

EXPLORING ENTREPRENEURSHIP IN OCCUPATIONAL THERAPY PRIVATE
PRACTICE

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy

by

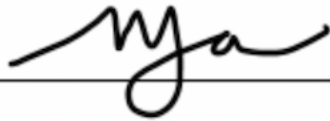
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Certification of Approval

I certify that I have read *Exploring Entrepreneurship in Occupational Therapy Private Practice* by Anthony Abando, Vicki Huynh, Makenna Maucher, and Mikka Tupasi, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.



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Dedication

To all of our family and friends who have inspired us to pave our own paths and who
continue to support and believe in us.

Acknowledgments

We would like to thank our advisors, mentors, and Stanbridge faculty who have helped us throughout our research process. Thank you to Dr. Achondo for your guidance throughout this thesis over the past several months. Thank you to Dr. Davis for always keeping an open door for us when we had questions regarding the data analysis and being supportive and patient with us.

Abstract

This research aims to understand the essential steps and real-life experiences involved in establishing a private occupational therapy (OT) practice. OT private practices can provide opportunities to expand services to people in many locations, and offer specialized services in niche areas. Current literature showed a growing need for OT, yet current staffing is not meeting the demand, which research shows can be due to the location of practices, job satisfaction, and a lack of entrepreneurship knowledge. This study was a mixed method descriptive design utilizing an online survey which was disseminated to OT private practice owners, by inquiring about their personal experiences opening up their business. The researchers gathered participants through Facebook groups for OT business owners and the American Occupational Therapy Association (AOTA), and analyzed the results by creating parent and child codes for each qualitative question. With a sample size of 32 respondents, the results showed many overlapping themes and common experiences in opening an OT private practice such as finding mentorship and guidance, networking and building referrals, and finding your niche with a holistic approach.

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Exploring Entrepreneurship in Occupational Therapy Private Practice

In this research study, our aim was to understand the essential steps and real-life experiences involved in establishing a private occupational therapy (OT) practice. To achieve this, we conducted a survey of occupational therapy practitioners (OTPs) and other allied health professionals who currently own or have previously owned a private practice. As stated by Hudgins et al. (2018), “opening and implementing a private practice can be a rewarding move for OTPs striving to provide a service to a community. OTPs can be powerful influencers of change.” The relevance of this study lies in its potential to contribute valuable knowledge to the field of OT and entrepreneurship. By guiding private OT practices and understanding the experiences of those who have done so, this study can positively impact the accessibility and quality of OT services in underserved communities. Ultimately, this could lead to better outcomes and improved well-being for individuals needing OT services. By gathering insight from OTPs and other allied health professionals who have started their own businesses, we have created a comprehensive guideline with the essential steps to start one’s own OT private practice. Through the establishment of private practices, entrepreneurship in OT continues to play a vital role in addressing the needs of underserved communities. By providing essential care and services, OT private practices help individuals within these communities enhance their skills, foster independence, and improve their overall quality of life.

Statement of the Problem

Starting a private practice in OT can be a challenging yet rewarding venture. There are several necessary action steps that need to be taken to ensure a successful business. These steps include obtaining the necessary licenses and certifications, developing a business plan, securing funding, and marketing the practice (Anderson & Nelson, 2011). In addition, it is important to consider the business model that will best suit an aspiring OTP's private practice. Staying up to date on industry trends and best practices can also help to ensure that their practice remains successful. The American Occupational Therapy Association (AOTA, n.d.) "Vision 2025" seeks to expand and maximize health and well-being of all people and the expansion of OT services into entrepreneurship and private practice can help to reach more populations and underserved communities. We sought to learn about the appropriate measures and how to ensure a successful OT private practice business based on the results of the survey shared with OT private practice owners.

The purpose of this research is to provide necessary information for OTPs who would like to venture into private practice. With very limited literature on management and business of OT, it was important for us to create a guideline that embraces the strengths, barriers, and experiences of those who have started their own private practice. With this research, we hope to provide OTPs with the resources to encourage them to become entrepreneurs and business owners, in order to provide necessary OT services to more communities, expand the scope of practice of OT, and become leaders and advocates in healthcare. There are many risks and challenges that OTPs face when

starting their own private practice. Therefore, clear instructions and advice are needed to maintain a successful business and for the profession to continue to grow.

Literature Review

OTPs aid and assist individuals who have hindrances due to injury, developmental delays, disabilities, illnesses, and more. People of all ages can seek help from OTPs regarding treatment, rehabilitation, and health promotion. Merritt et al. (2013) claim that private OT practices are beneficial for providing Medicare funded services to individuals with chronic diseases, disabilities, or mental health issues. People living outside of major cities have a higher need for OT services than their metropolitan counterparts, due to conditions such as diabetes, bronchitis and arthritis, psychological distress, and long-term conditions due to injury or disability (Merritt et al., 2013). The need for OT services is essential for health promotion, however, the current supply of OTPs is unable to keep up with the growing demand. For example, in 2013, British Columbia expected to have an increased demand for OT services which would exceed the national labor workforce growth (Kobbero et al., 2018). This study found that, “60% of OT private sector employers reported having one or more current occupational therapist positions vacant, and 60% reported that in the past year, one or more occupational therapist positions remained vacant after one month of posting” (Kobbero et al., 2018, p. 60). These statistics show a rising demand of OTPs in the private sector, however, currently a low supply exists to meet that demand. OT is a growing profession, but in some areas it is still not quite meeting the demand for OT services, especially in the sector of private practice (Kobbero et al., 2018). This literature review will also highlight the importance of

staffing, job satisfaction, entrepreneurship, and the implemented policies that affect OT services and access to care.

Location and Awareness of Occupational Therapy

Business planning often includes a demographic analysis of the target area where the business intends to operate. The region's employment commission can provide valuable information such as total population, projected population growth, average income, commuting patterns, unemployment rates, distribution of employers by size, the largest employer, industry-wise employment, new hire locations, and the age of workers (Hudgins et al., 2018). Being aware of the location and demographic characteristics is crucial when establishing a private practice. Furthermore, studying similar businesses within a certain radius can offer insights into successful or lacking services.

Understanding this information enables the development or expansion of OT specialties that could thrive in different demographic locations.

Various studies have emphasized the importance of tailoring OT services to meet the specific needs of particular locations. For example, Merritt et al. (2013) examined private practice in regional and remote areas, while Kobbero et al. (2018) focused on the limited opportunities in rural areas. These studies surveyed different private practices, OTPs, and employers in specific locations, contributing valuable knowledge about the types of OT services required.

The shortage of OTPs is especially prevalent in rural and remote areas. Most OTPs and their employers tend to concentrate their services in urban areas, leading to a scarcity of OT services in rural regions. This dearth of services can have detrimental effects on rural populations, who often experience higher death rates and shorter lifespans

(Kobbero et al., 2018). OTPs are essential in these areas as they offer a range of Medicare-funded services that benefit diverse populations. Without private OT practices in rural areas, access to crucial primary health-care services diminishes, and opportunities for workforce replacement are lost (Merritt et al., 2013).

