

Occupational Justice

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I proudly stand on the shoulders of my ancestors and give my shoulders to future generations.

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Abstract

In academia, the capstone is the culminating synthesis of an institution's curriculum. The capstone project encompasses the topic of occupational justice. Despite a paucity of information from a few scholars in the United States, most of the literature produced is from the international community. Occupational justice is not easily defined or practiced in the boundaries of reimbursement driven models, standardized treatment, productivity standards, cost-containment measures, and financial solvency. As the discipline undergoes a paradigm shift away from a biomedical model and back toward its social roots, Vision 2025 (AOTA, 2018) is reflective of that change, as is the subject of occupational justice. The capstone project aims to contribute to the understanding and describe the role of occupational therapy in furthering occupational justice through meaningful engagement and participation in chosen occupations. Additionally, the capstone includes a background literature review, implications for occupational therapy, evidentiary findings, implementation, and a reflection. Lastly, the jewel of the capstone project includes a manuscript for potential future publication in the *American Journal of Occupational Therapy*.

Keywords: Capstone, occupational justice, manuscript

Project Purpose

Occupational therapy (OT) has existed for over 100 years. The underpinnings of the profession spring from a humanistic perspective. Practitioners view individuals holistically and use occupational engagement to achieve the desired outcomes of health, well-being, and participation in life (American Occupational Therapy Association, 2014). Occupation is an intrinsic characteristic in all human beings (Aldrich, Boston, & Daaleman, 2017).

When an individual or groups of people are unable to participate in their chosen occupation fully, an injustice occurs. Through evidentiary findings and professional literature in the United States and internationally, the role of occupational therapy professionals addressing occupational injustices will be demonstrated in the form of a manuscript. The capstone project aims to contribute to the understanding and the role of occupational therapy in fostering occupational justice through meaningful engagement and participation in chosen occupations.

Background Literature Review

In 1961, Mary Reilly delivered the Eleanor Clarke Slagle Lecture. She argued, “That man, through the use of his hands as they are energized by mind and will, can influence the state of his own health” (Reilly, 1962, p. 88). The sentiment is precisely what occupational therapy seeks to accomplish. When individuals actively engage in meaningful activities, they promote health and well-being.

In the 1990s, Ann Wilcox and Elizabeth Townsend merged intersecting ideas to create the term Occupational Justice (Gupta, 2016). Wilcox and Townsend (2000, p. 85) define occupational justice as the “equitable opportunity and resources to enable people’s engagement in meaningful occupations.” Occupational injustice refers to the inability of people to meaningfully engage and participate in chosen occupations resulting from a host of issues including, but not limited to, discrimination, poverty, social policies, war, and natural disasters. Terms related to occupational justice (OJ) include occupational alienation, occupational apartheid, occupational deprivation, occupational justice, occupational marginalization, and occupational rights (Braveman & Bass-Haugen, 2009).

With mass global migration, government policies, healthcare inequities, wars, poverty, aging populations, technology, gig economies, and environmental disasters, occupational justice is a timely and relevant area of OT. Despite a paucity of information from a few scholars in the United States, most of the literature is from the international community. Occupational justice is not easily defined or practiced in the boundaries of reimbursement driven models, standardized treatment, productivity standards, cost-containment measures, and financial solvency. Due in part to the confines of a biomedical model, defining occupational justice, and a lack of knowledge on societal issues affecting occupations and therefore health and well-being, practitioners may not readily embrace or understand this approach to view occupational engagement. Aldrich, Boston, and Daaleman, (2017) point out agreement across the spectrums of OT that OJ is the implicit social vision of the profession.

The United Nations (1948, 2015), the World Health Organization’s Ottawa charter for health promotion (1986), the World Health Organization (2002), the World Federation of

Occupational Therapists (2006), the American Occupational Therapy Association (2013), *The Occupational Therapy Practice Framework: Domain and Process 3rd Edition* (American Occupational Therapy Association [AOTA], 2014), and the American Occupational Therapy Association's Code of Ethics (2015) all have statements which declare human rights, the freedom to participate in a chosen occupation, and equality for all people. Although occupational injustices can occur in any situation, health disparities and social determinants are significant factors, which give rise to occupational injustices.

The American Occupational Therapy Association (AOTA) (2013, S48) defines health disparities as “population-specific differences in disease rates, health outcomes, and access to health care services.” Additionally, the AOTA's societal statement on health disparities states, “occupational therapy practitioners have the responsibility to intervene with individual and communities to limit the effects of inequalities that result in health disparities” (2013, S7). Social determinants defined by the World Health Organization (WHO) (2017) include social and economic conditions in which people are born into and live that affects health. These contexts are shaped at all levels, globally and locally by the allocation of money and resources.

Economics and Ethnicity

Social determinants and health disparities are inevitably linked together. For example, insufficient or scarce resources are considered to be at the root of health disparities. Concerning health disparities, the Institute of Medicine (2003) collected evidence on over 100 reports and found significant differences of care in clinical encounters for race and ethnicity in the top health conditions. Moreover, Bass-Haugen (2009) completed a quantitative retrospective analysis of U.S. health disparities related to OT by racial/ethnic group and income levels.

The evidence related to occupational performances and services reveal disparities of adults and children who represent different racial/ethnic groups and income levels (Bass-Haugen, 2009). For example, with respect to health and behavioral aspects, 11.8% of nonpoor adults report difficulty with activity as compared to 28.4% of poor adults. Investigating nursing facilities, Black adults are more likely to spend time in bed and develop pressure sores (16.8%) and Asian and Pacific Islander adults are more likely to be restrained (10.6%). Lastly, children with a family income <100% of the poverty level exhibit functional limitations at 27.5% whereas higher income families report limitations at 16.1%.

Disability and Immigration

Disabled refugees resettling in another country may be prone to injustices where occupational therapy services are warranted. A qualitative ethnographic study by Mirza (2012) increases awareness of the importance of inquiring and addressing occupational roles, client factors, performance skills, performance patterns, and their contexts. The study examined 15 disabled refugees' access to occupational participation. Three themes emerged suggesting a government policy which emphasizes economic self-sufficiency and caseworkers who divert disabled refugees to welfare without considering the occupational needs or occupational alternatives for individuals. Living in another country, not speaking the language, having a disability, and being deprived of a meaningful occupation can have a profound and lasting impact on one's life (Mirza, 2012).

The findings of the study suggest that disabled refugees are at risk for occupational deprivation. Despite occupational therapy having unique expertise on human occupation,

referrals for participants were non-existent. Occupational therapy practitioners have an essential role in determining occupational opportunities with disabled refugees.

Similarly, conclusive evidence by Bailliard (2013) echos occupational injustices experienced by undocumented immigrants in a pseudonym town called, Smalltown, North Carolina. A qualitative ethnographic study of 19 Latinos (nine males and ten females) aged 20 to late 50 years old illustrated how government policies such as the Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and the REAL ID Act negatively impact new immigrants. Consequential occupational performance areas affected are driving, a loss of livelihood, identity, culture, social activities, health, well-being, and mental health (Bailliard, 2013).

The obstacles immigrants and other marginalized populations experience can lead to occupational injustices such as deprivation. When injustices occur occupational impairments to general health and well-being are likely to occur. Moreover, viewing the discipline through the unique prism of meaningful engagement and participation of chosen occupations, this study highlights the obligation of occupational therapy professionals to practice advocacy. Additionally, it is imperative for professionals to be aware of potential local, state, and federal government policies, which may have unforeseen consequences and give rise to occupational injustices of members in our communities.

Gupta and Sullivan (2013) explored the central role of occupation in doing, being, and belonging. The qualitative study focused on immigrant women and the centrality of occupation in one's life. Occupational disruptions resulting from immigration, whether forced or not, may be extraordinarily stressful and life-altering. The necessity of occupations is critical to cultural

adjustment in the western world where high values of conformity and individualism dominate. The findings of this study reveal the significant connections of occupation, adjustment, integration, and life reconstruction are to the daily lives of women who have immigrated to the US (Gupta & Sullivan, 2013). Furthermore, discoveries uncovered how migration altered the experience of space, time, roles, and meaning of occupations which endangered a sense of identity and feelings (Gupta & Sullivan, 2013).

This particular study demonstrates the importance of addressing newly settled immigrants' occupational roles, client factors, performance skills, performance patterns, and their contexts and environments. Occupations are fundamental to one's life and experiencing a disruption of any kind can have a profound and lasting negative impact on occupational engagement. Occupational therapy professionals are vital in promoting the doing, being, belonging, and the elusive becoming.

Nursing Homes, Culture, and Helplessness

Injustices can occur in any situation and with any individual. As more people around the world seek a western world view of attaining personal wealth, cultural traditions of multigeneration homes are decreasing. Without the assistance of care from adult children, the elderly and disabled are permanent residents of nursing homes. Du Toit, Böning, and Merwe (2013) completed a qualitative study on 15 elderly nursing home residents in South Africa to demonstrate how meaningful and culturally relevant experiences restore dignity and abolish helplessness and boredom. The thematic areas which emerged comprised helplessness, loneliness, and boredom, which is congruent with occupational injustices (Du Toit, Böning, & Merwe, 2013). This study further demonstrates the affirmation of dignity and respect when

elders have access to purposeful and meaningful activities of their choosing. When provided with opportunities for doing, being, and belonging, occupational justice ensues and mitigates boredom, loneliness, and helplessness, which encourages injustices.

While this study took place in South Africa, the findings are easily transferable to other populations throughout the world. As individuals age or have disabilities which require residential facilities, the process of disempowerment begins. Absorption of lives into a systematic, algorithmic plan of care which focuses on mundane checklists leaves the individual at risk for occupational injustices to occur.

Advocacy and Attributes

Identifying occupational injustices is vital and advocating with and on behalf of clients is a responsibility of therapists. Furthermore, advocacy is consistent with fostering OJ. *The Occupational Therapy Practice Framework: Domain and Process 3rd Edition* (AOTA, 2014), defines advocacy “as activities directed toward promoting occupational justice and empowering clients to locate resources to participate in life occupations fully” (Stover, 2016, p. 1).

Additionally, The Occupational Therapy Code of Ethics demands that professionals become proficient advocates for their clients (Stover, 2016).

Advocacy comprises the principles of beneficence, justice, and veracity (AOTA, 2015). In a qualitative phenomenological study, Dhillon, Wilkins, Stewart, and Law (2015) examined the activities by occupational therapists when advocating with or on behalf of people with disabilities. They concluded that therapists have a plethora of advocacy skills and that advocacy

occurs at an individual or systems level; however, therapists often utilize only an individual level to address individual needs. At a systems level, more significant issues are addressed, such as accessible housing for disabled individuals or older adults. Comprehending multifaceted advocacy is a foundational step toward an advocacy framework which may be advantageous for therapists (Dhillon et al., 2015). Efforts of advocacy aimed at the systems level can influence public attitudes, public policies, and laws.

