

OCCUPATIONAL JUSTICE IN PEDIATRIC PRACTICES:
EXPLORING THE PEDIATRIC OCCUPATIONAL THERAPIST ROLE IN
INTEGRATING THE OCCUPATIONAL JUSTICE FRAMEWORK

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

Kaylin Kelly, Dalia Makhoul, Alexandria Merrick, Harry Phan

Thesis advisor: Rebecca Wang, OTR/L, OTD, CHT, CLT

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Certification of Approval

I certify that I have read *Occupational Justice in Pediatric Practices: Exploring the Pediatric Occupational Therapist Role in Integrating the Occupational Justice Framework* by Kaylin Kelly, Dalia Makhoulf, Alexandria Merrick and Harry Phan 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.

Rebecca Wang

Rebecca Wang, OTR/L, OTD, CHT, CLT
Instructor of Occupational Therapy

ACCEPTED

Myka Persson, OTD, OTR/L

Program Director Master of Science in Occupational Therapy

Dedication

This thesis project is dedicated to our families, friends, and professors at Stanbridge University.

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Abstract

Introduction: Occupational justice is an important concept to the field of occupational therapy to ensure all clients gain access to services while engaging in meaningful and diverse occupations. *Purpose:* The purpose of this study was to get insight on current practices of pediatric occupational therapists to see how they are incorporating the occupational justice framework into their daily practice. *Methodology:* A survey posted on the AOTA board targeting pediatric occupational therapists with open ended questions and Likert scale questions was sent via convenience and snowball sampling. *Results:* Thirteen pediatric occupational therapists responded to this survey and emerging themes were coded on how concepts of the framework were implemented into their practices. Common themes included incorporating caregivers into the occupational therapy process to create a client centered practices well as, utilizing community resources and encouraging clients to integrate into the community. Likert scale questions showed many occupational therapists believe the framework is important to practice, however they were neutral on seeking continuing education programs to further knowledge on the concepts. *Conclusion:* This study showed there is awareness of the concepts within the framework and incorporation of concepts into daily practice. Practitioners also emphasized the importance of a client-centered practice through involving the families and child in the occupational therapy process. Future research should focus on barriers that occupational therapists face in expanding knowledge on concepts of the occupational justice framework and policies affecting the field.

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Occupational Justice in Pediatric Practices: Exploring the Pediatric Occupational Therapist Role in Integrating the Occupational Justice Framework

Occupational justice is a concept that is important to the field of occupational therapy, yet it is a concept that is often not fully understood and often overlooked. Within the field of occupational therapy there are many barriers that can impede our client's ability to participate in meaningful occupations. It is our duty as health care practitioners to help bridge these gaps and provide resources to our clients to allow them to access occupations and services. Occupational justice is defined as an individual's right to meet their basic needs while engaging in diverse and meaningful occupations to reach their fullest potential (Townsend & Wilcock, 2004). Within the occupational justice frame of reference there are four cases of occupational injustice that can occur. These are occupational marginalization, deprivation, alienation and imbalance. These cases of occupational injustice can make it even more challenging for clients to participate in their chosen occupations. Social determinants of health, such as economic stability and health care can be further be barriers in navigating the health care system.

Social determinants of health can lead to gaps in care which impact children's abilities to fully participate in occupations. This further creates barriers for children to receive the services they need. For example, in a systematic review conducted on children with autism, children of families from low income were diagnosed later than those children of families from high income (Smith et al., 2020). Factors such as these impede a family's ability to receive early diagnosis and get proper services. This can negatively impact a child's ability to participate in desired occupations. There is a need for pediatric occupational therapists (OTs) to advocate for their clients to participate in

meaningful occupations that will improve overall health and well-being. A study conducted by Dhillon et al. (2010) identified six main themes OTs used to explain the meaning of advocacy which were personal fulfillment, power and influence, engaging in occupation, client-centered practice, human rights and basic needs, and quality of life. This study highlighted reasons that OTs advocate, however there is limited research on best practiced evidence on how to advocate.

Statement of Problem

The purpose of this study is to investigate current themes on how pediatric OTs are integrating the occupational justice framework concepts into their daily practices. Outcomes from this study will help us gain a better understanding on methods pediatric OTs use to advocate and their experiences with the occupational justice framework. In this study we will aim to investigate current practices of pediatric OTs through a survey to uncover themes on pediatric OT's utilization of the occupational justice framework and to find gaps in knowledge that may be hindering practitioners from using the framework.

Statement of Purpose, Hypothesis and Research Question

The purpose of this study is to investigate current themes on how pediatric OTs are integrating the occupational justice framework concepts into their daily practices. We also want to explore pediatric OT's understanding of the framework and their feelings towards the use of advocacy as part of their practice. We will investigate how pediatric OTs use the concepts of occupational deprivation, marginalization, imbalance and alienation within their practice. The research question we aim to answer is: how are pediatric OTs incorporating the occupational justice framework to facilitate participation

in occupations for their clients? In this study we hypothesize that we will find emerging themes on how pediatric OTs advocate for client access to occupations including advocating at individual, group, and community levels. We hypothesize that practitioners understand the occupational justice framework yet may not use it as frequently in their practices. The population of interest is pediatric OTs and we will use a survey as our intervention. The perceived outcomes from this study are emerging themes on how pediatric OTs currently advocate for their clients in their practice and how they apply concepts from the occupational justice framework into current practices.

