents where there and they are normally the ones that pay for extra mural activities. So the school decided that it would be good to talk before the concert, so I've had instances like that.

INTERVIEWER Okay, we are almost done, is there any limitations or anything that hinder you as a kinderkinetics at this stage? In your practice, or region to grow?

INTERVIEWEE Ek dink , as ek nou moet anders , dit is nou meer van 'n uitdaging, is nou maar die ander programme wat nou maar ook goed doen soos jou Playball want baie skole het dit nou al vir 'n lang tyd , dit verhoed baie keer of dit is dan baie moeite om vir 'n hoof te verduidelik I think, if I have to differ, it is more of a challenge, but the other programmes that does similar stuff like Playball because a lot of schools have them and they have been there for a while. It limits or it is very hard to explain to the headmasters.

INTERVIEWER Yes

INTERVIEWEE So it is almost… their equipment and stuff looks like kinderkinetics, it almost looks as if it is a kinderkinetics

	lesion. Some of the Primary schools has it and it is such a good School and the opportunities are big to be there but now they already have KDP, so it limits us to go futher, especially with schools.	
INTERVIEWER	At Primary schools ?	
INTERVIEWEE	Yes at Primary schools.	
INTERVIEWER	This is now my last question to you, is there any recommendations that you could make that would better kinderkinetics as a profession?	
INTERVIEWEE	I think…. But this is a tuff one and I don't know how we can do this, but this is a tough one…. the marketing side of kinderkinetics, every one of us… yes every one of us has to market their own practice but I think if you take Playball as an example, their stuff looks the same across the country, so when someone see that "mannetjie" they know it is Playball or Monkeynastix's monkey, because it is everywhere… I know our logo is so that everyone can use it on their stuff and can look the same… I know it is a franchise and It is easier but something like that.	Shocked and laughing
INTERVIEWER	So you more uniformity?	
INTERVIEWEE	Yes, uniformity… that is the word.	
INTERVIEWER	Okay, this is my last question. Is there anything else that you want to add regarding kinderkinetics or about how the schools make you feel or anything that you want to add?	
INTERVIEWEE	Oh no, I just want to say that I am very excited and its very positive in our environment, the kinderkinetics at this stage. So, it is a very good thing. I think, in some way the right message goes through to the parents and they realise that we are not just some money-making programme, but that we really care about the development of the child. I think it is really positive.	
INTERVIEWER	I thank you for your time!	

APPENDIX E

External coder coding

Table of themes

Theme	Sub-theme	Category
Theme 1. The main career goals of participants in the study	Sub-theme 1.1 Participants' ultimate goals were to be private practitioners	
	Sub-theme 1.2 A couple of participants indicated academic/training work as first goal	
Theme 2. Kind of programmes participants are in involved with		
Theme 3 Challenges of establishing KK as professional practice	Theme 3.1 Perceptions that lack of public awareness of the profession linked to geographical areas	
	Sub-theme 3.2 Perceived competition of established therapists and franchise programmes	
	Sub-theme 3.3 Payment and image issues because KK not registered by Medical Council	
	Sub-theme 3. *4* Lack of intra- and interpersonal networking amongst professionals	
Theme 4. Positivism and Success stories linked to appropriate marketing strategies	Sub-theme 4.1. Communication of a quality service by word of mouth and an integrated promotion strategy	
	Sub-theme 4.2 Promotion by means of different electronic and printed media for raising awareness of KK	
	Sub-theme 4.3 Some participants reported also creatively using presentations and programmes for marketing	

	4.4 Summary of some participants positive experiences of “selling” their profession a Kinderkineticist	
Theme 5. Recommendations / Opportunities to be used	Sub-theme 5.1 Improving / building on, current marketing strategies for awareness of KK	5.1.1 Continuous communication with target markets to share success stories for raising awareness
		5.1.2 Share and reflect an united/common image of KK (“branding the product”) for raising awareness
		5.1.3 Planning marketing programmes according to target markets
	5.2 Update professional training and presenting CPD programmes in all regions	
	5.3 Participants expressed the need for regional support networks and a platform for professionals	
	5.4 Inter-professional cooperation	