A qualitative research study grounded in phenomenology completed by Creek and Cook (2017), sought to investigate if the rationale and practice of occupational therapists working in marginal settings can contribute to the theory and practice of the discipline. The research completed in the United Kingdom and Africa identifies characteristics of practitioners in the margins and how their skills may transfer to mainstream settings (Creek & Cook, 2017). The researchers point out specific characteristic's therapists share while working on the margins.

Developing the attributes of agency, openness, commitment, responsiveness, and resourcefulness can assist practitioners employed in the mainstream to frame issues that surround injustices (Creek & Cook, 2017). Equipped with this knowledge and a framework, practitioners can fulfill their ethical responsibility and achieve the social vision of occupational therapy. Additionally, developing these characteristics in students and practitioners has the likelihood to contribute to a myriad of complex health and social needs, as well as mitigate occupational injustices.

The Occupational Therapy Practice Framework: Domain and Process 3rd Edition (AOTA, 2014) identifies occupations, factors, performance skills, performance patterns, and contexts and environments which dynamically interacts to affect occupational identity, health,

well-being, and participation in life. Furthermore, as the discipline undergoes a paradigm shift away from a biomedical model and back toward its social roots, Vision 2025 (AOTA, 2018) is reflective of that change, as is the subject of occupational justice. An occupational justice lens illuminates the concepts of occupational injustices and the vital connection of humans to engage in meaningful occupations. Occupational therapy practitioners have a unique skill set which can mitigate injustices and ensure an individual's occupational wholeness. Moreover, practitioners have a duty and ethical responsibility to address injustices whenever they occur.

Implications for Occupational Therapy

Occupational therapy (OT) endures because at its heart, is occupation. The meaning of occupation is simply the uncomplicated thesis that people can improve their health, well-being, and quality of life by participating in ordinary things that have personal meaning and purpose (Nelson, 1996). Human beings exhibit an inherent desire and need for occupations which are individually and contextually balanced. When conditions tilt the balance, occupational opportunities become restricted. Educating through an occupational justice lens can engage and empower students and practitioners to recognize different injustices to provide genuine holistic treatment approaches.

The American Occupational Therapy Association's Vision 2025 (AOTA, 2018) describes the distinct role of OT as an all-inclusive profession, which improves the overall health, well-being, and the quality of life for people and the community. Vision 2025 includes the principles of accessibility, effectiveness, collaboration, leadership, and diversity (AOTA, 2018). The five pillars of Vision 2025 embody the topic of this capstone project, occupational justice. With a collaborative approach of the client and practitioner, the primary professional addresses a

profile of issues. Culturally responsive services promote accessibility. Justice issues exhibit micro, meso, and macro level implications. Leadership is vital to changing these environmental and political landscapes at various levels. Recognizing individual uniqueness demonstrates diversity. The effectiveness of treatment with those experiencing injustices is based on evidentiary findings and the utilization of a client-centered approach.

As the discipline undergoes a paradigm shift away from a biomedical model and back toward its roots, Vision 2025 is reflective of that change, as is the subject of occupational justice. Occupational therapy professionals understand that people are not reduced to performance component pieces or merely segments of activities of daily living. Instead, there are interrelated complexities which exist. The International Classification of Functioning, Disability, and Health (ICF) (WHO, 2017) and *The Occupational Therapy Practice Framework: Domain and Process 3rd Edition* (AOTA, 2014) epitomize these concepts with aspects of occupations, client factors, performance skills, performance components, contexts, and environments. In order for occupational therapy practitioners to meet the needs of marginalized populations, practitioners must reframe their thinking to reexamine the connections with science and medicine to highlight social issues which may lead to injustices (Pollard & Sakellariou, 2017). Moreover, if practitioners are to honor the fulfillment of their ethical responsibility for equitable occupational engagement, then the inequities of individuals must also be considered (AOTA, 2015; Whalley Hammell & Iwama, 2012).

Furthermore, as the global health communities philosophically realign around the visionary ideas of OT, person, environment, and occupational participation, other disciplines are beginning to annex these connected concepts. As Wong and Fisher (2015) point out, physical

therapy's Vision 2020 has language addressing the aforementioned. Thus, it is vital for occupational therapy to remain as the avant-garde and develop frames of references, frameworks, and models centered around occupational injustice. Additionally, it is essential and urgent for OT to clarify with unambiguous language the manifestations of occupational injustice, which are occupational deprivation, occupational alienation, occupational imbalance, occupational marginalization, and occupational apartheid.

When viewing occupational injustices having a frame of reference, framework, model, and measurement for treatment is imperative. A frame of reference guides the philosophy for which to view a problem. In occupational justice issues, no frame of reference per se seems evident; however, a framework and model are available. The participatory occupational justice framework (POJF), initially developed in 2005 by Townsend and Whiteford and enhanced in 2011, provides a foundation for a reflective and collaborative approach as a way to address occupational injustices (Townsend & Whiteford, 2005; Whiteford & Townsend, 2011; Whiteford, Jones, Rahal, & Suleman, 2018). The framework takes into account: occupations, client factors, performance skills and patterns, structural and contextual factors, and sociopolitical contexts. The participatory occupational justice framework relates to the capstone as an option practitioners can utilize in a non-linear fashion which provides a construct for issues surrounding injustice. Additionally, the framework provides an understanding of the role practitioners undertake to mitigate injustices.

A comprehensive model in use is the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2007). This model initially consisted of enablement, social justice, and the environment. In 2007, engagement (E) became the desired

outcome (Wong & Fisher, 2015). Wong and Fisher (2015) compared and analyzed the CMOP-E components; specifically, the person who is consistent with client-centered principles, the environment highlights social inequities and occupational disparities, and occupational factors which entail engagement and experience. In short, this model promotes health, well-being, and justice through occupation.

Having a measurement to detect occupational performance changes is essential. The Canadian Occupational Performance Measure (COPM) is compatible with the CMOP. This measure is a standardized, semi-structured interview with structured scoring (1-10) in three areas (self-care, productivity, and leisure) (Law et al., 2019). The COPM is administered at the beginning of treatment and at a designated time after, and it is designed to detect self-reported occupational performance change (Law et al., 2019). Translated into over 20 languages and with over 250 articles published about the measure, 40 countries use the COPM (COPM, 2019). This measure is comprehensive and exhibits solid psychometric properties. Moreover, many areas of practice, including community programs and emerging practice areas, use the COPM.

Occupational therapy practitioners can identify injustices, employ a framework and model, and measure changes to assist individuals in becoming occupationally whole. Practitioners have a moral and ethical responsibility to do nothing less. OT must remain visionary, think critically, and stay at the forefront to lead multidisciplinary teams in enabling and empowering those experiencing injustices who reside in the margins of our individual and global communities.

Implementation Summary

The project implementation will consist of a manuscript, an authorship agreement, and the publisher guidelines. The purpose of the manuscript is to disseminate knowledge to the discipline, other healthcare professionals, and stakeholders in the *American Journal of Occupational Therapy's* column, *The Issue Is*. Additionally, the function of writing the manuscript is to present to the readership the evidentiary findings and convey the role of occupational therapy in occupational justice. *The Issue Is* becomes a conduit to reach a substantial number of professionals about a timely and relevant topic in a professional journal. Most literature on the topic of justice exists in international journals with a paucity of literature coming from the United States. Seminal and guiding documents of the profession in conjunction with Vision 2025 (AOTA, 2018) support the subject matter. The manuscript follows the specified guidelines put forth by the *American Journal of Occupational Therapy*.

Writing the manuscript draft required careful consideration of the rather specific journal guidelines. Also, the draft process continued to evolve and included several revisions before submission to the reviewers. The guidelines required a central focus which enabled a deeper understanding of the topic. Lastly, reshaping and refining the manuscript draft submission would not have been possible without the assistance and feedback from my reviewers on previous component pieces.

Reflection

Occupational therapy is a discipline I have watched grow leaps and bounds in the past few decades. In the span of my twenty-five-year career in occupational therapy (OT), I have grown too. I have spent the vast majority of my time traveling across the United States and abroad working and immersing myself in many cultures and languages.

Always mindful and present. I believe traveling has given me depth and breadth professionally, as well as personally. However, professionally, as time passed by, I no longer sought out OT journals, I became somewhat complacent and less engaged in the field. Then the realization happened that something was missing. That something was my connection to the roots of the discipline.

Since I have started on the path of my doctoral journey at the Rocky Mountain University of Health Professions (RMUoHP), I rediscovered my passion for OT. The scholarship has returned. The camaraderie with my new RMUoHP family has been uplifting. The rich skillset I now possess of researching, clinical reasoning, appraising literature, utilizing evidence-based research, and leadership is invaluable capital. The engagement of scholarship has been enlightening and incredibly rewarding. One important model I have learned about within scholarship is the four overlapping areas of concentration, which encompass: discovery, integration, application, and teaching (Boyer, 1990). Within this model, there is something for everyone. Right now, everything in my world seems to be at a fever pitch. As I reflect, I realize the field of OT has given me much more than I have given back. Now is the time to give back by building upon a fund of knowledge for the advancement of the field. In OT, a lifelong scholarship is a professional responsibility (AOTA, 2009).

Often, I self-reflect on the culmination of my career and my professional direction. I believe everything has led me to these coordinates. My future is now, and it has placed me in academia. I desire to help shape and mold the future of occupational therapy. I wish to develop the next generation of practitioners and involve them with community-based work in the US and abroad with trips to developing nations.

Additionally, I wish to work on social justice issues. Occupational therapy's Vision 2025 (AOTA, 2018) is synchronous with an awakened global world which seeks equality, justice, and inclusivity of all people. Social justice is an area of OT that appears to be largely unaddressed. With social and economic unrest in the United States and throughout the world, discrimination due to disabilities, race, age, sexual orientation, poverty, and immigration has, unfortunately, become commonplace. Occupational therapy is the only discipline with the unique skills to facilitate and empower marginalized people to overcome obstacles and engage in their desired and meaningful occupational roles. As Aldrich, Boston, and Daaleman (2017) point out, occupational therapy's vision cannot be fulfilled without adequately addressing the injustices that exist in the United States. The uncomplicated thesis of occupation parallels the disciplines re-emerging social paradigm and the context of my capstone, occupational justice. Wilcox and Townsend (2000) define occupational justice as the "equitable opportunity and resources to enable people's engagement in meaningful occupations."

I aspire to make a difference, offer hope, inspire individuals, be transformational, and empower people to achieve occupational wholeness. I intend to advocate for people to have the same opportunities to improve their lives through meaningful engagement of chosen occupations. As practitioners, we are duty-bound to treat all people with dignity, respect, and equality. Our Code of Ethics demands nothing less of its members (AOTA, 2015).