Literature Review

Occupational justice is an individual's right to meet their basic needs while engaging in diverse and meaningful occupations to reach their fullest potential (Townsend & Wilcock, 2004). The Framework of Occupational Justice looks at how individual and societal factors contribute to an individual's ability to gain access to and participate in occupations. Outcomes of occupational injustice include, occupational marginalization, occupational deprivation, occupational alienation, and occupational imbalance. Occupations are determinants of health, well-being, and justice. Occupational therapy is client-centered, making it important to advocate for people to gain access to occupations that better their overall health and well-being. The development of occupational justice emerged during the time frame following WWI and WWII, when people helped returning injured soldiers to engage in meaningful occupations in order to reintegrate into society. Since then, occupational therapy has shifted to fit in with the medical model. It is important to understand how occupational justice fits within the current scope of the OT's practice and examine ways to best advocate.

Social Significance

Advocacy in occupational therapy is important in the pediatric setting because of disparities in the healthcare system that lead to limited access to services for certain populations. Health and wellbeing are being impacted by social determinants of health (SDH) such as poverty, education, race, income and neighborhoods. This is evident in a study conducted on the effect of community poverty levels and first-time pediatric appointments for youth with polyarticular juvenile idiopathic arthritis. Children in neighborhoods with less than 20% poverty levels were 19% less likely to be seen by a rheumatologist (Balmuri et al., 2021). In a similar study, socioeconomic variables were significantly associated with inadequate access to care coordinated services (Pankewicz et al., 2020). These studies highlight how SDH can lead to disparities in access to care and therefore impact services and occupations.

Prominent SDH impacts unstable housing populations in the U.S, encountered in the occupational therapy practice. In another study conducted by Rolfe et al. (2020), individuals experiencing homelessness were deprived of social resources which impacted their occupational performance and ability to manage their health conditions.

Demographic data presented in this study on SDH connected to health, poverty, and housing instability while addressing the role of occupational therapy in these practice settings.

In addition, there is very little formal training on advocacy in education settings such as master's programs and continuing education programs. OTs are taught to value advocacy in educational programs; however, they are not taught how to advocate. Many OTs believe they are not receiving the necessary skills and knowledge in formal

education in order to implement advocacy (Dhillon et al., 2010). Further research needs to be implemented on advocacy within the field of occupational therapy. If research can link barriers to occupations and determine how OTs can best advocate for clients, outcomes can be improved.

Social Determinants of Health and Impact on Access

Evidence demonstrates that SDH are large barriers to accessing occupations, specifically, income and poverty level. Several studies addressed poverty and income levels with regard to occupational justice. A study done by Ambabila et al. (2020) in the North West Region of Cameroon consisted of 443 participants in four health facilities. Findings showed that the majority of these individuals lived in poverty with a high unemployment rate which led to health inequalities and health disparities. This study discovered that participants had difficulties going to health facilities and paying their hospital bills.

Focusing more on a pediatric population, in a study conducted on children and youth with special health care needs (CYSHCN), researchers examined the socioeconomic factors related to reports of receiving adequate care coordination (CC) services (Pankewicz et al., 2020). Families were less likely to report receiving adequate CC due to issues related to cost (Pankewicz et al., 2020). Results of this study supports the evidence that those already facing a disproportionate socioeconomic burden are at a further disadvantage by their reduced access to adequate CC among CYSHCN.

Lastly, a systematic review conducted among children with autism spectrum disorder (ASD), examined the socioeconomic disparities in ASD services and care. Results showed that children of high-income families were diagnosed earlier than those

of low-income families (Smith et al., 2020). Late diagnosis of ASD can have serious consequences, such as reduced access to appropriate services, resulting in few opportunities for optimal outcomes.

Although the majority of these studies on SDH had different populations of interest, there is a clear correlation of limited access to care due to income and poverty levels. OTs work with all populations of interests in the identified studies. If these groups are experiencing difficulties and delays within care, this can further impact their ability to gain access to occupational services later on.

Advocacy in Occupational Therapy

When it comes to the term “advocacy” in occupational therapy, the meaning behind it can be inconsistent and poorly understood. There is a need to determine how OTs engage in advocacy and toward what ends they do so. In the study conducted by Dhillon et al. (2010), experiences of the clinicians' reasoning behind advocacy were explored. In-depth interviews were conducted asking the OTs to define advocacy, share personal stories, and to share why they provided advocacy services. This study identified a total of 6 themes that explain the meaning of advocacy, which were personal fulfillment; power and influence; engaging in occupation; client-centered practice; human rights and basic needs; and quality of life (Dhillon et al., 2010). The findings highlight that the participants advocated for both themselves and the client. The participants viewed advocacy as a core part of occupational therapy and learned most of these skills in the field.

In another study conducted by Deirdre et al. (2021), experiences of the decision-making process with children, parents, and OTs were investigated. The researchers in this

study argued that pediatric practice in occupational therapy is more child friendly, rather than client centered, which limits autonomy. This article emphasized that children should have the right to make their own decisions based on their age and maturity. Additionally, the importance of participation in decision-making, as an essential part of client-centered practice in occupational therapy. The findings of this study concluded that goal setting is determined by difficulty of service delivery issues. The parents felt that it was necessary to fight for services to meet the needs of their children. The OTs felt that the limited services impacted the development of rapport with their clients. Advocacy for occupational therapy is crucial because if service delivery is impacted, then outcomes for the child are diminished.

Whiteford et al. (2020) conducted research on OTs working in a mental health setting and their actions, thoughts and feelings were captured through reflective accounts. This study aimed to show lived experiences of OTs promoting occupational justice and preventing occupational deprivation. Six themes were found in this study:

1. Strategies in and rewards of implementing occupational-centered practice.
2. Deepening understanding of occupations.
3. Challenges of occupation-centered practicum reconnecting with occupational therapy purpose and philosophy.
4. Transforming professional identity.
5. Communicating the domain and experiences.
6. Learning through practice-based enquiry process.