To address the limited exposure of the profession, many clinicians have turned to social media as a marketing tool. Social media platforms offer a means to raise awareness about OT and promote the skills and abilities of OTPs (Naidoo et al., 2018). Embracing contemporary marketing strategies, such as leveraging social media, becomes vital for OTPs seeking to meet the demand for services in rural and remote areas.

Staffing and Job Satisfaction

In order to understand the demand for OT in private practices, it is also important to consider the policies and staffing needs that affect the quality of care given by OTPs, that play a role in job satisfaction and patient outcomes. A study by Livingstone et al. (2022) focuses on understanding how staffing affects the quality of patient outcomes when treated by physical therapists and OTPs in nursing homes. The results from this study found a positive correlation between certified OT staff and quality of care, with effects being largest in the activities of daily living measures. The implications of these results emphasize how physical therapy and OTPs contribute to the overall quality of care of residents in nursing homes, and are vital to the success of the patients and the business. These are implications that policymakers must consider when making changes to policies that affect health care services.

A study by Prusynski et al. (2021) focuses on examining the effects of the Patient-Driven Payment Model (PDPM), which is a reimbursement policy for skilled nursing

facilities that was implemented in October 2019, by the Centers for Medicare and Medicaid Services. The PDPM disincentivizes provisions for rehabilitation which causes a concern for a decline in therapy staffing, which can then negatively affect patient outcomes. Prusynski et al. found that skilled nursing facilities responded to PDPM by reducing therapy staffing, and saw an average decline of 80 therapy staffing minutes over the average course of patient stay. Therapy staffing, along with the quality of care outcomes, require consistency to ensure staffing reductions do not have negative implications for the patients (Prusynski et al., 2021). Payment is an important factor to the hiring and retention of employees, and this is important to health services such as OT, because patient care can be negatively impacted.

Considering all the positive benefits that OTPs have on patient care it is important to consider why and how OTPs choose their setting. One of the reasons that OT private sector is desirable to employees is because it can provide more job satisfaction due to its flexibility. It has been found that, “the therapist providing direct clinical services may engage in entrepreneurship on a full-time or part-time basis, allowing for flexibility and adjusting for demand” (Anderson & Nelson, 2011, p. 223). Kobbero et al. (2018) studied 123 OTPs and OT employers in the private sector of British Columbia and found that the largest portion of comments were related to greater flexibility (n=23) in the private sector, and “limited opportunities in the public sector” (n=21). There was a shared sentiment of feeling frustrated with public sector OT, as therapists felt “burnout” due to staffing shortages, as well as a “lack of appreciation,” “lack of job satisfaction,” and “lack of career advancement” (Kobbero et al., 2018, p. 62). Another study by Millstead et al. (2017) reflected similar responses, as they interviewed occupational therapist

business owners, and divided their responses to why they started their practice into four categories, two being the need for flexibility, and the desire for autonomy.

The desire for autonomy and flexibility presents many opportunities to offer OT services in various areas of private practice. A study conducted by Bridle and Hawkes (1990) surveyed OT private practitioners and discovered that many chose to open their own businesses due to a desire for increased autonomy, a higher income potential, a lack of job opportunities, a desire for flexibility in the workplace, and wanting to offer specialized services. Within this study, the respondents were asked what were the indicators of success, they listed that good business practices were reliable, consistent, and showed good management, a diverse and repeated referral source to grow the practice, a good reputation, financial viability, personal job satisfaction, and client satisfaction. This study can help to provide a guideline to better understand why OTPs choose to become entrepreneurs and recognizes some key indicators that can determine one's success in private practice.

Occupational Therapy in Entrepreneurship and Private Practice

OTPs have so many opportunities for entrepreneurship because of the fundamental nature of their service: making a match between complex people and complex environments (occupational forms) so that functions and positive adaptation are maximized (Hudgins et al., 2018). OTPs have the capability of opening their own private practice business, as they can be influencers of change, since they offer services that communities need. Strategic and ongoing planning is needed to maintain a successful business, but can be successful with numerous communities and diverse settings (Hudgins et al., 2018).

Entrepreneurship is not often taught to OTPs in school or on the job. OTPs who were interviewed described their learning of business as, “trial and error” (Anderson & Nelson, 2011). Because of the lack of knowledge on how to become an entrepreneur, OTPs face many obstacles to become business owners due to lack of entrepreneurship knowledge, challenges in rural areas, and lack of clients. Despite those obstacles, they are still in the best position to start a private practice since OTPs have a good competitive advantage because they are the best at understanding “what the field is about, where the edge is, and where innovation is possible” (Anderson & Nelson, 2011, p. 222). Millstead et al. (2017) interviewed twenty-six occupational therapist business owners, and found that the majority of responses indicated that the participants utilized skills they learned as an occupational therapist towards the success of their businesses, including “conceptual thinking, decision making and communication skills.” The majority of their businesses did “grow and mature” despite many limited aspirations for growth. One thing that stood in the way for many therapist business owners was a lack of managerial skills (Millstead et al., 2017). One participant was told that he needed to reduce his “warm, fuzzy, therapy thinking, which gets in the way of running a business” (Millstead et al., 2017, p. 117). Professional skills and competence in OT are multifaceted and dynamic processes which should include varied approaches to entrepreneurship based on the diversity of personal attitudes and values.

Another barrier to entrepreneurship in OT is the lack of mentorship opportunities outside of the school setting. It is prevalent that “once one completes an academic program, fewer opportunities exist for participation in mentored experiences,” especially in private practice as the setting for these practices are usually in rural areas, where there

is little access to greater educational opportunities and skills development (Schoen et al., 2021, p. 1). Mentorship is very important for business development in healthcare and has shown to “increase job satisfaction, improve professional confidence, support achievement of professional goals and skills, and increase opportunities for networking within the profession” as well as solidify knowledge and collaboration (Schoen et al., 2021, p. 1). Using private practice OT to reach populations in rural areas is a positive and beneficial service, however research has shown it is difficult to reach these practitioners and expand the profession with such limited resources in entrepreneurship mentorship opportunities in OT.

In the study by Bridle and Hawkes (1990), private practitioners expressed their desire for continuing education and a lack of organizational support through newsletters, special interest groups, and networking opportunities. Many expressed that they faced challenges such as dealing with insurance billing and that it would be beneficial to have professional organizations to help educate and support them as entrepreneurs. It is important to note that many new private practitioners in this study wanted to maintain a professional and competent image as OTPs and they saw that this could be, “achieved through personal presentation, location of office, charging realistic fees, providing excellent service in a defined specialty area and conducting the practice in a businesslike manner” (Bridle & Hawkes, 1990, p. 165).

Continuing professional development is also an important factor in building professional competency as a private practitioner. This can include being able to use self-assessments and an organized and systematic approach to take on a variety of activities that help to update and improve their knowledge and skills through continuing education.