I can say with great certitude; my doctoral journey is a continuously evolving transformational experience. The pursuit of scholarship has given me a powerful immersion into the nucleus of occupational therapy. This renewal allows me to be a future conduit for change in the profession. Educating the next generation of professionals and seeking occupational equality

and justice for people who are marginalized, maligned, displaced, and deprived is something I aspire to effectuate for the rest of my career.

I look forward to further developing leadership qualities in my academic institution, in the community, on a national level within the AOTA, and the world stage with the World Federation of Occupational Therapists (WFOT). Building upon my leadership qualities and achieving synergy within my professional environment and in the community will foster a way forward toward the pinnacle of transformational leadership and advancing the profession of occupational therapy.

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Abstract

With mass global migration, government policies, healthcare inequities, wars, poverty, technology, gig economies, and environmental disasters, occupational justice is timely and relevant in occupational therapy. Occupational justice is not easily defined or practiced in the boundaries of reimbursement driven models, standardized treatment, productivity standards, cost-containment measures, and financial solvency. Due in part to the confines of a biomedical model, defining occupational justice, and a lack of knowledge on societal issues affecting occupations practitioners may not readily embrace or understand this approach to view occupational engagement. As the discipline undergoes a paradigm shift away from a biomedical model and back toward its social roots, Vision 2025 (AOTA, 2018) is reflective of that change, as is the subject of occupational justice. The manuscript aims to contribute to understanding and describes the role of occupational therapy in furthering occupational justice.

Keywords: Occupational justice, health disparities, social determinants, Vision 2025, participatory occupational justice framework, leadership

Background

Occupational therapy (OT) has existed for over 100 years. The underpinnings of the profession spring from a humanistic perspective. Practitioners view individuals holistically and use occupational engagement to achieve the desired outcomes of health, well-being, and participation in life (American Occupational Therapy Association, 2014). Occupation is an intrinsic characteristic in all human beings (Aldrich, Boston, & Daaleman, 2017).

When an individual or groups of people are unable to participate in their chosen occupation fully, an injustice occurs. Through evidentiary findings and professional literature in the United States and internationally, the role of occupational therapy professionals addressing occupational injustices will be highlighted. The manuscript aims to contribute to the understanding and describes the role of occupational therapy in fostering occupational justice through meaningful engagement and participation in chosen occupations.

In the 1990s, Ann Wilcox and Elizabeth Townsend merged intersecting ideas to create the term Occupational Justice (Gupta, 2016). Wilcox and Townsend (2000, p. 85) define occupational justice as the “equitable opportunity and resources to enable people’s engagement in meaningful occupations.” Occupational injustice refers to the inability of people to meaningfully engage and participate in chosen occupations resulting from a host of issues including, but not limited to, discrimination, poverty, social policies, war, and natural disasters. Terms related to occupational justice (OJ) include occupational alienation, occupational

apartheid, occupational deprivation, occupational justice, occupational marginalization, and occupational rights (Braveman & Bass-Haugen, 2009).

With mass global migration, government policies, healthcare inequities, wars, poverty, technology, gig economies, and environmental disasters, occupational justice is a timely and relevant area of OT. Despite a paucity of information from a few scholars in the United States, most of the literature is from the international community. Occupational Justice is not easily defined or practiced in the boundaries of reimbursement driven models, standardized treatment, productivity standards, cost-containment measures, and financial solvency. Due in part to the confines of a biomedical model, defining occupational justice, and a lack of knowledge on societal issues affecting occupations and therefore health and well-being, practitioners may not readily embrace or understand this approach to view occupational engagement. Aldrich, Boston, and Daaleman, (2017) point out agreement across the spectrums of OT that occupational justice is the implicit social vision of the profession.

Discussion

The United Nations (1948, 2015), the World Health Organization's Ottawa charter for health promotion (1986), the World Health Organization (2002), the World Federation of Occupational Therapists (2006), the American Occupational Therapy Association (2013), *The Occupational Therapy Practice Framework: Domain and Process 3rd Edition* (American Occupational Therapy Association [AOTA], 2014), and the American Occupational Therapy Association's Code of Ethics (2015) all have statements which declare human rights, the freedom to participate in a chosen occupation, and equality for all people. Although occupational

injustices can occur in any situation, health disparities and social determinants are significant factors, which give rise to occupational injustices.

The American Occupational Therapy Association (AOTA) (2013, S48) defines health disparities as “population-specific differences in disease rates, health outcomes, and access to health care services.” Additionally, the AOTA’s societal statement on health disparities states, “occupational therapy practitioners have the responsibility to intervene with individual and communities to limit the effects of inequalities that result in health disparities” (2013, S7). Social determinants defined by the World Health Organization (WHO) (2017) include social and economic conditions in which people are born into and live that affects health. These contexts are shaped at all levels, globally and locally by the allocation of money and resources.

The American Occupational Therapy Association’s Vision 2025 (2018) describes the distinct role of OT as an all-inclusive profession, which improves the overall health, well-being, and the quality of life for people and the community. Vision 2025 includes the principles of accessibility, effectiveness, collaborative, leadership, and diversity (AOTA, 2018). The five pillars of Vision 2025 embody the topic of occupational justice.

With a collaborative approach of the client and practitioner, the primary professional addresses a profile of issues. Culturally responsive services promote accessibility. Justice issues exhibit micro, meso, and macro level implications. Leadership is vital to changing these environmental and political landscapes at various levels. Recognizing individual uniqueness demonstrates diversity. The effectiveness of treatment with those experiencing injustices is based on evidentiary findings and the utilization of a client-centered approach.

Implications for Occupational Therapy

Occupational therapy endures because at its heart, is occupation. The meaning of occupation is simply the uncomplicated thesis that people can improve their health, well-being, and quality of life by participating in ordinary things that have personal meaning and purpose (Nelson, 1996). As the discipline undergoes a paradigm shift away from a biomedical model and back toward its roots, Vision 2025 (AOTA, 2018) is reflective of that change, as is the subject of occupational justice. Occupational therapy professionals understand that people are not reduced to performance component pieces or merely segments of activities of daily living. Instead, there are interrelated complexities which exist. The International Classification of Functioning, Disability, and Health (ICF) (WHO, 2017) and *The Occupational Therapy Practice Framework: Domain and Process 3rd Edition* (AOTA, 2014) epitomize these concepts with aspects of occupations, client factors, performance skills, performance components, and contexts and environments. Cultivating an occupational justice lens can engage and empower students and practitioners to recognize different injustices and provides genuine holistic treatment. Several considerations for practitioners in current and future practice are contemplated below. Additionally, relevant factors are reflected upon for the profession of occupational therapy as the discipline moves toward meeting the challenges in today's environment.

- In order for occupational therapy practitioners to meet the needs of marginalized populations, practitioners must reframe their thinking to reexamine the connections with science and medicine to highlight social issues which may lead to injustices (Pollard & Sakellariou, 2017).

- If practitioners are to honor the fulfillment of their ethical responsibility for equitable occupational engagement, then the inequities of individuals must also be considered (AOTA, 2015; Whalley Hammell & Iwama, 2012).
- Evidence related to occupational performances and services provided reveal disparities of adults and children who represent different racial/ethnic groups and income levels (Bass-Haugen, 2009). For example, with respect to health and behavioral aspects, 11.8% of nonpoor adults report difficulty with activity as compared to 28.4% of poor adults. Investigating nursing facilities, Black adults are more likely to spend time in bed and develop pressure sores (16.8%) and Asian and Pacific Islander adults are more likely to be restrained (10.6%). Lastly, children with a family income <100% of the poverty level exhibit functional limitations at 27.5% whereas higher income families report limitations at 16.1%.
- Du Toit, Böning, & Merwe (2013) confirm that as individuals age or have disabilities which require residential facilities, the process of disempowerment commences. Absorption of lives into a systematic, algorithmic plan of care which focuses on mundane checklists leaves the individual at risk for occupational injustices to occur. The qualitative study of 15 elderly nursing home residents in South Africa demonstrates how meaningful and culturally relevant experiences restore dignity and abolish helplessness and boredom.
- Professionals must be aware of potential local, state, and federal government policies, which may have unforeseen consequences and give rise to occupational injustices of immigrants and marginalized members in our communities. Bailliard (2013), completed

a qualitative ethnographic study of 19 Latinos (nine males and ten females) aged 20 to late 50 years old illustrated how government policies such as the Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and the REAL ID Act negatively impact new immigrants. Consequential occupational performance areas affected are driving, a loss of livelihood, identity, culture, social activities, health, well-being, and mental health (Bailliard, 2013).

- The participatory occupational justice framework (POJF), initially developed in 2005 by Townsend and Whiteford and enhanced in 2011, provides a foundation for a reflective and collaborative approach as a way to address occupational injustices (Townsend & Whiteford, 2005; Whiteford & Townsend, 2011; Whiteford, Jones, Rahal, & Suleman, 2018).
- A comprehensive model available to use is the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2007). This model promotes health, well-being, and justice through occupation.
- Comprehending multifaceted advocacy is a foundational step toward an advocacy framework which may be advantageous for therapists (Dhillon, Wilkins, Stewart, & Law, 2015). In a qualitative phenomenological study, Dhillon, Wilkins, Stewart, and Law (2015) examined the activities by occupational therapists when advocating with or on behalf of people with disabilities. They concluded that therapists have a plethora of advocacy skills and that advocacy occurs at an individual or systems level; however, therapists often utilize only an individual level to address individual needs. Efforts of

advocacy aimed at the systems level can influence public attitudes, public policies, and laws.

- A qualitative research study grounded in phenomenology completed in the United Kingdom and Africa identifies characteristics of practitioners in the margins and how their skills may transfer to mainstream settings (Creek & Cook, 2017). The researchers point out specific characteristics therapists share while working on the margins. Developing the attributes of agency, openness, commitment, responsiveness, and resourcefulness can assist practitioners employed in the mainstream to frame issues that surround injustices (Creek & Cook, 2017). Equipped with this knowledge and a framework, practitioners can fulfill their ethical responsibility and achieve the social vision of occupational therapy.
- To remain as the avant-garde, it is vital for occupational therapy to develop frames of references, frameworks, models, and measurements to address occupational injustices.
- It is essential and urgent for OT to clarify with unambiguous language the manifestations of occupational injustice, which are occupational deprivation, occupational alienation, occupational imbalance, occupational marginalization, and occupational apartheid.

Conclusion

In conclusion, as the global health communities philosophically realign around the visionary ideas of OT, person, environment, and occupational participation, other disciplines are beginning to annex these connected concepts. As Wong and Fisher (2015) point out, physical therapy's Vision 2020 has language addressing the aforementioned. Occupational therapy

practitioners can identify injustices and employ a framework to assist individuals in becoming occupationally whole. Practitioners have a moral and ethical responsibility to do nothing less. OT must remain visionary, think critically, and stay at the forefront to lead multidisciplinary teams in enabling and empowering those experiencing injustices who reside in the margins of our individual and global communities.