These themes are representative of how being occupation-centered can be transformative and help enact change through occupational justice while combating occupational deprivation (Whiteford et al., 2020).

Although there is little evidence on how OTs are advocating in the field, an article by Stover (2016) gave suggestions for advocacy and how occupational therapy practitioners should advocate for their clients. First, practitioners need to recognize their own responsibility to advocate for clients and research how laws define eligibility, needs and other factors. Once an OT can understand these laws and regulations, they can translate them into effective client education and advocacy. In addition, OTs should be aware of how legislation affects the cause they are advocating for. They can write letters to legislators and policy makers including best practiced evidence to advocate for their cause. If occupational therapy is included in legislation and regulation it allows for stronger support for client advocacy efforts while creating more opportunities to utilize services (Stover, 2016).

The Role of Pediatric Occupational Therapists

In the practice area of pediatric occupational therapy, OTs work to facilitate participation in meaningful activities that are important to family, school and the community (Kreider et al., 2014). Kreider et al. (2014) looked into occupational therapy interventions in children and youth, intervention procedure, intervention approach, and measures used were coded and investigated. This review found that pediatric OTs used various intervention approaches including neuromotor, sensory, acquisition, developmental, biomechanical, cognitive-psychosocial, and visual perceptual. They used each of these intervention approaches in different scenarios based

on client's needs. Measures used included capturing subjective experiences, meaning and self-determination (Kreider et al., 2014). This study highlighted the unique role of OTs in facilitating cognitive functioning to enhance occupational performance, participation, self-efficacy, satisfaction and quality of life.

Pediatric OTs also have an essential role in school-based settings. In a study conducted by (Bolton & Plattner, 2020), the researchers were interested in understanding the roles of OTs and teachers in a school-based setting. They conducted interviews and distributed surveys that were given to OTs as well as the teachers. When teachers were asked about the role of the OTs, only 56% reported that they had an understanding of what occupational therapy services can provide (Bolton & Plattner, 2020, p. 5). There were 44% of teachers that "kind of" understood the OTs' roles. This study also reported that the majority of the teachers value the OTs' role in school. However, only 68% of OTs felt that the teachers valued their services (Bolton & Plattner, 2020, p. 5). This study brought up concerns about school-based services and how OTs feel that they bring valuable input into the classroom, but are not as involved as they would like to be. It is important for OTs to increase their collaboration with other school-based professionals and advocate for expansion of their own roles and service delivery changes.

Ultimately, there seems to be a lack of the use of play in current practice for pediatric OTs. In a study conducted by Kuhaneck et al. (2013), a survey was sent to pediatric OTs to gain insight on the use of play in their practice. Play is one of the most important and dominant occupations of children, however this study revealed that only 38% of OTs assessed play in their practice (Kuhaneck et al., 2013, p. 218). In addition, only 48% of participants reported including play goals in 1-20% of their caseload and

20% of participants responded that they did not use play goals with any of their caseload. Occupational justice is defined as an action of promoting change to increase equitable opportunities (Hammell, 2017). However, this study highlights there is a lack of occupational opportunities of play in occupational therapy services, which is essential to a child's development.

Gaps in Knowledge

Based on the research studies that were included in this review, there are gaps in knowledge that need to be addressed. Most of the studies did not take place in the United States and focused on various populations in different countries. More research needs to be conducted in the United States so that a comparison can be made amongst populations here. The studies about advocacy consisted of small sample sizes. Small sample sizes can cause difficulty in determining if an outcome can be generalized to an entire population. As well, many of the studies utilized snowball sampling when collecting their sample. This creates limitations for researchers including having little control in participants, unguaranteed sample representation, and sampling bias. In addition, the majority of the studies did not clearly say if they reached redundancy, so there is no knowledge of preventative measures taken to fully validate their study. Lastly, the studies had limited solutions for advocacy. Specifically, within the pediatric population there is even less knowledge on how to advocate in the field. Advocacy is an important part of research because it provides policymakers with information to make decisions or changes. Further research should emphasize best practice advocacy policies and how OTs are currently advocating in their fields of practice.

Clinical Significance

The gaps in research show there is more awareness that needs to be drawn to how children are gaining access to occupational therapy services, and those of low socioeconomic status received poor quality of care (Balmuri et al., 2021). When children or parents face barriers such as low income, it can hinder their ability to receive occupational therapy services. This impacts their quality of service, access to occupations and outcomes. OTs need to address occupational injustices, especially for populations who need it the most. The Pankewicz et al. (2020) study showed that coordinated care plays a critical role in supporting families of the CYSHCN who have limited resources. There were a number of socioeconomic factors that were significantly associated with inadequate access to CC services. In the polyarticular juvenile idiopathic arthritis study, evidence was found that community poverty is related to delays in time to receive care. This information supports why it is important for OTs to speak up for families who face disadvantageous situations. In practice, we want to achieve optimal health and functional independence for our clients. The Dhillon et al. (2010) study emphasized the importance of advocacy to be taught through occupational therapy programs and continuing education programs. If OTs have an understanding behind the role of advocacy it will allow for a greater ability in the field to push for equitable opportunities. Deirdre et al. (2021) expressed that there should be a development of policies and standards in health and social care. This will be essential for creating a culture of participation for children in occupational therapy. As well, OTs should understand how to advocate for their clients. The occupational justice framework should be implemented into daily practices in order for the best outcomes for clients.