A study by Courtney and Farnworth (2003) found that some common barriers to professional competence from private practitioners include professional isolation, time, and financial issues. Lack of peer support, lack of time to prioritize professional responsibilities, and cost add to limitations as private business owners.

Remaining gaps in evidence

The existing literature on management and business in OT that our team examined suffers from limitations, particularly in the context of American private sector OT. A notable issue is that much of the available literature originates from other countries, creating a gap in research and knowledge specific to the American private practice OT sector. Most of the articles reviewed were from the *Australian OT Journal* and the *Canadian Journal of OT*. Though these findings pertain to their respective countries, it is necessary to widen the scope of research to more countries worldwide. Another gap identified in the current literature is whether business viability correlates with access to healthcare. The main income sources for services in the private practices are the Department of Veteran Affairs (68%), workers compensation (60%), motor vehicle accident insurers (56%), Medicare chronic disease management (56%) and direct payment from patients (52%; Merritt et al., 2013). Clients who require OT services but cannot afford care or access insurance plans face challenges in paying for services. The access to healthcare can significantly impact the viability of the business. Lastly, there are very few accounts from actual OTPs who have opened and sustained a successful private practice. Most of the literature contains general steps in opening a practice, however it lacks first person experiences regarding opportunities and barriers.

Argument about the Clinical Significance of the Evidence

Despite the advantages OTPs have in becoming entrepreneurs in private practice, there are also certain risks and challenges their business ventures face. According to research based on figures reported by The United States Small Business Administration, “approximately one-third of new businesses do not survive 2 [years], with only 44% of business remaining open after 4 [years]” (Anderson & Nelson, 2011, p. 222). The United States Small Business Administration found that business failures resulted from poor planning, lack of expert support, procrastination, poor location, cash flow problems, ineffective marketing, and poor staffing (Anderson & Nelson, 2011). Physicians have also shared concerns about the rising operating cost of running a practice. According to Satiani (2013), “it is estimated that only 36% of physicians will have any ownership interest in their medical practice by the end of 2013, a significant decrease from the 57% in 2000” (p. 46). This raises a clinical concern and indicates the need for more research towards entrepreneurs in private practice.

Based on the existing literature there is strong evidence for the need for OT services, and moderate evidence for the need of OTPs in private sectors. Studies are mixed on the effectiveness of the need for OT private practice. Overall, the literature supports the importance of staffing based on location, flexibility, professional competency as an entrepreneur, and demand for occupational therapist interventions, but does not support policies that may negatively impact patient outcomes and job satisfaction. Many of the findings deliver insight and understanding of the experiences of OTPs who have owned and currently own a business in the private practice sector. Although they have provided data based on their successes and lack thereof, information

may not be transferable. Millstead et al. (2017) they explain that “replication across a larger sample may support further generalizability of these findings. The transferability of the findings is reduced by the minimal detail in describing the characteristics of the sample” (p. 119). Many private practice owners have different experiences, successes, and failures which are based on different factors that they may not be able to control.

Theoretical Framework

OT relies on various theoretical frameworks, providing a guiding foundation for the profession. The OT philosophy emphasizes developing a clear professional identity, unique practice, and explaining the profession's complexities (Hooper & Wood, 2018). As OTPs venture into private practice, maintaining this philosophy is essential to have a distinct identity, educate others about their services, and promote evidence-based healthcare. Additionally, OT plays a role in achieving equitable and accessible healthcare through occupational justice. This research study explores frameworks and philosophies to assist private practitioners in starting their businesses.

The philosophical framework of OT is based on assumptions and beliefs that shape actions and thinking. It encompasses ontology, epistemology, and axiology, which are fluid and mutually influential (Hooper & Wood, 2018, p. 44). OTPs' diverse backgrounds influence their perspectives and knowledge, making them well-suited for expanding into private practice and becoming entrepreneurs. OT philosophies prioritize respect, dignity, empathy, imagination, and the potential for well-being in all individuals (Hooper & Wood, 2018, p. 52). This philosophical foundation is essential for private practitioners when establishing and owning their businesses, using their knowledge and

experiences to serve specific populations. It relates to the Kawa model and occupational justice theoretical frameworks.

The Kawa model is an OT framework developed by Michael Iwama (Pang, 2022). This model uses the metaphor that life is represented by a flowing river with rocks, driftwood, and sidewalls that either obstruct or support the water flow (Pang, 2022). Every part of the river is interconnected and helps to represent the journey of life. As OTPs gain experience and build upon their professional knowledge, they may encounter obstacles when opening their private practice, but it is all a part of the process as they grow as entrepreneurs. The person and the environment can become harmonious as they learn how to overcome obstacles and maintain a clear pathway to success as an entrepreneur by finding the support and resources that they need along the way. The Kawa model relates to this research study by allowing the OTP to reflect on their own personal journey's, challenges, and opportunities, while opening their own business. It is also providing a foundation for us to develop research questions that elicit responses based on their own personal insight on opening up their private practice. As OTPs build their own private practice, they may encounter obstacles and disruption. It is a natural part of the process to continue to build their business, and maintain a clear and steady pathway to success, built upon their experiences, knowledge, and support from others along the way, just as the Kawa model helps to bring to the forefront of their attention.

The occupational justice framework promotes equal opportunities for people to engage in everyday occupations critical to their survival, health, and well-being (Hooper & Wood, 2018, p. 643). Establishing private practices with OT services, especially in rural areas, can bring occupational justice to underserved populations. Many OTPs are

hesitant to open private practices due to a perceived lack of business knowledge, resulting in challenges and trial and error (Anderson & Nelson, 2011). Educating OTPs on starting private practices through mentorship and research can boost their confidence as entrepreneurs. Private practices expand access to OT services for diverse populations and address emerging practice areas, benefiting communities and advancing occupational justice. This research study offers insights from other private practice owners and serves as a valuable resource for therapists seeking to open their own private practices and expand their services.

Methodology

Research Design

The design for this research study is a mixed method descriptive design. An anonymous online survey through the use of Google Forms has been administered via online platforms for OTPs, such as Facebook groups and websites. The Facebook group we used is OT4OT. We have also posted our flyer (appendix B) to the following websites: pedsapalooza.com and wholechildtherapy.net. We chose these platforms because they all contain a large number of active participants and viewers who are OTPs who opened their own practice or who work in private practice, and so may have connections to practitioners who have opened their own practice. The survey is composed of qualitative and quantitative open-ended and closed-ended questions, containing non-identifying demographic information, personal experiences, knowledge, and opinions regarding opening a private practice. We have gathered and sampled participants for this study using the purposive sampling method.