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Appendix A

**OTD 732 Capstone Project
Search History**

Name: Leonard, Sharon

Project: Occupational Justice

Clinical Question in PICO Format that is driving your search of the literature [Note – PIO is acceptable, simply insert N/A at C]:

P (population/problem) occupational therapy professionals
 I (intervention) provide education and examples of occupational injustices
 C (comparison) n/a
 O (outcome) articulate the distinct value of occupational therapy to address occupational injustices in the form of a manuscript

Clinical Question in Sentence Format:

What is the role of occupational therapy in occupational justice issues?

SEARCH STRATEGY

DATABASES or Websites utilized in search [Must report on 3 ONLY]:

- CINAHL PubMed Ebsco OVID Cochrane Library OT Seeker
 www.guidelines.gov List Other(s):

Duplicates removed

Database or Website	Keywords used in search	Yields [# of initial hits]	Limits used	Yields [# after additional limits]	Limits used	Obtained [# of articles]
CINAL	OT AND OJ	160	2	126	1	40
Pub Med	OJ	858	1	544	2	134
Ebsco	OT or OJ	196,790	3	191	1	18

Appendix B

APA Citation:

Dhillon, S., Wilkins, S., Stewart, D., & Law, M. (2015). Understanding advocacy in action: A qualitative study. *British Journal of Occupational Therapy*, 79(6), 345-352. doi:10.1177/0308022615583305

Research Problem and Purpose: Occupational therapists routinely advocate on behalf of people with disabilities. While advocacy is mentioned in literature, with populations, and in various settings there remains no consistent way of describing the advocacy itself. The purpose of this research was to examine occupational therapist's activities when advocating with or for people with disabilities.

Study Participants:

Number: n=13. The participants included were occupational therapists working in Ontario, Canada, who reported engaging in advocacy with or for people with disabilities on their annual membership renewal form for the Canadian Association of Occupational Therapists (CAOT). Years of experienced varied from 1 year to 34 years. Practice settings included a hospital, homecare, pediatric center, community agency, long-term care, and private practice.

Describe Sampling: Purposeful criterion sampling was used to fulfill the criteria of having experienced the same phenomenon. Ten participants responded from 116 email requests sent to the CAOT members. Also, snowball sampling was used as participants identified other potential participants who engaged in advocacy. Three additional participants were recruited in this manner. By the 13th interview, no new themes emerged and thus saturation was reached.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s): The authors used a phenomenology approach as the most appropriate method to examine the experiences of advocacy from the perspectives of occupational therapists. The study followed the interpretive hermeneutic phenomenological philosophy to examine the total experience of advocacy which allows one to comprehend the specific activities engaged in by the therapist. Thus, focusing on these parts enables an understanding of the whole advocacy story or experience.

Study Design: Qualitative

Data Collection Methods: Prior to the interviews, the first author obtained written consents, and requested each participant to provide a pseudonym for quotations. Face to face interviews were conducted. All interviews were audio-taped and lasted for about 1 hour. An interview guide contained open-ended questions about experiences and was provided via email with a consent form to initiate reflection about advocacy. The guide was modified to include the emerging issues from the interviews. Probing questions were used for clarification. The first author conducted all the interviews. To ensure credibility, participants were asked to review the transcripts and make deletions and amendments as necessary to accurately capture their advocacy experiences. Lastly, the first author kept a journal of her pre-understandings throughout the study.

Analysis: A Gadamerian-based approach was used to analyze the data. The approach is an iterative circular process where the researcher moves between the interpretation of the parts and the whole to gain an understanding. In this study the authors reasoned that examining the total experience of advocacy enables one to comprehend the specific activities engaged in by the therapist. Thus, focusing on the parts permits an understanding of the whole advocacy experience. The first author transcribed the interviews and analyzed them by hand to allow for immersion of the data. The second author reviewed all the transcripts and participated in the collapsing and synthesizing of themes. The remaining two researchers discussed the themes and quotations to confirm the themes were grounded in data.

Results & Conclusion (max 400 words): Valuable findings of the activities participants were engaged in while advocating surfaced from the data. One main theme and four sub-themes emerged.

- Major theme: “what is advocacy in action?” This was not an interview question, but an overarching theme from participant data.
- Sub-theme 1: Advocacy is multidimensional. The first dimension pertains to the individual for whom the therapist is working. The second dimension is the third party. This party is in the client’s environment and holds the power to create change, such as, family members, healthcare professionals, insurance agents, government funding agencies, employers, and legislators.
- Sub-theme 2: Advocacy is usual practice...in a way. This refers to the suggestion that the activities the participants engaged in when advocating are typical for therapists when providing services.
- Sub-theme 3: Advocacy is assisting clients struggling with access. Participants reported that although clients advocated to access resources independently, often the influence of a therapist is needed to facilitate the changes the client requires.
- Sub-theme 4: Advocacy is “help[ing] my clients help themselves”. Participants indicated that both collaboration and representation are occurring in practice.

In conclusion, occupational therapists possess many of the skills needed to advocate. Additionally, while advocacy may occur at an individual or systems level, therapists often engage at the individual level rather than making systems level changes. This study does contribute to an understanding of the activities for advocacy; however, this study underscores the need to develop an advocacy framework to guide therapists.

Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words):

Credibility: The study achieved credibility through a reflexive approach where the participants reviewed the transcripts for amendments and deletions. Also, the first author kept a journal.

Transferability: The study fulfilled transferability as the results of the advocacy activities show therapists possess these skills which can be shifted to other areas of practice, such as occurrences of occupational injustices.

Dependability: An audit trail per se was not utilized, however reviews of the data were examined by the second author and an additional two researchers.

Confirmability: The study attained confirmability exhibited by the first author keeping a journal.

Limitations: The researchers noted several limitations: clinical reasoning of the participants was not probed, there is a lack of literature on advocacy, lack of an understanding on advocacy collaboration between therapists and persons with disabilities, and difficulty adhering to a purely Gadamerian approach as there may be no end in exploring new understandings of the phenomenon.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This study is germane to my capstone project because advocacy is essential in fostering occupational justice. *The Occupational Therapy Practice Framework: Domain and Process* (3rd ed.) (American Occupational Therapy Association [AOTA], 2014), defines advocacy as activities directed toward promoting occupational justice and empowering clients to locate resources to participate in life occupations fully. Additionally, The Occupational Therapy Code of Ethics (AOTA, 2015) requires occupational therapy practitioners to become proficient advocates for their clients. Advocacy comprises the principles of beneficence, justice, and veracity. This study informs the capstone project by pointing out that occupational therapists possess many of the skills needed to advocate. The advocacy skills are transferrable to any area of practice which includes promoting occupational justice.

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Bass-Haugen, J. D. (2009). Health disparities: Examination of evidence relevant for occupational therapy. *American Journal of Occupational Therapy*, 63(1), 24-34. doi:10.5014/ajot.63.1.24

Research Question: (Phrase it as one or more alternative hypothesis(es))

Disparities of race and ethnicity in adults and children will impact areas of occupational performance. Income levels of adults and children will have detectable effects on occupational performance areas.

Study Design & Level of Study per CEBM Levels of evidence (LOE)(2011):

According to the CEBM evidence hierarchy, this study is a Level III quantitative design. More specifically, the study demonstrates a retrospective analysis of secondary data available from the U.S. Census Bureau and the National Center for Health Statistics.

Subjects:

Number: Due to the nature of the study and the multiple groups of people viewed, a specific number per se was not continually utilized. Numbers have been added where they have been specifically listed. Additionally, the author states that due to space in the journal, percentages are included. For example, the general characteristics of the United States population aged 65 years or older made up 12.1%, non-Whites consisted of 25.3%, Hispanics included 14.5%, those not speaking English at home represented 19.4%, foreign born comprised 12.4%, and those with a disability and uninsured comprised 14.9% and 15.8% respectively.

Inclusion criteria: Each U.S. Census measure was reviewed and screened for terms relevant to occupational therapy. Terms associated with occupational performance and related factors or occupational therapy services were used. Each survey was examined three times to determine matches between item content and principal occupational therapy terms.

Exclusion criteria: Surveys and reports were excluded if occupational performance or occupational therapy services were not mentioned.

Measurement:

Several measures were used for this study. The American Community Survey (ACS; U.S. Census Bureau, 2007a) is an annual survey which provides data on economic, social, demographic and housing information for all U.S. geographic areas with populations of 65,000 or more. Additionally, the 2006 National Health Disparities Report summarized data from 34 databases, and four consisted of variables related to occupational therapy practice. Also, the 2003 National Survey of Children's Health with 102,353 completed surveys, and the 2001 National Survey of Children's Health with Special Needs and 38,866 completed surveys. The study completed cross-tabulations in two-dimensional contingency tables for each selected item and race/ethnicity, and socioeconomic status as available.

Independent variable (s) for experimental and quasi-experimental studies (Intervention): none

Dependent variable (s): 1 – Percentage of reported health characteristics for adults by racial and ethnic group and poverty status. Poor is defined as below the poverty threshold, near poor is 100% to <200% of the threshold, and not poor is people with incomes \geq 200% of the poverty threshold. 2 – Percentage of reported behavioral characteristics for adults by racial and ethnic group and annual income, (n=525,789) a precision of ± 2 for 95% confidence interval (CI). 3 – Percentage of selected health characteristics for adults in nursing facilities and home health by racial and ethnic

group. 4 – Percentage of selected activity and environmental characteristics for children by racial and ethnic group (n=102,353). There

is a 95% CI are overlapping for many categories. 5 – Health concerns for children, by racial and ethnic group and family income (n=102,353), 95%CI are overlapping for many categories. 6 – Percentage of special needs health care needs children meeting with special health care needs criteria (n=102,353).

Outcome measures utilized: A cross-sectional, descriptive analysis was used to examine variables relevant to occupational therapy and to depict health disparities by race and ethnicity, and income levels for selected surveys representing the years 2001-2006.

Results & Conclusions of the Study- Report any statistically and/or clinically significant results and explain your rationale (max 400 words):

The results of the study depicted evidence of health disparities for race and ethnicity, and income levels pertinent to occupational therapy. With respect to health and behavioral aspects, 11.8% of nonpoor adults report difficulty with activity as compared to 28.4% of poor adults. Looking at nursing facilities and home health, trending was inconsistent. However, of note, Black adults are more likely to spend time in bed and develop pressure sores (16.8%) and Asian and Pacific Islander adults are more likely to be restrained (10.6%). Additionally, for all race and ethnic groups, less than 50% of adults improved at medication management and walking. For activity and environment of children, 94.2% of white children felt safe at school, compared to 74.6% of Black children and 79.1% of Hispanic children. Moreover, 68.9% of the poorest children lived in supportive environments as compared to 89.4% of children with families >400% of the poverty threshold. Turning to health and occupational therapy concerns for children by race and poverty details a chasm with moderate problems getting specialized health services or equipment. For example, White children had only 13.0% difficulty, Black children 19.3%, other race and ethnic groups 24.1%, and Hispanic 22.5% had problems in this area. Also, families with incomes of >400% of the poverty level were least likely at 13.7% to have met criteria for therapy as compared to families with incomes of <100% of the poverty level at 22.7%. Furthermore, lower income levels indicate families not feeling like partners in decision making at 49.8% as compared to the 35.3% with >400% of poverty level. Also, it is difficult to obtain referrals at lower levels of income 24.6% as compared to 16.7% with higher incomes. Lower income families spend more hours a week on a child's needs at 18.5% compared with higher income families at 4.3%. Lastly, children with a family income <100% of the poverty level exhibit functional limitations at 27.5% whereas higher income families report limitations at 16.1%.