Conclusion

The FOJ is an essential yet overlooked part of the field. The common themes of income and poverty levels are barriers children are facing which directly impacts their overall health and well-being. There are existing gaps that limit advocacy for children gaining access to occupational therapy services, and advocacy within the field needs to be emphasized to make these services accessible. Barriers in the field that limit the OTs scope of practice need to be addressed so that OTs can provide the best practice interventions for their clients. As well, OTs must understand the importance of advocacy and how they can advocate for each client's individual needs. Occupational justice helps close the gap between people's well-being and societal factors that restrict them from achieving the best outcomes.

Theoretical Framework

In our work we will use the framework of occupational justice as the foundation for our thesis topic. Occupational justice as defined by Townsend and Wilcock (2004) is the right to experience occupation as meaningful and enriching; the right to develop through participation in occupations for health and social inclusion, the right to exert individual or population autonomy through choices in occupations, and the right to benefit from fair privileges for diverse participation in occupation. Occupational justice is important to the field of occupational therapy so we can assure all clients are gaining equal access to services and participation in their meaningful occupations. Within the framework of occupational justice there are four cases of occupational injustice. These include occupational alienation, occupational deprivation, occupational marginalization and occupational imbalance. Occupational alienation is related to long experiences of

being disconnected, isolated, feeling empty, lacking a sense of self, limited expression of self, or a sense of meaningless and lack of purpose (Townsend & Wilcock, 2004).

Occupational deprivation is defined as a state of prolonged preclusion from engagement in occupations due to factors that are outside of control of the individual. Occupational marginalization describes the need for humans to make everyday choices and decisions as we participate in occupations. When these choices are taken away, occupational marginalization occurs. Finally, occupational imbalance which refers to lack of opportunities to participate or engage in daily activities which causes an imbalance.

The occupational justice frame of reference is also important to a client-centered practice which is a core value of occupational therapy. Townsend and Wilcock (2004) state that “we believe this because OTs’ primary populations of concern are those who are vulnerable to injustices because their participation in occupations is restricted by injury, chronic illness, disabilities, mental illness, incarceration, old age or other circumstances” (p. 83). When OTs work with such vulnerable and diverse populations, they need to understand each client’s perspectives and values. OTs need to consider each individual's needs and advocate for their participation in occupations. This will hopefully address each unique need and circumstance that the client needs to avoid any occupational injustices. OTs need to implement client-centered practices that incorporate the occupational justice framework and concepts to promote advocacy and to be the change for their clients.

In our research, we will be investigating current practices of pediatric OTs in order to see how they are advocating for their clients to have equal opportunities to engage in diverse and meaningful occupations. This research is essential to understand

the occupational justice framework and the concepts that are associated within the framework. Advocacy and occupational justice go hand and hand as we want OTs to be advocating for their clients' rights for participation in meaningful occupations, their autonomy in choices and equal access for all clients. Although there is limited research in occupational justice and its application in the field of occupational therapy, we want to expand on research and look into current practices. Therefore, the occupational justice framework would be the most relevant framework for our project. This will help frame out literature review as we can provide background on the framework. A clear and consistent definition of occupational justice will help create a foundation for our research and what we are investigating. Moreover, it will help frame our survey questions. If we are to look into how OTs are advocating for participation in occupations, we want to ask questions that are relevant to the frame of references. We want to know if they understand the frame of references and concepts within the frame such as occupational deprivation, marginalization, alienation and imbalance. Since our project revolves around the topic of occupational justice, this framework would make the most sense and provide us the best base of support for research.

Methodology

Participants

The target population for this research study were pediatric OTs and certified occupational therapy assistants (COTAs). The recruitment process for this research study was a convenience sample of pediatric OTs. Surveys were sent out to known OTs and snowball sampling was also used as researchers asked participants to pass along the survey to eligible fellow practitioners. In addition, the survey was posted to the American

Occupational Therapy Association (AOTA) general forum page to recruit pediatric OTs who are part of AOTA. The inclusion criteria for our research study included National Board for Certification in Occupational Therapy licensed practitioners in the United States whose primary area of practice is in the pediatric setting. Pediatric setting can include at home, outpatient, inpatient, acute, subacute, school-based, etc. Exclusion criteria included OTs whose primary practice setting is in settings other than pediatrics or any OTs practicing outside of the United States.

Procedure

The survey was administered through email via an online survey platform to the OTs who work in pediatric settings. An email template was used to send the survey to known practitioners in the field. The data was collected through the online survey platform Google Forms. The survey was also posted on the AOTA forum page to reach other pediatric OTs. Surveys were advertised on a flyer in which the participants could scan a QR code to access the link to the survey. The participants that were interested in participating in our survey were provided with a link in the flyer for them to access the survey. The participants were sent an informed consent prior to completing the survey (see Appendix A). The survey took about 20 minutes to complete and the participants had until October 2nd to complete the survey. The participants filled out a survey that consisted of eight open-ended questions and ten Likert scale rating questions regarding their experience with occupational justice. There was a separate Google Forms account made for only the researchers to have access to and the survey was created in that account. This allowed the data to be stored in a safe and protected area as only the researchers had access to the account and knew the password. The Dedoose software was

used to code and analyze data from open-ended questions. Descriptive statistics was used to analyze the Likert scale questions.