Participants

Participants for this study were included based on specific criteria that makes them eligible to fill out the survey. Participants were required to meet a minimum of two of the following criteria listed:

- U.S. licensed professional in the allied health profession (occupational therapy, physical therapy, speech therapy, etc.)
- Over 18 years of age
- Participant has started a private practice that offers OT services that has been open for at least six months
- Participant's practice has started the process of creating OT private services that have been available for at least a month

Participants must be at least 18 years of age in order to have attended a graduate program and obtained a license within their profession. We identified a gap in literature around OT private practice, so we gathered participants who were mainly practicing in the U.S. All allied health professionals were included because as long as they offer OT services at their private practice, many of these professions often conduct business in the same clinic, and the population of strictly OT private practices is limited. Participants were required to agree to a consent form at the beginning of the survey in order to submit their responses. Participants were also required to use a tablet, laptop, computer or smartphone and WIFI, in order to access and fill out the Google survey.

Exclusion criteria for participation in this study include the following:

- No documentation of formal ownership
- Did not start the business on their own or with a partner, business was

passed down to them or bought it out

- Those who had started a private practice business but did not continue with opening and operating.

Instrument

The survey consisted of 21 questions total: eight quantitative and non-identifying multiple choice demographic questions, two Likert scale questions, and 11 open and close-ended qualitative questions. The open-ended questions allowed the participant to give as much detail as they were comfortable with sharing, and the close-ended questions were only looking for a short answer with a couple words. The researchers originally came up with 30 questions and completed a process of elimination based on the necessity of the question in establishing a business, and by highlighting the lived experiences of the entrepreneurs. Before finalizing the questions, three business owners reviewed the questions for significance and reliability. Before beginning the survey, informed consent was necessary to outline any risks and precautions for participating in the study, as well as the Stanbridge University Institutional Review Board contact information for any questions or concerns about the study. The participants had to respond with the “I agree” option as opposed to the “I disagree” option to proceed with the survey. The eight demographic questions contained information regarding age, sex, years licensed, population of clinic, location of clinic, number of staff members, and years open. The Likert scale questions asked about satisfaction of the participant with their practice, from “very unsatisfied” to “very satisfied,” and how easily they were able to network, utilizing a scale from one to five, one being easy and five being hard. Lastly, the qualitative questions allowed for participants to share their own experiences in opening a private

practice that offers OT services. These questions were chosen based on the need to create a guideline for aspiring practitioners, including how business owners have started and run their successful practices and what they would do differently. These questions contained information about business models, mentorship, finances, obstacles, management, policies, and staffing. The online survey method of data collection was chosen because it was timely, cost effective, and had a significant ability to reach a large number of respondents across the country. The survey took around 30 minutes for the participants to complete.

Procedure

The researchers reached out to certain online platforms such as Facebook groups and websites that cater to OTPs, specifically OT business owners and those who work in private practice. The coordinators of these sites reviewed and approved the recruitment flyer to post on their sites and once the researchers received institutional review board approval, the recruitment flyer was posted to the respective sites and the survey was available for recording responses from September 1, 2023 through September 22, 2023. The flyer that the researchers created contained information regarding the purpose of the study, who can participate, how they can participate, contact information of the researchers for any questions, and a scannable QR code that links to the Google survey. The online survey was the best way for participants to complete the survey on their own time in any location with internet access, since business owners can have busy schedules. The survey took no more than 30 minutes to complete, participants were able to skip any questions that did not apply to them, and only the questions that were answered were analyzed for this study. The participants were able to fill out the survey in more than one

sitting, and it remained open for 21 days. Once the researchers closed the survey, analyzing the results took approximately two weeks. After analyzing the results, the information was used to create a brief guideline for practitioners to be able to access information regarding opening a successful private practice.

Data Collection and Analysis

Since the inclusion and exclusion criteria asks for specific factors from the participants, purposive sampling was the most appropriate form of participant recruitment for data collection in this study. After the survey was administered online to the participants and the data was collected through purposive sampling, the results were analyzed by the researchers for each grouping of questions. The quantitative data was analyzed using descriptive statistics such as percentages and placed into pie charts. The qualitative data was analyzed and coded by the researchers to establish repetitive and common themes and patterns among the data. The researchers created parent and child codes for each question to analyze and group those responses.

Results

A total of 32 responses were gathered through our online survey. From the responses 93.8% identified as female (see Figure 2), with 25% of participants being aged 41-50 and 25% aged 31-40 (see Figure 1). Our participants were located throughout different regions of the world. Out of the 32 responses, we had one respondent located in the United Kingdom (see Figure 3). In the United States of America, 31.3% were from the Midwest states and 21.9% from the West Coast states. The most prevalent population served was the pediatric population, with 20 out of 32 participant responses. Mixed results were shown when participants were asked, “when do you know you wanted to

start your own business after becoming licensed?” Results showed that 34.4% knew one year after being licensed, 31.3% knew 10 years after being licensed, and 15.5% knew after five years of being licensed (see Figure 5). Figure 7 shows a pie chart breakdown of what participants identified as the hardships and the struggles they encountered when first starting their private practice. Finding clients or referrals was a struggle for 34.4% of participants, and staffing was a struggle for 18.8% of participants. The number of staff members varied, with 62.5% having 0-5 employees, 25% having 6-15 employees, and 9.4% having 38 or more employees (see Figure 8). Overall, 17 out of the 32 participants would rate that they are satisfied with their business, while only 3 shared that they are very unsatisfied (see Figure 9).

Ethical Considerations

For our research, we used the ethical considerations as guidelines for this research. The ethical principles accounted for during this research are beneficence, justice, and veracity. According to the AOTA (2105), following the principles of beneficence is to provide the highest possible care for the client, “that are within each practitioner’s level of competence and scope of practice.” When collecting research, we hoped to improve the private practice sector in a way that is safe to those we serve by including information that is evidence-based, industry supported, and relevant so that OTPs can continue to provide the highest quality of care. Justice promotes fairness and objectivity while veracity holds us accountable to remain truthful and honest. The information we gathered aims to improve the private practice sector in a way that guarantees justice and veracity to ensure that those we educate are given accurate and

applicable information. With our research, we have provided a general business guideline for OTPs to support and assist them in venturing as private business owners.

Providing for underserved communities access to healthcare services relates to the AOTA 2025 vision, which sees OT as an inclusive profession that will maximize the health, well-being, and quality of life for everyone (AOTA, n.d.). Underserved communities often face barriers in accessing healthcare services, including OT. By serving these communities, OTPs can help bridge the gap in healthcare access and ensure that everyone has the opportunity to receive the necessary care they need to improve their quality of life. Underserved communities often face greater health disparities, such as chronic conditions, disabilities, and limited access to resources supporting health and well-being. OTPs have a vital role in tackling these disparities through interventions, education, and support to foster health equity and enhance outcomes. OT centers on assisting individuals in meaningful activities and attaining independence in their daily lives. By working in underserved communities, OTPs can empower individuals to surmount challenges, maximize their potential, and fully engage in society. This contributes to improved overall well-being and an enriched quality of life for both individuals and their communities.