This study provides testimony of data to underscore the health disparities experienced by adults and children by race and ethnic groups, and income level which are salient to occupational therapy. In conclusion, as the literature in occupational therapy is sparse on health disparities, these findings may provide a future for direction, research, education, and practice.

Study Limitations- report both those published by the author(s) and those you , the reader, perceive (max 400 words):

Several limitations are noted, first, there are limited studies in occupational therapy literature on health disparities. Second, due to the retrospective inquiry of secondary data and surveys, this results in recall and viewpoints of participants available for phone interviews. Third, statistics were gathered from federal web sites versus raw files. Fourth, categories used for racial and ethnic, and income levels exhibited weaknesses in the literature. For example, a category is used and named "other" for smaller ethnic groups. Lastly, the author notes this study design does not support conclusions of cause-effect for health disparities relevant to occupational therapy.

Application of Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This study is a seminal piece of evidence for my capstone project. Health disparities refer to the differences of health conditions that exist within different populations, such as race and ethnicity, socioeconomic status, disability, and gender (Bass-Haugen, 2009). The American Occupational Therapy Association's societal statement on health disparities (2013) calls practitioners to accept the professional responsibility to intervene and reduce the effects of disparities. Such disparities lead to occupational injustices which negatively impact the ability of individuals to live healthy and productive lives while engaging in their chosen occupations.

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APA Citation:

Du Toit, S. H., Böning, W., & Merwe, T. R. (2013). Dignity and respect: Facilitating meaningful occupation for SeSotho elders. *Scandinavian Journal of Occupational Therapy*, 21(2), 125-135. doi:10.3109/11038128.2013.861015

Research Problem and Purpose: Residential care is growing throughout South Africa. Removal from one's immediate family and placed into a facility is a non-traditional practice and counterintuitive to the belief of individual interconnectedness. The authors note that the increase in elder institutions is due to an emerging middle class which places a high value on wealth, needs, and freedom. A result of these shifts leaves older adults being placed in facilities because they present obstacles to family members obtaining wealth. The purpose of this study is to investigate and show how meaningful engagement and culturally relevant experiences of SeSotho-speaking elders residing in facilities can be facilitated to restore dignity and abolish helplessness and boredom. Additionally, the study explores how occupational therapists could fulfill their advocacy role for occupational justice.

Study Participants:

Number: n=15. The invited collaborators were professionals with experience in the field of elder care and were familiar with the role of occupational therapy. The facilitator, authors, and collaborators all spoke English to communicate professionally. The collaborators were divided into two groups. Group I had six members, were all female between the ages of 47 and 74 years and had up to 17 years of experience in the field. The home language for Group I was Sesotho, but English is the spoken language in most work situations. Group II had nine members consisting of one male and eight females, were between the ages of 41 and 75 years, and had up to 40 years of experience. The languages spoken in Group II consisted of Sesotho (four), SeTswana (two), Afrikaans (one), and isiXhosa (one).

Describe Sampling: Convenience sampling was used to access people suitably available, willing to participate, and with demonstrated experience in the area under study. The 15 collaborators replied to an open invitation to assist the authors in developing an understanding of the occupations and adaptations to promote the dignity of SeSotho elders in residential facilities. Participant saturation was reached, and themes of the elders emerged.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s): The theoretical framework is based on the Eden alternative which supports the belief that facilities resemble a home environment, promote independence, collaboration with elders, and encourage elders to direct their personhood. The researchers utilized a grounded theory approach to examine the views of the collaborators and explore the contributing factors that would support meaningful engagement of SeSotho elders residing in facilities.

Study Design: Qualitative

Data Collection Methods: Fifteen participants answered an open invitation and were involved in two separate nominal group processes presented by a facilitator. The groups were divided according to dates and availability, and the facilitator was chosen for her expertise at employing the nominal group technique. A nominal group is comprised of an expert panel where individual opinions are discussed and ranked. There are four stages to the nominal group. In the initial stage, the facilitator asks the focus question: “What can be done to create more appropriate experiences for SeSotho-speaking elderly persons in old age homes?” The second stage consisted of the collaborators writing down views and opinions. To ensure credibility in the third stage, the facilitator recorded and displayed the answers for the collaborators to clarify answers. In the last stage, each group were presented with all the answers and were asked to prioritize the top five.

Analysis: Both groups selected five priorities for a total of 10 findings from the nominal groups. The authors point out for this paper, and secondary level analysis, opinions up to stage three of the nominal group process were utilized to explore how occupational therapists could fulfill their role as advocates for occupational justice. A further investigation by the authors focused on how to acknowledge dignity for SeSotho elders residing in facilities. Also, the secondary and structural content analysis comprised a deductive process. Three pre-determined themes related to client-centered practice helped to guide the coding. Individual responses were tabled and categorized. Two authors were involved in the coding process and shared analysis while the third author compared and cross-checked findings.

Results & Conclusion (max 400 words): Useful information from this study about SeSotho elders living in residential care illustrates how experiences are perceived. The study revealed three main themes, associated categories, and culturally relevant illustrative examples.

- Helplessness was recognized by categories which relate to the quality of care, autonomy and choice, and access and functional abilities. A culturally relevant example is co-occupations which allows for both the elder and caregiver to take responsibility for specific roles and tasks.
- Loneliness was the second theme which exhibits the expansion of belonging, co-occupations, and companionship. A culturally relevant example would be to allow the opportunity for a younger resident of the same culture to assist in an elder’s care thereby realizing the African view of Ubuntu (interdependence and interconnectedness, a person depends on others in order to ‘be’ and to fulfill their potential for self-actualization).
- Boredom was substantiated by the categories of doing, being, and environmental significance. A culturally relevant example would be to design an environment with cultural and personal artifacts and music which contributes to an authentic socio-cultural context.

In conclusion, the findings of this study demonstrate that dignity and respect are affirmed when elders have access to purposeful and meaningful activities of their choosing. Occupational therapists have a responsibility to advocate for social justice. Therapists ought to look outside of their personal frame of reference and actively embrace cultural diversity. Considering occupational therapy’s foundation was created from a western perspective and culture, practitioners, must be aware of differing cultural norms. For example, in the western world, independence is the pinnacle; however, in other cultures this is a completely foreign concept. Practitioners must be aware to not force western ideals on other cultures and welcome differences.

Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words):

Credibility: The study achieved credibility through coding, member checks, and cross-checks of data. Also, the researchers noted conceptual biases which could impact the trustworthiness. Additionally, the three themes were triangulated with the literature.

Transferability: Thick, rich descriptions of the SeSotho culture are discussed within the sample size of collaborators. Also, the implications are easily transferred to other cultures and individuals who may be experiencing occupational injustices.

Dependability: A clear explanation of the data is presented as evidenced by the detail discussed in the four stages of the nominal groups.

Confirmability: The study did achieve confirmability as the researchers completed participant checks and interpretation of the data without interference during the nominal group stages.

Limitations: The researchers noted conceptual biases, mainly their focus on promoting meaningful occupation. Additionally, the study took place in a particular region of South Africa, namely the Free State, where few black occupational therapists are employed.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words): This study informs my capstone in several ways. First, the evidence supports the need for occupational therapy professionals to advocate equally for all patients. Additionally, while this study was completed in South Africa, the findings are easily transferable to other populations throughout the world. As individuals age or have disabilities which require residential facilities, the process of disempowerment begins. Their lives may be absorbed into a systematic, algorithmic plan of care which focuses on mundane checklists leaving the individual at risk for occupational injustices to occur. Also, occupational therapy professionals have a unique set of skills which enable facilitation of meaningful, purposeful, and culturally relevant activities which negates occupational injustices. Lastly, facilitating a client-centered approach and practicing with the pursuit of justice enhances a comprehensive understanding of an individual's occupations, factors, skills, patterns, and contexts and environments.

APA Citation:

Bailliard, A. (2013). Laying low: Fear and injustice for Latino migrants to Smalltown, USA. *Journal of Occupational Science*, 20(4), 342-356. doi:10.1080/14427591.2013.799114

Research Problem and Purpose: The Latino population grew over 100% in North Carolina between 2000 and 2010. Immigrants are coming to Smalltown, USA in search of a better way of life. Smalltown is a pseudonym which represents any community. Unfortunately, these individuals may experience discrimination, repression, and exploitation from anti-immigration policies. In particular, Section 287(g) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and the REAL ID Act causes many migrants to lay low for fear of detention or deportation from a routine traffic stop. The constant fear and threat gives rise to occupational injustices as Latino's retreat from engaging in meaningful occupations. The purpose of this study is to present findings from a 12-month ethnographic study of a Latino community in North Carolina who experiences occupational injustices. Additionally, the study discusses occupational justice concepts and the application of an occupational perspective to view the implications of government policies.

Study Participants:

Number: n=19. The gender of the participants were nine males and ten females and ranged in ages from 20 to late 50 years old. The interviewees were healthy and from Latin America. Nine participants migrated without legal documentation. Three of these nine had obtained US citizenship, and the remaining ten were documented and worked with undocumented workers. The participant demographics revealed the education level attained by the participants as four had no high school, seven had a high school degree, two obtained an Associate's Degree, two earned a Bachelor's Degree, and four achieved a Master's degree.

Describe Sampling: Recruitment sampling took place in a large migrant town in North Carolina through informants connected with the Hispanic church and Institutional Review Board (IRB) approved flyers at businesses owned by Latinos. All names and places are pseudonyms designed to protect their identities. The immigrant reflections and experiences informed the findings of the study.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s): An ethnographic study design was appropriate for the study question. The focus of this type of study is to describe and interpret a cultural or social group. A hallmark of ethnographic studies is the development of thick, rich descriptions that fosters an understanding of the experiences of people within cultural

groups. Ethnographic studies are long-term and may take a year or more to complete. The study was conducted with a Latino community in North Carolina for one year, and the findings are based on the conceptualizations of occupational injustices, specifically occupational deprivation and occupational imbalance.