Design

This study was a mixed methods study utilizing a convenience sample survey with open-ended questions as well as Likert scale rating questions. The open-ended questions composed the qualitative portion of the study and the Likert scale questions composed the quantitative portion of the study. This online convenience sample survey was created based on the occupational justice framework. Each question was based around one of the four concepts within the occupational justice framework. These concepts included occupational imbalance, alienation, marginalization and deprivation. Questions were also formatted based on studies from the literature review conducted. Similar studies conducted by other researchers gave us a basis for creating our own questions. The questions on our survey were revised and edited to ensure that the final survey was easy for all practitioners to understand and did not contain any bias. A few examples of the open-ended questions included “What opportunities do you create for clients to play with other children?”, “How are you creating opportunities for play for your clients in an environment outside of your place of practice?”, and “How do you include the child and family in the goal making and intervention process?” For the Likert scale questions, the participants selected either “strongly agree”, “agree”, “neutral”, “disagree”, or “strongly disagree” for the statements that were included on the survey. As for the Likert scale questions, these included questions such as “I am familiar with occupational justice”, “I feel that occupational justice is an important outcome of

occupational therapy”, and “I incorporate the occupational justice framework into my daily practice.”

This research study included a total of 13 participants with 1 to 12 years of experience working in a pediatric setting, with an average of 4 years of experience. The 13 participants were able to complete our 20-minute survey and answer each question to the best of their abilities. Data was collected on the online survey platform for researchers to analyze after completion of the survey.

Data Analysis

The results within our study were interpreted and analyzed using the Dedoose software and descriptive statistics. Within the Dedoose platform, the open-ended questions were analyzed using codes to identify common themes among the participants. Each question was coded by all four researchers to find common themes within answers to the question. Researchers found one to two common themes for each question with a total of seven open ended questions coded. These common themes helped researchers gain a better understanding of experiences of the pediatric OTs and their incorporation of the occupational justice framework into practice. The results of the Likert questions were analyzed through the google form online survey to identify percentages in which therapists answered questions. These percentages allowed researchers to see what proportion of therapists either strongly agreed, agreed, felt neutral, disagreed or strongly disagreed with a statement. This data was compared with data from the open-ended questions as well to see if there were any similar trends amongst responses from open ended and Likert scale questions. Data analysis was stored with the Dedoose software and the secure account researchers created to implement the survey.

Ethical and Legal Considerations

In this study, ethical guidelines were followed to ensure that the data collected throughout the research process remained confidential. Information was gathered through an online survey that respondents filled out, and each survey obtained informed consent. In addition, our research proposal was reviewed by Stanbridge University's Institutional Review Board (IRB).

AOTA Code of Ethics

The AOTA Code of Ethics provides aspirational Core Values that guide occupational therapy personnel by applying justice and fidelity to prevent any form of harm to the participants throughout the duration of this study (AOTA, 2020). To ensure justice, participants were not required to pay to participate, and were treated with respect and fairness within our study. In addition, participants had the same amount of time to complete the survey to implement fairness. Lastly, approvals were required from the IRB, participants, and team members, before the study began.

To ensure security and confidentiality, all personal information regarding the participants was stored in a password protected site that only researchers have access to. Participants' names were not required to be filled out to ensure their responses remain anonymous, and email addresses collected from the participants to send the survey remained confidential. In addition, no physical copies were kept after the study was over, and any remaining physical documentation were shredded. Lastly, policies and protocols were followed by every team member during the research process to allow for accurate and unbiased representation of data to accurately represent the profession at the completion of the research (AOTA, 2020).

Potential Benefits

The potential benefits of participating in the study includes utilizing the survey to reflect on one's own current practices and how advocacy fits into their current practice. Participants completed a survey to share their experiences on their involvement with their clients to participate in occupations, giving them the opportunity to express any practices they utilize and reflect on how to best advocate for their clients. Participants also benefited from learning about occupational justice and the frameworks concepts to help further advocacy education.

Potential Risks

The risks of this study to the participants were minimal. The participants of our study included experienced pediatric OTs. Survey questions could potentially impact participants because they may feel that they are not implementing certain practices that are asked in the questions. As a result, these questions may make them feel like they need to lie about agreeing with the statements in order to make them look like the therapists they believe they should be. Practitioners may also have had some anxiety or discomfort arise from feeling like they have to answer questions in a certain way that does not fit their current practices. This could have brought about having negative feelings because they feel there is a mismatch between their own practices and how they feel like they should be practicing.

Minimization of Potential Risks

To minimize potential risks associated with participation in this study, all questions were carefully reviewed, and flyers were sent for IRB approval before sending them out. Each participant was required to fully read the consent form and understand

any risks that may be involved with participating in this survey. Participants were allowed to opt out at any time during the survey.

Results

Thirteen pediatric OTs responded to the survey and Likert scale questions were analyzed using central tendencies and short answer questions were coded using Dedoose. Each short answer question was analyzed by the researchers and common themes were discovered for each question. The first question, “What opportunities do you create for your clients to play with other children?”, revealed two emerging themes which were incorporating siblings or family members into session and creating small groups with other children. One practitioner stated, “Small groups can provide opportunities to group children with similar goals who might not normally interact (ex. different ages, grades, or classes, Special day class vs Gen Ed).” While another practitioner mentioned, “Play with siblings/family members in the home. If I see a child in a daycare then I do try and engage peers in our activities.” These two excerpts highlight a common response amongst therapists that in their practices they are using siblings or family members and creating groups with children in the clinic in order to facilitate play.

The second question, “How do you provide community resources for caregiver support?”, showed the common theme of sharing or creating resources for caregivers to use. Excerpts from the survey mentioned, “I share websites, social media resources, and articles with resources for families to use. I also often share contact information for referrals like to eye doctors, or other community resources (food pantries etc.)” and “My COTA and I share a Google Drive at the beginning of the year with the special education teachers that includes community resources like Special Olympics, various special needs

sports programs, and other after school activities.” Answers to these questions revolved around sharing community resources with families and seeking out specific resources based on the child's needs.