Underserved communities encompass diverse populations with distinct cultural, linguistic, and socioeconomic backgrounds. When OTPs serve these communities, they can cultivate cultural competence, gaining deeper insights into clients' needs and values (AOTA, n.d.). This enables them to deliver culturally sensitive and suitable care, fostering trust, improving communication, and yielding more effective therapeutic results. Serving as an OTP in underserved communities entails advocating for social justice and equitable

access to healthcare services. OTPs collaborate with community organizations, policymakers, and fellow healthcare professionals to address systemic barriers, advocate for policy changes, and safeguard the rights and well-being of individuals in underserved communities. Overall, serving underserved communities as an OTP is vital for promoting health equity, combating health disparities, and ensuring that all individuals, regardless of their circumstances, have equal opportunities to lead meaningful and fulfilling lives.

Implications for OT

Entrepreneurship in OT can bring many benefits on a personal, professional, and community level. It has been found that, “with an ever-increasing number of people who have disabilities or who are at risk for disabilities, the demand for relevant expertise is high” (Anderson & Nelson, 2011, p. 222). On a personal level, OT entrepreneurs can see an increase in autonomy, because they can become their own boss and make their own decisions. An increase in flexibility and working hours, as well as a higher income potential is another benefit in becoming an entrepreneur. By increasing OT services, a wider population will be met and served, which is needed due to the demand for services. This ultimately leads back to the AOTA 2025 Vision, which states that, “occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective interventions that facilitate participation in everyday living.” (AOTA, n.d.).

Discussion

The purpose of this research study was to understand the essential steps and real-life experiences involved in establishing a private OT practice. Given the lack of existing research into this area, we aimed to gather and analyze this data through a Google survey

in order to aid aspiring practitioners in learning how to open their own private practice. The open-ended survey responses collected many overlapping themes and experiences.

The first question we asked was, “what was your main reason for starting your own private practice?” and seven main themes were found including flexibility, autonomy, financial opportunity, dissatisfaction, specialty practice, fulfill a public need, and provide better care. The top theme was autonomy with 10 child codes present as respondents claimed they wanted to “be my own boss,” “practice OT the way I wanted,” and “make my own decisions.” This could be linked to the high level of respondents claiming dissatisfaction with the current business of health care stating, “I was fed up with corporate practices and limitations,” and wanting to “be able to serve people better without all the politics of statutory services” and “escaping the systemic abuse of therapists by employers.” The second 2 most used themes “were specialty practice” and “fulfill a public need” with nine child codes present. Those who fell under specialty practice stated that they were offering a “unique service not already being provided in my area” and they saw a “unique niche opportunity” and went for it. Those who fell under fulfilling a public need “felt a need to fulfill a gap in services,” saw a “lack of services in my area” and felt a “need for continuation of care in rural areas of practice.” This data showed that majority of participants were opening private practices to have autonomy over their lives and their jobs, as well as they were looking externally into the community to fulfill a need that was lacking, or to specialize in a unique setting that was also lacking.

When asked “what was your business model in creating your private practice?” and the eight main themes were having no business model, fee for service, community outpatient, holistic, learn as you go, corporation, Limited Liability Company and staffing.

The most common theme was community outpatient with nine child codes including “community-based,” “community mobile outpatient in client homes,” and “outpatient neurology and wellness.” This theme reiterates that many respondents started their practices because they felt the need to fill a gap in service in their community and offered a unique specialty to that community. The second most common theme we discovered were “having no business model” with six child codes including “I’m not really sure I had one,” “no business model,” “see clients, get paid,” and “going for it and hoping for the best.”

When survey respondents were asked “how did you structure your management team and what policies were implemented initially?” five main themes were found which included standards, policies, staffing, management, and responsibilities. The most common theme was staffing with 12 child codes that included “hired members of the team based on need of the company,” “find team members who truly care,” and four respondents who run the private practice on their own without other staff members. In terms of the theme of policies, 10 child codes were found which included, “patient cancellation and attendance policies,” “policies were established and improved in response to needs,” and having, “standard policies of HIPAA, telehealth/virtual services, cancellation policies, social media policies, etc.”

Another question asked was, “in hindsight, what do you think was the biggest obstacle when first starting your private practice and how did you overcome it?” The common themes were funding, insurance, finding clients, and self-doubt. When it came to funding, respondents shared that it was a challenge “financially having to give my business a loan” and “waiting until funding came through.” When it came to insurance,

“contracting with insurance and credentialing,” “learning how to submit claims,” and “understanding credentialing and billing” were the biggest obstacles when first starting their private practice. Finding clients was another major theme, with respondents expressing that “it took a lot of time to network with various people” and “finding referrals” was a main struggle. Through it all, self-doubt was another major theme and was one of the biggest obstacles to overcome when first starting. Many respondents shared that “my own confidence,” “thinking I couldn’t do it,” and “not knowing how to start or if to start” were reoccurring burdensome thoughts.

When asked about the most important personal qualities or characteristics necessary for starting your own private practice, several key themes emerged from the responses. Dedication and motivation were frequently mentioned as crucial, with some respondents emphasizing “dedication, motivation” as a combined quality. Drive and passion were also seen as essential, reflecting the need for a strong sense of purpose and enthusiasm in this endeavor. Perseverance, resilience, and determination were repeatedly highlighted, illustrating the necessity of facing and overcoming challenges. The concept of discipline was multifaceted, encompassing both personal discipline and objective tenacity, which involves maintaining a clear vision and starting small with a focus on quality outcomes to grow over time. Skills and competence were emphasized by the survey respondents, with a consensus that one must excel in their field. Flexibility was also seen as key theme, as OTPs must be willing to adapt and learn. Visionary individuals who are brave enough to pursue what others may consider impossible were acknowledged by the responses. Organization and the ability to create diverse professional teams were seen as practical skills. Self-belief, fortitude, and a strong belief

in one's mission were noted as sources of resilience. Decision-making was emphasized, with a need to think outside the box and find innovative solutions. Passion for patients and a desire to continually learn and collaborate with other business owners were considered important. Lastly, attention to detail and validation of people's lived experiences were identified as qualities that contribute to the success of a private practice.

The final question asked on our survey is “with the knowledge that you have now, what would you have changed about your business when first starting?” The major theme found was being more business savvy, which had a total of seven child codes. Respondents shared that they would have “hired a marketing team from the get-go,” “would have learned about marketing and sales processes much sooner,” “taken a business course,” and “hired a business consultant from the beginning” to help them jumpstart their business. Seeking guidance was another a major theme, with many sharing that they would “get feedback around content and delivery,” “start planning earlier,” “seek guidance from other business owners early on to avoid mistakes,” and “reached out to more OTs, speech language pathologists, and physical therapists in the community.” Other major themes found were finding the correct location, and having marketing and sales experience.

Limitations and Future Research

This study was not without limitations. The first limitation is that our survey questions involved multiple sectors of business, so we received broad data on many different topics. This limited us from getting specific data on individual topic areas unless expanded upon by the participant. The small sample size gathered from the survey may also not be representative of all OT private practices due to limited access to the target

population. Another limitation of this study is that this was a pilot study. Hence, we could not disseminate and study the reliability and benefit of our ed guideline based on the survey results to aspiring private practitioners. Lastly, the qualitative analyses of this study could have been affected by researcher bias during analysis and interpretation of responses necessary during coding. Future research should focus on one topic of business and research the factors to success in research the factors to success in this individual area to obtain more detailed data. Future researchers should also test the benefit of disseminating such a guideline to aspiring private practitioners to measure the usefulness of this research tool.