Study Design: Qualitative

Data Collection Methods: Measures used were semi-structured interviews, document reviews, field notes, and observations at religious events, markets, fundraisers, social services, and Latino businesses. Procedures were grounded in transnationalism which focuses on the interdependence of humans, occupations, and environment. The aforementioned measures were used with an emergent design to allow for discoveries and additional areas of inquiry. Interview guides focused on changes experienced in habits and routines resulting from migration. Interviews were digitally recorded and transcribed in English and Spanish. Field notes detailed observations, document reviews, and study interactions before and after interviews.

Analysis: Interviews were not translated prior to the analysis to avoid misrepresentation of colloquial meanings and cultural expressions. The researcher preserved Spanish quotations but included English translations for the reader. Data were coded into themes using Atlas.ti software. The findings were discussed with the participants to ensure the represented experience. The participants provided feedback, verified the findings, and provided additional data highlighting themes.

Results & Conclusion (max 400 words): Significant findings surfaced which revealed limitations of undocumented immigrants chosen occupations. Government policies of the IIRIRA Section 287(g) and the REAL ID Act, instilled anxiety, discrimination, fear, and intimidation which echoed throughout the Latino community. The following main theme and ensuing themes emerged:

Main theme:

- Impact of public policy on the occupations of undocumented immigrants: the participants reported fear, discrimination, and oppression during meaningful occupations.

Ensuing themes:

- **Driving: The loss of opportunity, livelihood, and identity:**
Driving is necessary and essential to participate in occupations. The REAL ID Act in 2005 ended undocumented immigrants the right to obtain a license to fulfill their everyday needs. The inability to obtain a license and thereby an identification impacts employment, social outings, shopping, banking, and seeking services such as healthcare.
- **Checkpoints: A barrier to occupational participation, family, and cultural identity:**
Roadblocks and checkpoints involve license checks and ultimately immigration status. As a result, trips outside the home cause anxiety and fear. For example, market shopping is transformed into one large trip which is counter to the Latino culture where fresh food is needed for traditional cooking, cultural identities, and acculturation of their children.
The importance of family is a fundamental component in traditional Latino families. Some workers must leave their families and relocate to be closer to work. This limits family traditions and traditional roles.
- **Abuse: Everyone is afraid:**
The immigrants express their reluctance to participate in occupations with others outside of the immigrant community. They have a tendency to forego reporting crimes and not seeking out social services for fear of the language barrier and accents.
- **Laying low: Helplessness and submission:**

Migrants lay low to avoid detection. Some shop at night under cover of darkness, others curtail social activities.

- **Work: Psychological slavery:**

The exploitation of undocumented workers is common according to the study. Revealing employer's exploitation of workers may mean loss of employment and reduced pay.

- **Well-being and mental health:**

The loss of dignity, prejudice, frequent humiliation, isolation, and limitations on occupations have negative consequences on overall mental health and well-being.

Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words):

Credibility: The study achieved credibility by lasting 12 months, using a variety of methods for triangulation, and utilizing a reflexive approach in which the researcher disclosed his personal bias as an immigrant.

Transferability: Rich, thick descriptions provided in the study allows for similar comparisons to marginalized populations who may be experiencing occupational injustices.

Dependability: A clear account was attained by methods of data collections through interviews, field notes, semi-structured interviews, translation, and back-translation of data to ensure accuracy.

Confirmability: The study accomplished confirmability by having preserved original quotations in Spanish and included English translations. Additionally, the study exhibited triangulation and reflexivity. The author's findings were determined objective and not as a result of personal bias.

Limitations: The researcher noted several limitations of the study, first, in ethnographic studies the researcher is an active participant and thus influences what is discovered. Second, the researcher disclosed his immigrant status which may have influenced the participants. Third, the researcher was unable to interview local government officials, and thus the analysis of injustices encompassed a limited perspective. Lastly, because the study was confined to a specific community, the findings should not be generalized.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words): Even though there were several limitations discussed by the researcher, this particular study enlightens my capstone project. The obstacles immigrants and other marginalized populations experience can lead to occupational injustices such as deprivation. When injustices occur impairments to general health and well-being are likely to occur. Moreover, viewing the discipline through the unique prism of meaningful engagement and participation of chosen occupations, this study highlights the obligation of occupational therapy professionals to practice advocacy. Additionally, it is imperative for professionals to be aware of potential local, state and federal government policies which may have unforeseen consequences and give rise to occupational injustices of members in our communities.

APA Citation:

Gupta, J., & Sullivan, C. (2013). The central role of occupation in the doing, being and belonging of immigrant women. *Journal of Occupational Science*, 20(1), 23-35. doi:10.1080/14427591.2012.717499

Research Problem and Purpose: Immigrants have journeyed to the United States (US) for various reasons. When arriving in a new country, immigrants face many obstacles from language, cultural roles, employment, and daily living. Occupations are central to life, and thus occupational disruptions can be extraordinarily stressful and life-altering. The purpose of this study is to describe women's occupational disruptions produced by immigration and to concentrate on the role that occupation plays in their cultural adjustment in a western cultural landscape that values conformity and individualism.

Study Participants:

Number: n=13. The participants were all immigrant women between the ages of 23 and 52 years old. Seven women were married, three were widowed, two were single, one was divorced, and nine had children. The breakdown for the countries of origin is as follows: six women from Africa, five from South America, one from Southeast Asia, and one from Southeast Europe. The reason for coming to the US included war, education, and economics. Five of the women have some college. Lastly, pseudonyms were used to protect identities.

Describe Sampling: The participants were recruited from an adult English learning center and snowball sampling. The inclusion criteria were: a participant had to be an immigrant woman, between the ages of 22 and 55 years old who immigrated to the US as an adult between 2 and 15 years ago, speak conversational English, and agree to be tape-recorded.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s): The researchers utilized the grounded theory approach to systematically examine the transcripts of the women who described the occupational transitions they experienced with their new lives in the US. The purpose of a grounded theory approach is to make clear the reality of how an individual perceives a situation in relation to their culture and environment as well as the way they communicate and interact with each other (Carpenter & Suto, 2008). The theoretical framework of this study used an occupational science perspective to understand the process of cross-cultural adjustment in immigrant women to a Mid-western urban area in the United States.

Data Collection Methods: The data was collected over five years by the authors and graduate students. The Institutional Review Board granted ethical approval and consents were obtained from the participants. An interview guide was used while conducting individual, semi-structured, and face-to-face interviews. Follow-up interviews were

conducted when needed and for member checks. Initial interviews lasted one to three hours. Follow-ups were conducted with six participants lasting 30 minutes either in person or on the phone. Every interview was transcribed word for word.

Analysis: Following the transcription, a two-phase process was used to analyze the data.

- Phase I was completed over five years by three graduates with three to five participants for each student. The process was repeated to develop and refine codes. Line by line and axial coding led to the identification of themes.
- Phase II was completed by the researchers working with the coded transcripts and the results from phase I. Themes were identified from the collated data of the 13 participants. Peer checking and cross-checking were completed to arrive at a consensus of four main themes. Additionally, for each main theme, there were three to four subthemes.

Results & Conclusion (max 400 words): The findings of this study reveal the connections of occupation, adjustment, integration and life reconstruction are to the daily lives of women who have immigrated to the US. Additionally, findings expose how migration altered the experience of space, time, roles and meaning of occupations which endangered a sense of identity and feelings. There were four main themes with accompanied subthemes.

1) Modifying occupations and their meanings to cope with the alienating impact of distance

- Change in space dimensions of daily life and the impacts of connectedness
- Occupations help ease the pain of separation
- Continuity and discontinuity of spiritual life
- Occupational choices, routines, and habits are restricted by topography and transportation

2) Orchestration of occupations with the new temporal fabric of life

- Cultural perception of time alters experiences of occupations
- Time constraints limit socialization
- New routines and family priorities adjust the division of time

3) Discontinued occupations change roles and identities

- Maintaining culture while re-defining self
- Degrees of acculturation across generations affect family roles
- Cessation in occupational identity

4) New socio-cultural offers opportunities for enhanced life and family

- Formal, informal, and inner resources for integration
- Language, education, and work as routes for inclusion
- Accept what cannot be changed
- New gender roles offer competence and freedom

Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words):

Credibility: The study accomplished credibility as the data was collected over five years. Additionally, interviews were completed individually, semi-structured, and face-to-face. Also, member checks were conducted. Lastly, a team of researchers participated which included two authors and graduate assistants.

Transferability: Thick descriptions were captured of the immigrant participants. The findings of occupational disruption are transferable to populations which may be experiencing injustices.

Dependability: Methods of data collections attained a clear account of the immigrants through individual and semi-structured interviews. The study employed an inclusion criterion for participants. Interviews were transcribed word for word, and the analysis of the data was completed through two phases.

Confirmability: The study achieved confirmability by utilizing a team of researchers, member checks, and follow up interviews with participants as needed.

Limitations: The researchers discussed several limitations. First, the data was collected over five years, and changes in the political and legislative environments may have affected the participant's stories. Second, in lieu of concentrating on the everyday immigrant experiences less attention was paid to adaptation. A third limitation surrounded language and the participant's ability to express thoughts fully.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words): This study informs my capstone and builds on the evidentiary findings from previous articles. This particular study demonstrates the importance of addressing newly settled immigrants' occupational roles, client factors, performance skills, performance patterns, and their contexts and environments. Occupations are fundamental to one's life and experiencing a disruption can have a profound and lasting negative impact on occupational engagement. Occupational therapy professionals are vital in promoting the doing, being, belonging, and the elusive becoming.

Reference

Carpenter, C., & Suto, M. (2008). *Qualitative research for occupational and physical therapists: A practical guide*. Ames, Iowa: Blackwell Publishing.