The question “How are you creating opportunities for play for your clients in environments outside of your place of practice? Please list examples: halls, playgrounds, etc.” was coded with two common themes, which were encouraging play in parks and outdoor play in the community. OTs referenced recommending parks, meeting at parks or playgrounds, and encouraging parents to play outside. This is shown through excerpts such as, “I am lucky in that I get to meet with my clients in the clinic or the community. We meet in parks, playgrounds, restaurants, museums. This shows parents it is *not* impossible to engage in the community, it just takes some additional thought and planning.” Therapists commonly suggested using public community spaces to help create opportunities for play outside of the clinic setting. The use of community resource highlights how environments outside the clinic that are open to all can be beneficial for children to engage in play in settings that are familiar to them and easily assessable.

The next question revolving around occupational marginalization was “How do you stay up to date with legislation that impacts the field of pediatric occupational therapy?” This question revealed two very distinct common themes, that therapists used professional organizations such as AOTA or they do not keep up to date with legislation. Therapists utilized AOTA, National Board for Certification in Occupational Therapy or Occupational Therapy Association of California to learn about legislation relevant to the field. However, some therapists mentioned they do not keep up with legislation, yet they

would like to be better about keeping up with policies. This question revealed that there is a gap in keeping up to date with policies important to the framework.

Question five asked, “Have you ever served on a community board that involves community change or access to resources? What activities have you been involved with that serve community change?” Six of the thirteen therapists responded they have never served on a community board before. Other OTs stated they volunteer or are part of nonprofits that serve the community. One therapist stated, “I am part of a non-profit that provides adaptive bikes to children with special needs.” Findings from this question also uncovered there is a financial aspect to serving on a community board that not all therapists can afford. As one therapist wrote, “No I'm a recent grad and have never had the financial ability to be a board member anywhere, as there is typically a donation component to that kind of participation. I feel marginalized by this actually, as it makes it difficult to step up and have a role like a board member without being independently wealthy...which I am not...”

The next question, aimed at the concept of occupational deprivation, said “How do you include the child and family in the goal making and intervention process?” One common theme emerged from this question which was collaboration with families and caregivers in the occupational therapy process. OTs discussed how they aim to get parent input when creating goals, incorporating goals important to the family and parent interviews. One therapist wrote, “I have developed a parent goal setting questionnaire that I use at each initial evaluation. I run plans of care by parents and print a copy to review at their next session. Many parents do not read evals or plans of care so I highlight parts I believe are relevant and make sure to inform them that it is their *right* to have

access to their child's documentation. We change plans of care as needed to reflect family goals. I invite all parents to participate in interventions and narrate what I'm doing before inviting the parent to try. Video feedback is also very helpful when involving parents/caregivers in the intervention process.” OTs felt it was very important to incorporate family concerns and input when addressing their child's goals and interventions.

The survey also consisted of ten Likert scale questions regarding awareness of occupational justice concepts, incorporation of them into practice, advocacy and awareness of current policies relevant to the field. Results from Likert scale questions showed that 53.8% of OTs agreed they were familiar with occupational justice and 30.8% strongly agreed. 53.8% of OTs also strongly agreed that occupational justice was an important outcome of therapy. However, a majority of OTs were neutral on actively seeking conferences and continuing education programs revolving around social justice as well as being aware of policies that affect occupational injustice. 30.8% of pediatric OTs even disagreed that they were aware of local, state and federal policies. All therapists either agreed or strongly agreed that the OT plays a role in advocating for a client's occupational needs. Similarly, all therapists either agreed or strongly agreed they advocate for clients by working with their families to help facilitate participation in occupations. All but one therapist agreed or strongly agreed that advocacy is an important part of their practice. Results from Likert scale questions and distribution of answers can be seen in Appendix D.

Limitations

There are several limitations within this study that keep us from generalizing results to a larger population. Due to time constraints, a convenience sample and snowball sampling was used within this study. These methods of sampling can create bias as the survey was sent to pediatric OTs that the researchers knew. Only 13 pediatric OTs participated in the study, which is an insufficient sample size. The sample size is restricted due to the lack of resources available. Through the use of sampling and a small sample size, the results are difficult to generalize beyond the sample studied. However, the results do provide a small snapshot into current practices. Occupational justice and advocacy are still new topics, especially in pediatric occupational therapy, so it is important for other OTs to understand and promote this topic for further research. Further studies revolved around this topic should use randomized sampling as well as a large sample size in order to get a bigger picture of pediatric OTs around the country.

Discussion

Results from this study revealed different ways in which pediatric OTs are incorporating aspects of the occupational justice framework into practice in order to facilitate participation in meaningful occupations. Through a survey containing short answer questions and Likert scale questions, researchers were able to uncover common themes that pediatric OTs used to implement the occupational justice framework concepts into daily practice. Common themes included utilizing community resources, collaboration with caregivers and families, incorporating siblings into sessions, and creating small groups with children. Short answer questions also uncovered common themes that many OTs have not served on community boards and they do not keep up to

date with current policies. These common themes can be seen paralleled in the Likert scale questions as most OTs answered neutral on keeping up to date with local, state and federal policies impacting the field or seeking conferences and continuing education programs focused on human rights or social justice.