Conclusion

Our research presents the social significance of OT when it comes to the business establishment of location, awareness of the profession, satisfaction of employees and patients, and entrepreneurial skills. OT offers valued services that are not being utilized to its full potential due to the lack of private practice sectors in rural and remote areas. Entrepreneurship in OT also brings benefits such as increased autonomy, flexibility, higher income potential, providing specialized services, and a way to expand limited job opportunities. There is a discrepancy in research between the US and other countries, as most studies cover research based in countries like Australia and Canada. After reviewing these common themes and gaps, we identified the need for and growth of OT services in private practice sectors in rural communities and as a specialty niche to fill a gap in service in different communities.

The purpose of exploring entrepreneurship in occupational therapy to support OT services in the private sector and to create a brief guideline based on the collection of

experiences from current private practices that offer OT services. This can help to further expand the theoretical framework of occupational justice by expanding OT services in rural and underserved communities. We found many common themes among respondent data that highlight common problems and areas for improvement in the private practice sector of occupational therapy. Many respondents felt that they could have improved in their business development by hiring professionals, taking classes, or creating business models. Many respondents also seemed to not have a plan when opening their business and lacked support and mentorship from other professionals. Our research data not only shows common issues in opening a private practice, but an overall lack of knowledge and preparedness for business development in the field of occupational therapy. Currently, there is still a need for more resources for aspiring OT entrepreneurs to become private business owners, to provide access to OT services in their communities, and expand the scope of the profession. With our data, we created a guideline (see Appendix E) based on the professional opinions and lived experiences of the private practitioners that we surveyed. We have identified and analyzed the success and barriers that may occur when starting a private practice. There are many risks and rewards when becoming an entrepreneur and we have discovered some supporting steps necessary for opening an OT private practice.

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Appendix A

Figures

Figure 1

Age range of participants as percentages

How old are you?
32 responses

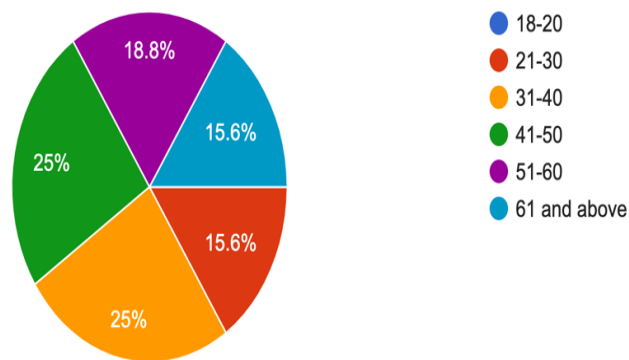


Figure 2

Gender of participants as percentages

What gender do you identify as?
32 responses

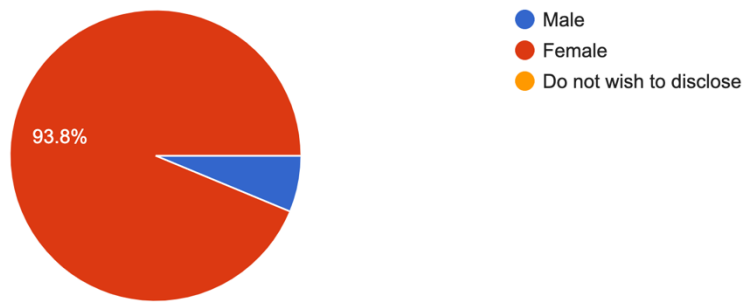


Figure 3

States that participants' private practices are located in

Which state is your private practice located in?
32 responses

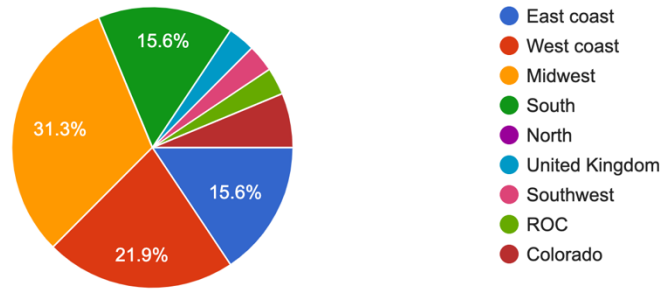


Figure 4

Population that participants' private practices serve

Which population does your private practice primarily serve?

32 responses

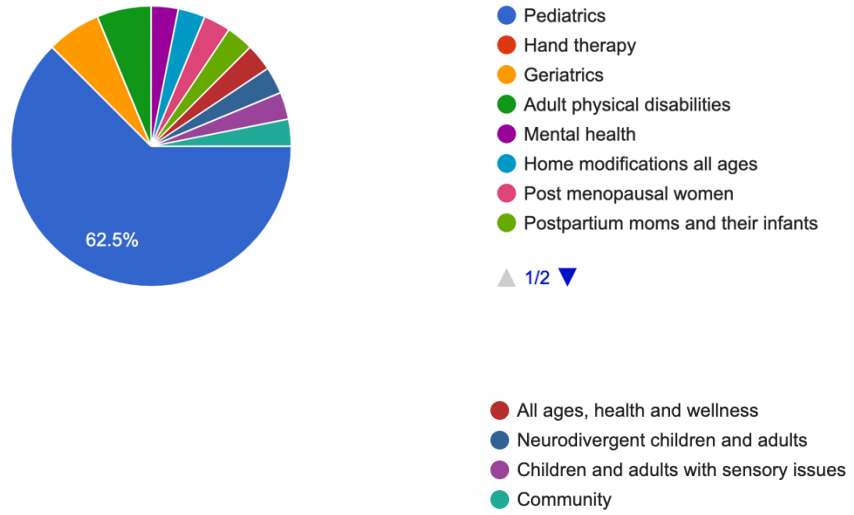


Figure 5

Participants' knowledge of wanting to start a private practice

When did you know you wanted to start your own business after becoming licensed?

32 responses

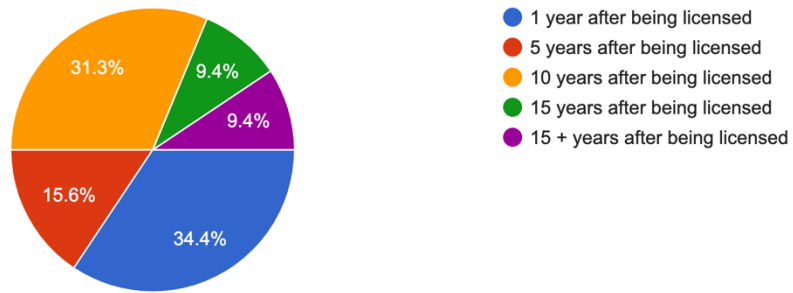


Figure 6

Years that participants' private practices have been open

How many years has your private practice been open?