Appendix C

Critical Review Form - Qualitative Studies (Version 2.0)

© Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J., & Westmorland, M., 2007
 McMaster University

CITATION:

Creek, J., & Cook, S. (2017). Learning from the margins: Enabling effective occupational therapy. *British Journal of Occupational Therapy*, 80(7), 423-431. doi:10.1177/0308022617701490

	Comments
<p>STUDY PURPOSE:</p> <p>Was the purpose and/or research question stated clearly? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>Outline the purpose of the study and/or research question.</p> <p>The purpose of the research is to investigate if the mindset of occupational therapists working in marginal settings can contribute to the theory and practice of occupational therapy. More precisely, the study sought to construct an explanation of how practice on the margins can be effective; how occupational therapists work with barriers and enablers; how mainstream services might benefit by learning from this practice.</p>
<p>LITERATURE:</p> <p>Was relevant background literature reviewed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>Describe the justification of the need for this study. Was it clear and compelling?</p> <p>An extensive literature review was completed. The review was completed in English to elicit a credible description of occupational therapy and to differentiate between practice in the traditional and marginal settings. The search covered textbooks, journal articles, and grey literature with no limits set on the date of publication. Additionally, a manual search was done of recent journals from the United Kingdom, the United States, Australia, and Canada searching for an analysis of current theory and practice, and challenges to dominant perspectives.</p>

	<p>How does the study apply to your practice and/or to your research question? Is it worth continuing this review?¹</p> <p>This study is timely and relevant as the research speaks directly to the characteristics of practitioners in the margins and how their skills are transferable to mainstream settings. For example, interviewees in the study realized an unmet need, wanted to do something about it, and looked for appropriate ways to act. In another instance, openness was demonstrated by listening, questioning received wisdom, and exploring alternative interpretations. Interviewees commitment remained steadfast despite challenges and barriers which sets an example to participants that making commitments to projects is beneficial. Responsiveness, local knowledge, and awareness of cultural norms made it possible for the interviewees to adapt their habitual ways of working. Interviewees practiced resourcefulness to use whatever is readily available to solve problems and create opportunities.</p> <p>Sharpening the outlined attributes of agency, openness, commitment, responsiveness, and resourcefulness can assist practitioners employed in the mainstream to frame issues that surround injustices. Furthermore, practicing with this approach may cost-effectively enhance practice and outcomes in customary settings. Lastly and more importantly, practicing with the described characteristics, practitioners can fulfill their ethical responsibility and achieve the social vision of occupational therapy.</p>
<p>STUDY DESIGN:</p> <p>What was the design?</p> <p><input checked="" type="checkbox"/> PHENOMENOLOGY</p> <p><input type="checkbox"/> ethnography</p> <p><input type="checkbox"/> grounded theory</p> <p><input type="checkbox"/> participatory action research</p> <p><input type="checkbox"/> other</p> <p>— _____</p>	<p>Was the design appropriate for the study question? (i.e., rationale) Explain.</p> <p>Yes, the methodology was grounded in phenomenology, where the researcher’s perspective, previous knowledge, and biases are deemed relevant and incorporated into the study. The focus is to understand the meaning or essence of experiences about a phenomenon. Specifically, this study sought to explore how the practice of occupational therapy on the margins evolve the practice and theory of the discipline. The study employed a multiple case study design using qualitative interview methods to explore the perceptions of practitioners employed in marginal settings. The researchers note the design was not fully specified when the study commenced but emerged over time.</p>
<p>Was a theoretical perspective identified?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> no</p>	<p>Describe the theoretical or philosophical perspective for this study e.g., researcher’s perspective.</p> <p>The theoretical perspective is interpretivism, which is associated with hermeneutics and defined as the principles of studying interpretation, meaning, and purpose. Interpretivism and hermeneutics form the foundation of phenomenology. The inquiry is an iterative circular process where the researcher moves between the interpretation of the parts and the whole to gain an understanding. A hermeneutic approach was taken to elicit and understand the meanings that professionals on the margins attribute to their actions.</p>
<p>Method(s) used:</p> <p><input type="checkbox"/> participant observation</p> <p><input checked="" type="checkbox"/> INTERVIEWS</p> <p><input checked="" type="checkbox"/> DOCUMENT REVIEWS</p> <p><input type="checkbox"/> focus groups</p> <p><input type="checkbox"/> other</p> <p>— _____</p>	<p>Describe the method(s) used to answer the research question. Are the methods congruent with the philosophical underpinnings and purpose?</p> <p>Yes, the methods used are congruent with the philosophical underpinnings of phenomenology. At least one person from each of the nine cases was interviewed for a total of 12 interviewees. The researchers conducted interviews from 2007 to 2012. The interviewees could check and amend the transcript to reflect what they articulated accurately. The interviews were in English and lasted from half an hour to an hour. Each interview began with an open-ended question, and the flow of information continued with prompts. All the interviews were audio-recorded and transcribed by the investigator.</p>

¹ When doing critical reviews, there are strategic points in the process at which you may decide the research is not applicable to your practice and question. You may decide then that it is not worthwhile to continue with the review.

<p>SAMPLING:</p> <p>Was the process of purposeful selection described? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>Describe sampling methods used. Was the sampling method appropriate to the study purpose or research question?</p> <p>Yes, the purposive sampling method was appropriate for the study. Each case recruited to the study met four inclusion criteria: (1) the setting is in the UK or Africa where occupational therapy is practiced on the margins, (2) there is at least one occupational therapist, (3) the design is occupationally focused, (4) the interviewee is proficient in English.</p> <p>Each case recruited represented a diverse but not extreme sample. Nine cases were selected in marginal settings. The nine cases encompassed four in Africa and five in the United Kingdom (UK). At least one person was interviewed from the nine cases for a total of 12 interviewees.</p>
<p>Was sampling done until redundancy in data was reached?² <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed</p>	<p>Are the participants described in adequate detail? How is the sample applicable to your practice or research question? Is it worth continuing?</p> <p>A hermeneutic approach, which is defined as an iterative circular process, was utilized to interpret the phenomenon of occupational therapy on the margins. This process moved back and forth between individual projects and cases in the sample. The investigator closed the circle when the understanding reached a degree to answer the research question. In this approach, a temporary closure of the circle is necessary as the findings become part of the understanding that remains open to reinterpretation.</p> <p>This study is fundamental to my capstone as the evidentiary findings demonstrate characteristics which are shared among the therapists working on the margins. Developing these attributes can assist practitioners employed in the mainstream to frame issues that surround injustices. Equipped with this knowledge and a framework, practitioners can fulfill their ethical responsibility and achieve the social vision of occupational therapy.</p>
<p>Was informed consent obtained? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed</p>	<p>The University of Sheffield in 2006 granted ethical approval for the study. The participants who met the inclusion criteria were invited to take part in the study. They were given an information letter and asked to sign a consent form before the interviews took place.</p>
<p>DATA COLLECTION:</p> <p>Descriptive Clarity</p> <p>Clear & complete description of site: <input checked="" type="checkbox"/> YES <input type="checkbox"/> no participants: <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p> <p>Role of researcher & relationship with participants: <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p> <p>Identification of assumptions and biases of researcher: <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>Describe the context of the study. Was it sufficient for understanding of the “whole” picture?</p> <p>This study was completed on two continents, Africa and the UK from 2007 to 2012. The background information of the nine cases was fully detailed, complete with the type of projects, the project participants, the medium, and the locations. All the interviewees were identified as occupational therapists working on the margins. A vivid and rich description was conveyed about the participants, the researcher’s role and the pressures therapists face (in both the mainstream and on the margins) was sufficient for a whole understanding of the study.</p> <p>What was missing and how does that influence your understanding of the research?</p> <p>An external viewpoint was not solicited; rather, the status of the researcher as an occupational therapist was clear and included in the study design. Reflexive introspection was made to challenge the investigator's habits of thinking and to make apparent the preconceptions she brought to the study.</p>

² Throughout the form, “no” means the authors explicitly state reasons for not doing it; “not addressed” should be ticked if there is no mention of the issue.

	<p>The researchers appear to have made a supposition as interviews in Africa were conducted in the English language. Potential language limitations, linguistic and cultural distinctions may have been inadvertently missed as a result of using only the English language in Africa.</p>
<p>Procedural Rigour Procedural rigor was used in data collection strategies? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed</p>	<p>Do the researchers provide adequate information about data collection procedures e.g., gaining access to the site, field notes, training data gatherers? Describe any flexibility in the design & data collection methods. Yes, the data collection was completed by the researchers using a hermeneutic method in an iterative process which is represented in Figure 1 of the paper. Specifically, the researchers note the use of interviews, collection of additional documents, use of a reflexive journal, transcribing interviews, incorporating interviewees comments, checking facts against the supporting documentation, continued reexamination of interview transcripts, and carrying out a line-by-line analysis. Additionally, audio recordings were used and transcribed by the investigator. Lastly, the collection of data took place for five years.</p>
<p>DATA ANALYSES: Analytical Rigour Data analyses were inductive? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed Findings were consistent with & reflective of data? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>Describe method(s) of data analysis. Were the methods appropriate? What were the findings? The data was analyzed and completed in an overlapping and iterative process. The researchers used a methodology which was grounded in phenomenology, where the researcher’s perspective, previous knowledge, and biases are deemed relevant and incorporated into the study. The focus is to understand the meaning or essence of experiences about a phenomenon. The study applied a multiple case study design using qualitative interview methods to explore the perceptions of practitioners employed in marginal settings. With the phenomenology dimension, the initial thematic analysis began, concepts formed, reanalysis completed, and connections of themes and subthemes emerged. The first theme was the overarching characteristic of agency, which is the capacity to take action towards an end. For example, one interviewee’s awareness that a disability might lead to occupational deprivation and thus provided a focus for treatment intervention. Second, the theme of openness represents the ability and willingness to see what is present without constraints of presumptions or expectations. An illustration of openness realizes the client’s issues with a broader lens, which includes an exploration of alternatives. The third theme that emerged was commitment. Therapists exhibited a dedication of energy and action over a sustained period to achieve goals. The fourth theme that emerged centers around responsiveness, which is the willingness and ability to take appropriate action as a result of a stimulus or influence. Local knowledge is an essential component of responsiveness because the therapist can anticipate issues. Also, awareness of cultural norms and displaying sensitivity to values and beliefs of local people make it possible to adapt habitual ways of working. The last theme is resourcefulness, which entails using assets available for solving problems or creating opportunities such as, personal, social, and other resources. Overall, the findings suggest that occupational therapists working on the margins differed from those working in the mainstream, but the differences tended to be due to the pressure demands of working differently. Practitioners on the margins share the five characteristics mentioned above, which allows them to practice effectively in resource-poor conditions. A further finding was that effective occupational therapy could be transformative not only for the client but for the professional as well.</p>
<p>Auditability Decision trail developed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed</p>	<p>Describe the decisions of the researcher re: transformation of data to codes/themes. Outline the rationale given for development of themes. While an audit trail per se was not specified, it was well-defined through an iterative process that interviews, transcriptions, reflexive journals, fact-checking, and audio recordings were</p>