These results are important because it showed pediatric OTs understand and implement the four concepts of the occupational justice framework, however, there seems to be a gap in continuing education on these concepts and awareness of policies that can affect them as well. Although many therapists agreed that occupational justice is an important outcome of their services, they did not keep up with or seek out further resources to keep current with the framework. Implications of this study to the field of occupational therapy include there is an awareness and incorporation of the occupational justice framework in practitioners' daily practices. As occupational justice is a newer and current topic, it is significant to see there is a feeling from OTs that these concepts are important to them and that advocacy is pertinent to their practices. This survey also served as a reflective process for pediatric OTs and their own current trends and practices. The open-ended question served as a prompt for practitioners to look into what they are doing to advocate for clients and what they may not be doing in practice that they would like to do in the future.

The small sample size from this study does not allow the results to be generalized to the field, however it gives a look into current practices of pediatric OTs and their methods used in practice to help clients and families engage in meaningful occupations. Future research in the field should focus on barriers OTs face in serving on community boards and seeking out continuing education programs regarding occupational and social

justice. This will help close the gap found within the research study and further knowledge on the occupational justice framework.

Conclusion

With the development of this project, we hoped to find current themes on how pediatric OTs incorporate the occupational justice framework into their daily practice. Through the use of short answer and Likert scale questions in our survey, emerging themes on concepts within the framework were revealed, such as occupational deprivation, marginalization, alienation, and imbalance. Future recommendations for research include investigating barriers that are keeping OTs from actively seeking conferences and continuing education programs. In addition, further research needs to be conducted in the larger scope of pediatric occupational therapy in order to understand best practices for how pediatric OTs can implement the occupational justice framework into their daily practices.

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Appendix A

Informed Consent

Exploring the Pediatric Occupational Therapist Role in Integrating the Occupational Justice Framework. Alexandria Merrick, Dalia Makhoul, Kaylin Kelly and Harry Phan, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study to explore the current practices of pediatric occupational therapists and their integration of the Occupational Justice Framework into practice. You are being asked to complete this survey because of your clinical experience with pediatric clients. The purpose of this study is to explore current practices of pediatric occupational therapists and their use of the occupational justice framework. We aim to investigate pediatric occupational therapists' understanding of occupational justice concepts and how they utilize them in practice with clients.

Participation in this study is voluntary and the survey will take approximately 20 minutes to complete. You must be 18 years or older in order to complete this survey. This survey will utilize a secure survey platform and no identifying information is needed for this survey. This information will be stored in a password protected site that only researchers will have access to. Risks from this study are minimal but can include negative feelings such as anxiety and discomfort from answering questions that involve reflection on current practices. However, please skip any questions that make you feel uncomfortable. Your responses are anonymous. Benefits from participating in this study include a reflection within one's own current practices and their advocacy practices. Through results from this study we hope to find gaps in practice and make

recommendations on how pediatric occupational therapists can best advocate for their clients to participate in occupations.

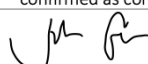
Please feel free to contact Alexandria, Dalia, Kaylin or Harry, or their Principal Investigator Rebecca Wang, if you have any questions or concerns at occupationaljusticethesis@gmail.com or rwang@stanbridge.edu

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 IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

Appendix B
IRB Approval

Dear Dr. Rebecca Wang and Students,

The ~~Stanbridge~~ University Institutional Review Board has completed the review of your application entitled "Exploring the Pediatric Occupational Therapist Role in Integrating the Occupational Justice Framework." Your application (MSOT011-504) is approved and categorized as Expedited.

IRB Application Number	MSOT011-504
Date	08/18/2022
Level of Review	Expedited
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (08/18/2022)
Signature of IRB Chair	

Text Effects

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

Appendix C

Flyer

Help be a part of change!

Scan me!



thank you!

Pediatric occupational therapists needed for Masters in Occupational Therapy thesis project!

MSOT STUDENTS AT STANBRIDGE UNIVERSITY ARE CONDUCTING A THESIS RESEARCH PROJECT ON OCCUPATIONAL JUSTICE PRACTICES IN PEDIATRIC SETTINGS. THIS WILL EXPLORE HOW THERAPISTS ARE UTILIZING THE OCCUPATIONAL JUSTICE FRAMEWORK IN PRACTICE.

PLEASE FILL OUT THIS 20 MINUTE SURVEY TO HELP US CONDUCT OUR RESEARCH! THIS SURVEY IS AVAILABLE FROM AUGUST 22ND TO NOVEMBER 18TH 2022. WE SO APPRECIATE YOUR PARTICIPATION!

Contact Alexandria, Dalia, Kaylin, Harry or Principle Investigator Rebecca Wang at occupationaljusticethesis@gmail.com or rwang@stanbridge.edu for any questions.

Appendix D

Charts

Chart 1

Likert Scale- Question 1

I am familiar with occupational justice
13 responses

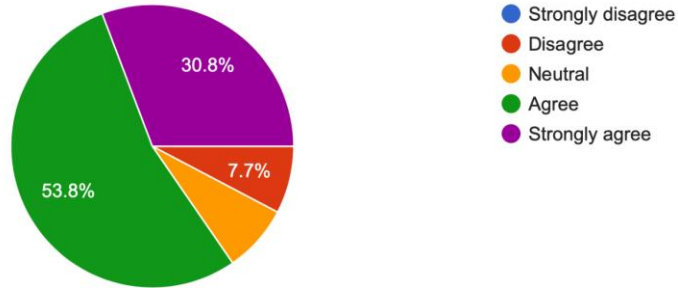


Chart 2

Likert Scale- Question 2

I feel that occupational justice is an important outcome of occupational therapy
13 responses