32 responses

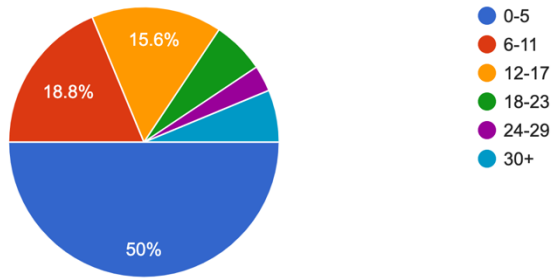


Figure 7

Struggles that participants ran into when first starting their private practices

What struggles did you run into when first starting your private practice?

32 responses

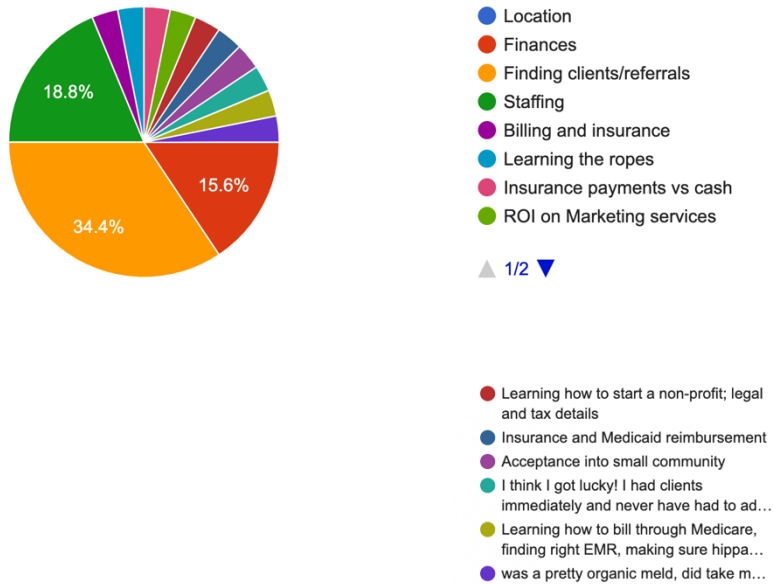


Figure 8

Staffing of participants' private practices

How many staff members are part of your clinic (not including yourself)? Including all other disciplines (speech, physical therapy, exc.)?
32 responses

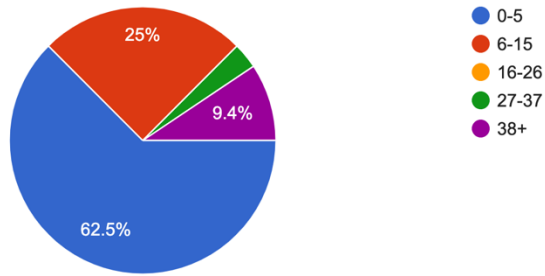


Figure 9

Participant satisfaction with current private practice

How satisfied are you with the overall success of your business?

32 responses

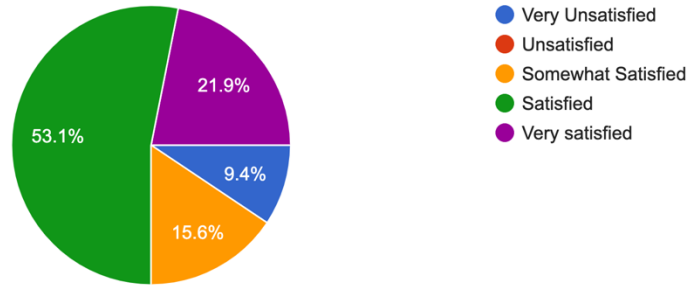
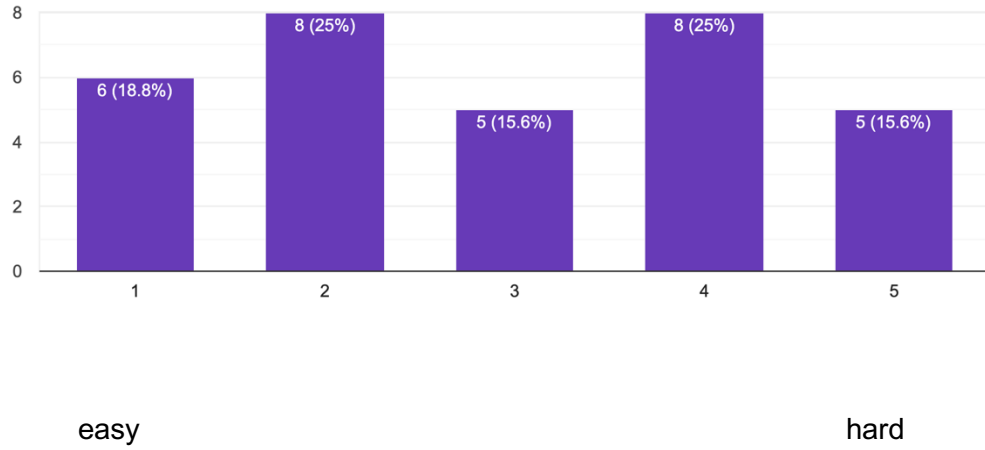


Figure 10

Scale of 1-5 how easy-hard it was to find support when participants started their private practice

How easy was it for you to network and find support while starting your own practice?
32 responses



Appendix B**Survey Questions**

1. How old are you?
 - a. 18-20
 - b. 21-30
 - c. 31-40
 - d. 41-50
 - e. 51-60
 - f. 61 and above

2. What gender do you identify as?
 - a. Male
 - b. Female
 - c. Other: state _____
 - d. Do not wish to disclose

3. Which state is your private practice located in?
 - a. East coast
 - b. West coast
 - c. Midwest
 - d. South
 - e. North

4. Which population does your private practice primarily serve?
 - a. Pediatrics
 - b. Hand therapy

- c. Geriatrics
 - d. Adult physical disabilities
 - e. Mental health
 - f. Other: _____
5. When did you know you wanted to start your own business after becoming licensed?
- a. 1 year after being licensed
 - b. 5 years after being licensed
 - c. 10 years after being licensed
 - d. 15 years after being licensed
 - e. 15 + years after being licensed
6. How many years has your private practice been open?
- a. 0-5
 - b. 6-11
 - c. 12-17
 - d. 18-23
 - e. 24-29
 - f. 30+
7. How many staff members are part of your clinic (not including yourself)?
Including all other disciplines (speech, physical therapy, exc.)?
- a. 0-5
 - b. 6-15
 - c. 16-26

- d. 27-37
 - e. 38+
8. What was your main reason for starting your own private practice?
 9. What do you think is the most important personal quality/characteristic to have when starting your own private practice?
 10. How easy was it for you to network and find support while starting your own practice?
 - a. Likert scale
 11. What was your business model in creating your private practice?
 12. Did you seek advice/mentorship/ partnership from others who had a private practice before starting your own? If yes, from who?
 13. Was there an initial financial investment when starting a private practice, if so, how much?
 14. What struggles did you run into when first starting your private practice?
 - a. Location
 - b. Finances
 - c. Finding clients/ referrals
 - d. Staffing
 - e. Other: _____
 15. In hindsight, what do you think was the biggest obstacle when first starting your private practice and how did you overcome it?
 16. With the knowledge that you have now, what would you have changed about your business when you were first starting?