<p>Process of analyzing the data was described adequately? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> not addressed</p>	<p>used and transcribed. Additionally, the interviews were reviewed, and participants comments were incorporated into the transcripts for accuracy. The data were synthesized and checked during the repetitive process.</p> <p>The process of data analysis was evident as the researcher used a hermeneutic approach to elicit and understand the meanings that practitioners attributed to their actions. Then was followed by an interpretive analysis, identification of categories where connections were discovered, and finally, emerging themes were identified.</p>
<p>Theoretical Connections Did a meaningful picture of the phenomenon under study emerge? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>How were concepts under study clarified & refined, and relationships made clear? Describe any conceptual frameworks that emerged.</p> <p><i>The Occupational Therapy Practice Framework: Domain and Process 3rd Edition</i> (AOTA, 2014) identifies occupations, factors, performance skills, performance patterns, and contexts and environments which dynamically interacts to affect occupational identity, health, well-being, and participation in life. An occupational justice lens illuminates the concepts of occupational injustices and the vital connection of humans to engage in meaningful occupations. This study demonstrates the characteristics which are common among therapists working on the margins. Developing these attributes can assist practitioners employed in the mainstream to frame issues that surround injustices.</p>
<p>OVERALL RIGOUR Was there evidence of the four components of trustworthiness? Credibility <input checked="" type="checkbox"/> YES <input type="checkbox"/> no Transferability <input checked="" type="checkbox"/> YES <input type="checkbox"/> no Dependability <input checked="" type="checkbox"/> YES <input type="checkbox"/> no Confirmability <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>For each of the components of trustworthiness, identify what the researcher used to ensure each.</p> <p>Credibility was achieved in several ways. First, the study lasted five years, from 2007 to 2012. Second, authenticity was attained because the investigator was an experienced therapist, educator, and writer. Her status was made transparent and incorporated into the design. Third, a reflexive journal was used to monitor and audit the process. Fourth, triangulation enhanced the trustworthiness of the study, as multiple perspectives were used, such as the method involved, interviews, and a team of researchers.</p> <p>Transferability was realized by the rich, thick descriptions provided by the interviewees, which allows for similar comparisons to mainstream therapists. The researcher demonstrated transparency in her discussion, noting that transferability could have been enhanced through a greater collaborative approach with other therapists and recording their views.</p> <p>Dependability was obtained by an audit trail as evidenced by the method of data collections through interviews, audio recordings, transcription, and the interviewee’s checks of the data to ensure correctness.</p> <p>Confirmability was accomplished by having triangulation, reflexivity, and interviewee checks of the data to confirm accuracy. The author’s findings were determined objective and not as a result of personal bias.</p> <p>What meaning and relevance does this study have for your practice or research question?</p> <p>This study brings awareness to the characteristics of therapists working on the margins. The attributes of agency, openness, commitment, responsiveness, and resourcefulness could be a catalyst for practitioners to frame occupational justice issues, which enables the practice of effective occupational therapy. Additionally, developing these characteristics in students and practitioners has the potential to contribute to an understanding of complex health and social needs, as well as mitigate occupational injustices in developed and developing countries.</p>
<p>CONCLUSIONS &</p>	<p>What did the study conclude? What were the implications of the findings for</p>

<p>IMPLICATIONS</p> <p>Conclusions were appropriate given the study findings. <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p> <p>The findings contributed to theory development & future OT practice/research? <input checked="" type="checkbox"/> YES <input type="checkbox"/> no</p>	<p>occupational therapy (practice & research)? What were the main limitations in the study?</p> <p>The findings of this study suggest that occupational therapists working on the margins differed from those working in the mainstream, but the differences tended to be due to the pressure demands of working differently. Practitioners on the margins share five characteristics: agency, openness, commitment, responsiveness, and resourcefulness, which allows them to practice effectively in resource-poor conditions. A further finding was that effective occupational therapy could be transformative not only for the client but for the professional as well.</p> <p>There are several practice implications for occupational therapy. First, practitioners working on the margins are unable to use structuralist theories and models, thus requiring flexibility, context specifics, and pragmatism. Second, the study highlights the importance of services provided by autonomous professionals. Third, practitioners should proactively seek out work on the margins to develop the five attributes. Fourth, further work is needed to identify and clarify the modes of reasoning practitioners use on the margins. Lastly, finding more effective ways of theorizing the activities of daily living using a pragmatic epistemology that explains and supports occupational therapy’s work with the lived body.</p> <p>The limitations of the study are based on a purposively selected sample and may not be generalized. Also, because the study was cross-cultural, translations and linguistic distinctions may have been missed. Additionally, the study’s small number of cases (nine), the total number of interviewees (twelve), and the extended length of the study (2007 to 2012) can be viewed as a limitation because the data may be viewed as dated. Lastly, the possibility exists of interpretation bias by the researcher.</p>
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Reference

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.) *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48. doi:10.5014/ajot.2014.682006

Appendix D



ROCKY MOUNTAIN
UNIVERSITY
HEALTH PROFESSIONS
Institutional Review Board

FORM: Determining if an Activity is Human Subjects Research

NUMBER	APPROVED	REVISED	PAGE
HRP – 213	May 5, 2015	January 21, 2019	1 of 2

Instructions

Answer the questions below to determine if your project meets the federal regulatory definition of human subjects research.

If your project meets the federal regulatory definition of human subjects research, you must file an application with the Institutional Review Board (IRB).

If your project does not meet the federal regulatory definition of human subjects research and you desire a “Not Research” determination from the IRB for publication and/or presentation purposes, email this form along with Form HRP-214 to irb@rm.edu.

Questions regarding the use of this Worksheet should be directed to the IRB at irb@rm.edu

1	Name and Degree(s)	Sharon Leonard, OTR/L		
2	Project Name	Occupational Justice		
3	Is the activity an <u>investigation</u> ?	<u>Investigation</u> : A searching inquiry for facts; detailed or careful examination.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is the investigation <u>systematic</u> ?	<u>Systematic</u> : Having or involving a system, method, or plan.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Is the systematic investigation designed to <u>develop</u> or <u>contribute</u> to <u>knowledge</u> ?	<u>Develop</u> : to form the basis for a future contribution. <u>Contribute</u> : to result in. <u>Knowledge</u> : truths, facts, information.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is the knowledge the systematic investigation is designed to develop or contribute to <u>generalizable</u> ?	<u>Generalizable</u> : Universally or widely applicable.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Are you gathering data about living individuals?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>If you answered “no” to <i>any</i> of the questions above, your project does not meet the definition of human subjects research. You may stop filling out this form.</p> <p>If you answered “yes” to all of the questions above, answer the next question.</p>				



ROCKY MOUNTAIN
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HEALTH PROFESSIONS
Institutional Review Board

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January 21, 2019

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8	Will you gather that data through an <u>intervention</u> or an <u>interaction</u> ?	<u>Intervention</u> : includes both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes. <u>Interaction</u> : includes communication or interpersonal contact between investigator and subject.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered "Yes" to the question above, your project meets the definition of human subjects research.
If you answered "No" to the question above, answer the next question.

9	Will you gather <u>private information</u> ?	<u>Private Information</u> : data about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place <i>or</i> data provided for specific purposes in which the individuals can reasonably expect that it will not be made public, such as a medical record.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered "No" to the question above, your project does **not** meet the definition of human subjects research.
If you answered "Yes" to the question above, answer the next question.

10	Is the private information you are gathering, <u>identifiable information</u> ?	<u>Identifiable Information</u> : data from which the individual's identity is or may be readily ascertained by you or others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11	Are you gathering an <u>identifiable biospecimen</u> ?	<u>Identifiable Biospecimen</u> : is a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered "No" to both questions above, your project does **not** meet the definition of human subjects research.
If you answered "Yes" to either question above your project meets the definition of human subjects research.

SUBMITTED BY:


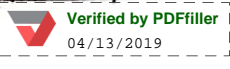
[Handwritten Signature]

APRIL 2, 2019



Instructions

If you desire a "Not Human Subjects Research" determination from the IRB for publication and/or presentation purposes complete this form and HRP-213 FORM Determining if an Activity is Human Subjects Research. Students should email the forms to irb@rm.edu. Faculty should submit the forms via IRBNet. Questions regarding the use of this Form should be directed to the IRB at irb@rm.edu.

IRB QUESTIONS		RESPONSES
CONTACT INFORMATION		
1	Full name, Degree(s) and designations	Sharon Leonard, OTR/L
2	Indicate status	<input checked="" type="checkbox"/> Student – Program/Cohort (OTD 32) <input type="checkbox"/> Faculty <input type="checkbox"/> Other
3	Course number, Name and Instructor if this project was prepared for a course assignment	OTD 732, Dr. Ellen Hudgins
4	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell	814.241.9733
PROJECT INFORMATION		
5	Title	Occupational Justice
6	Project summary Provide a brief summary of the applicable items: <ul style="list-style-type: none"> • project topic • methodology • recruitment • data collected • how the data was collected 	The project topic is occupational justice in occupational therapy. The investigator will use evidentiary findings from quantitative and qualitative research to discuss the role of occupational therapy in justice issues. The literature used will be obtained from peer reviewed journals in the United States and the international community.
7	Determination	<input type="checkbox"/> Not Research <input checked="" type="checkbox"/> Research, Not Human Subjects <input checked="" type="checkbox"/> I have completed and attached HRP-213 to document the factors considered to make this determination.
CERTIFICATIONS		
I certify that the project described on this form does not meet the federal definition of human subjects research.		 April 2, 2019
Program Director or their designee (students) OR Director of ORSP or their designee (faculty): I certify that the project described on this form does not meet the federal definition of human subjects research.		Ellen Hudgins, OTD, OTR/L Primary Reviewer 



DATE: April 16, 2019

TO: Sharon Leonard, OTR/L
FROM: Institutional Review Board

PROTOCOL #: 190426-04
TITLE: Occupational Justice
SUBMISSION TYPE: New Project

ACTION: Not Human Subjects Research
REVIEW TYPE: Administrative

Thank you for your submission of new project materials for this project.

The Rocky Mountain University of Health Professions IRB (IRB) has determined this project does not meet the definition of human subjects research under the purview of the IRB according to federal regulations found at 45 CFR 46. Therefore, IRB review and approval by this organization is not required.

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human in which the organization is engaged, please submit a new request to the IRB for a determination.

If you have any questions, please contact the IRB staff at irb@rm.edu.

Appendix E



Authorship Agreement Regarding Publication Intent

We hereby enter into an agreement, as outlined below, regarding the intent of publication of the project titled:

Occupational Justice: Our Responsibility

FIRST AUTHOR

Name (print): _____

Signature: _____

Brief description of basic responsibilities/role on project:

The first author is responsible for the project development and design. Additional roles include collection, analysis and interpretation of the data. Also, ensure that all ethical considerations have been addressed. Lastly, the first author will produce a manuscript to be reviewed by the second and third authors for revisions.

SECOND AUTHOR

Name (print): _____

Signature: _____

Brief description of basic responsibilities/role on project:

The second author's responsibilities include participation in the initial decision of the project, setting deadlines for assignments, providing constructive critiques for revisions, and assisting in the approval version of the manuscript for submission to a peer reviewed journal.

THIRD AUTHOR

Name (print): _____

Signature: _____

Brief description of basic responsibilities/role on project:

The third author's responsibilities include participation in the initial decision of the project, setting deadlines for assignments, providing constructive critiques for revisions, and assisting in the approval version of the manuscript for submission to a peer reviewed journal.

OTD Capstone Project Handbook

INTENT FOR PUBLICATION: It is agreed that this authorship agreement can be renegotiated should an individual's responsibilities change or an individual fails to meet their expected duties. Furthermore, it is agreed that the student will submit the manuscript for possible publication within a nine-month time period from graduation of the OTD program. If a student does not choose to submit for publication within the specified nine-month time frame the primary reviewer will take responsibility for the manuscript as primary author and submit for publication.

Date of Authorship: _____

Date Authorship will Expire: _____

Appendix F