17. How did you determine that you needed a management team?
18. How did you structure your management team and what policies were implemented initially?
19. How did you determine the staffing and client ratio?
20. How did you sustain your company to where you are now? (finances, increased referrals, partnerships with community, etc.)
21. How satisfied are you with the overall success of your business?
 - a. Very Unsatisfied
 - b. Unsatisfied
 - c. Somewhat Satisfied
 - d. Satisfied
 - e. Very satisfied

Appendix C

Recruitment Material

Participants Needed

We are Master's of Occupational Therapy Graduate Students at Stanbridge University.
We will be conducting a research study to learn the necessary steps about starting a private practice.

Who is eligible?

- Must meet **two** of the following criteria:
- a. U.S. licensed professional in the allied health profession (occupational therapy, physical therapy, speech therapy, etc.)
 - b. Over 18 years of age
 - c. Started a private practice that offers OT services for at least 6 months
 - d. Started the process of OT private services that have been available for at least a month

How to participate?

This will be an online survey via Google Forms.
 This will take approximately 30 minutes to complete.

Cost and Compensation?

There is no monetary cost to participate in our online survey. Participants will not be compensated when they participate in our online survey

***This survey is anonymous and voluntary.**

***This survey will remain from September 1- September 18, 2023**

Questions?

Contact Principal Investigator:
 Naomi Achondo
 Email: nachondo@stanbridge.edu

Contact Student Investigators:
 Anthony Abando
 Email: anthony.abando@my.stanbridge.edu
 Vicki Huynh
 Email: vicki.huynh@my.stanbridge.edu
 Makenna Maucher
 Email: makenna.maucher@my.stanbridge.edu
 Mikka Tupasi
 Email: mikka-angela.tupasi@my.stanbridge.edu

Scan QR code to take the survey



This study has been reviewed by Stanbridge University's IRB. If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call the IRB Office at 949-794-9090 or via email at irb@stanbridge.edu. You may also contact our institutional officer-in-charge: Stanbridge University VP of Instruction/Independent Contact at VP.instruction@stanbridge.edu

Appendix D

Consent Form

Title of Study: Exploring Entrepreneurship in Occupational Therapy Private Practice

CONTACT INFORMATION

Please feel free to contact any of the student investigators or their principal investigator if you have any questions or concerns:

Principal Investigator: Naomi Achondo

Email: nachondo@stanbridge.edu

Student Investigators:

Emails:

Anthony Abando

anthony.abando@my.stanbridge.edu

Vicki Huynh

vicki.huynh@my.stanbridge.edu

Makenna Maucher

makenna.maucher@my.stanbridge.edu

Mikka Tupasi

mikka-angela.tupasi@my.stanbridge.edu

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call the IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

DESCRIPTION

Stanbridge University's Master of Occupational Therapy Graduate students are conducting a research study to learn about the necessary action steps and lived experiences in starting a private practice in occupational therapy. Voluntary participation in completing in an online survey will help determine information needed in the creation of business guideline that would help future OT entrepreneurs based on the responses you will provide as a private practitioner and entrepreneur.

TIME INVOLVEMENT AND DURATION OF PARTICIPATION

This survey will take approximately 30 minutes to complete.

RISKS AND BENEFITS

The participants will remain anonymous and there are no foreseeable risks in participation. The rationale for potential risks to the participants is the dissemination of the information gathered and to further the research in OT private practices. The data collected will help individuals better understand the process in opening up their own private practice.

PARTICIPANT'S RIGHTS

Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer questions that may make you feel uncomfortable, without penalty. Your identity will be kept confidential.

COMPENSATION FOR PARTICIPATION

Participants will not be compensated when they participate in our online survey.

PRIVACY/CONFIDENTIALITY/DATA SECURITY

The survey is being conducted through Google Forms and has its own privacy and security policies. We anticipate that your participation in this survey presents no greater risk than everyday use of the internet. For this study, we will de-identify data with identifiers, and keep identifying information separate from the research data. The signed consent forms will be kept separate from the survey data and the two will not be connected. Data may exist on backups and server logs beyond the timeframe of this research study but we cannot guarantee against hackers

STATEMENT OF CONSENT

1. I have read the above information and have received answers to any questions I may have asked.
2. I am at least 18 years or older.
3. My participation is voluntary.
4. I may withdraw from this study at any point.
5. I consent to take part in the study.

Printed Name of Participant

Signature of Participant

Date

Include the researcher's signature if the project requires informed consent

Printed Name of Researcher Obtaining Consent

Signature

Date

Appendix E

Guideline

A Guideline For Starting Your Own Private Practice In Occupational Therapy

A collection of experiences from current occupational therapy private practice owners

Researched by: Anthony Abando, Vicki Huynh, Makenna Maucher, and Mikka Tupasi
 Thesis advisor: Naomi Achondo, OTD, OTR/L, SWC

Create A Budget



- Analyzing your budget early will help with revenue and expenses.
- By staying within your budget, you can expect to spend less and earn more.

Establish your Business Model



- Fee for Service
- Community Outpatient
- Holistic
- Corporation
- Non-Profit

Projects

- Find your Niche** Starting your own private practice can give you the freedom of pursuing your passion while providing a service that is not offered in your community. Finding a unique niche with a holistic approach can set you apart from larger network hospitals.
- Network and Build Referrals** Networking and building rapport with other providers can help with referrals and finding clients. Working collaboratively with other healthcare providers can establish a network of referrals.
- Find a Mentor** Having a mentor is a great way to have guidance from one who has an established private practice. Mentorship can lead to support in achieving your professional goals, as well as avoiding mistakes early on.
- Personality Traits** When opening and running a successful private practice it is important to have certain characteristics. Some of these include flexibility, organization, resilience, motivation, and passion.



Notes

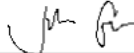
Starting a private practice in occupational therapy can be a challenging yet rewarding venture. By creating a budget, establishing a business model, and finding your niche, you can stand out and attract clients who are seeking personalized care. Seeking out a supportive mentor is important to business development, with increased opportunities for networking. The set of guidelines listed are advice from occupational therapy private practice owners who deem these steps are necessary in establishing a successful business.

Appendix F

IRB Approval

Dear Dr. Naomi Achondo and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Exploring Entrepreneurship in Occupational Therapy Private Practice." Your application (#02MSOT012) is approved and categorized as Exempt.

IRB Application Number	#02MSOT012
Date	08/28/2023
Level of Review	Exempt
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (08/28/2023)
Signature of IRB Chair	

Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

Sincerely,
 Julie Grace, M.S., M.A.
 IRB Chair