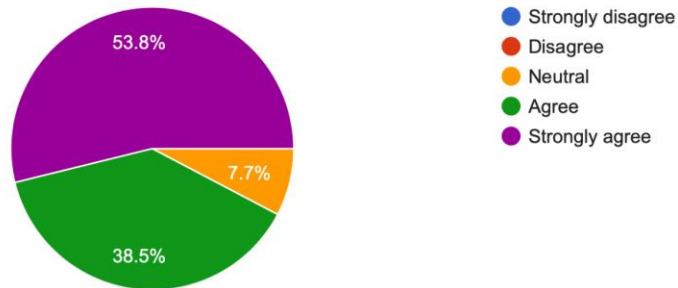


Chart 3

Likert Scale- Question 3

I incorporate the occupational justice framework into my daily practice

13 responses

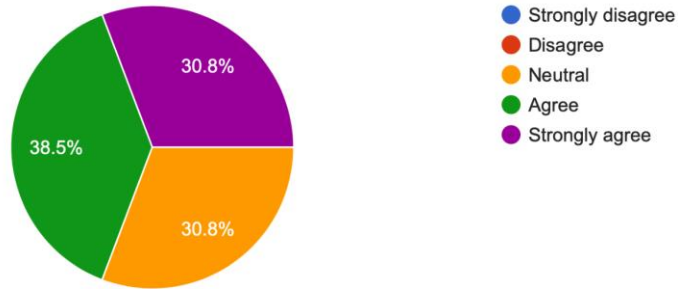


Chart 4

Likert Scale- Question 4

I actively seek conferences, continuing education programs, community meetings, etc revolving around human rights, engaging in occupations, or social justice

13 responses

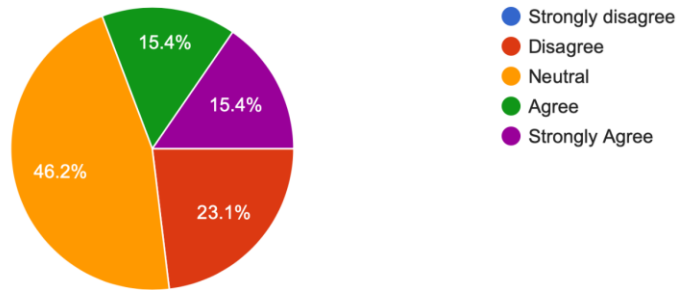


Chart 5

Likert Scale- Question 5

I am aware of potential local, state, and federal government policies which may give rise to occupational injustice

13 responses

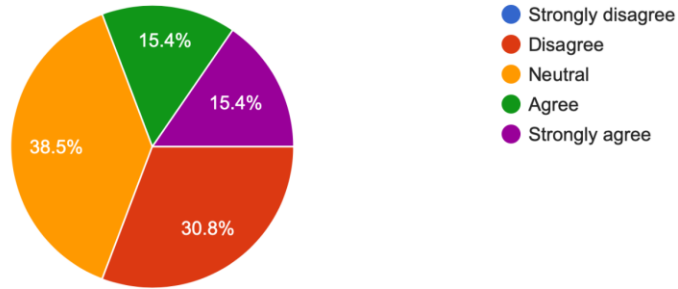


Chart 6

Likert Scale- Question 6

I believe an occupational therapist has a role in advocating for their client's occupational needs

13 responses

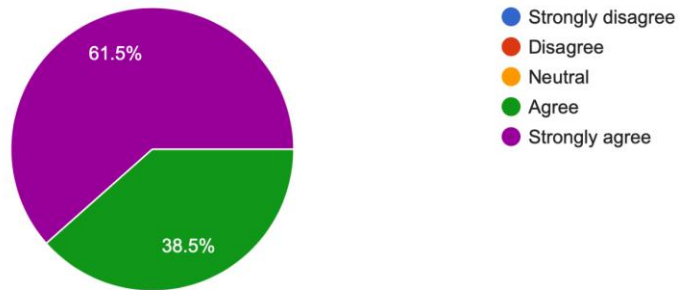


Chart 7

Likert Scale- Question 7

I understand the ways in which conventions can be used to advocate against barriers to occupational participation or I am connected to resources to help occupational engagement.

13 responses

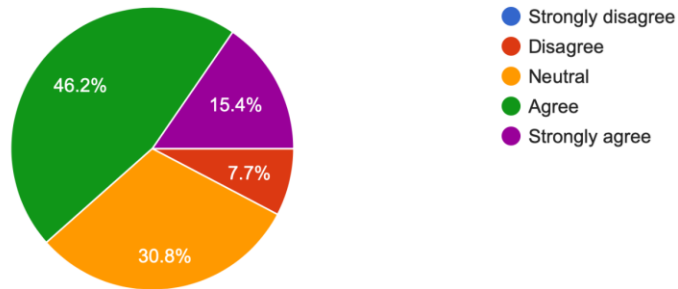


Chart 8

Likert Scale- Question 8

I advocate for my clients by working with their families to involve them to help facilitate participation in occupations.

13 responses

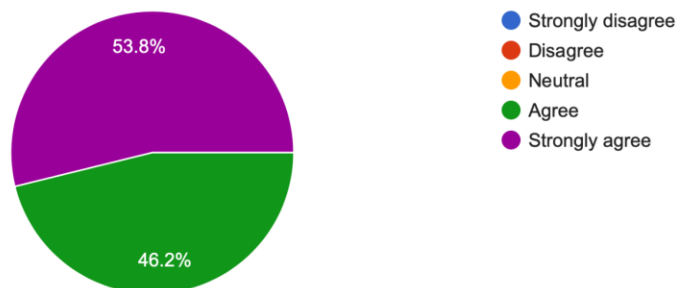


Chart 9

Likert Scale- Question 9

Advocacy is an important part of my practice

13 responses

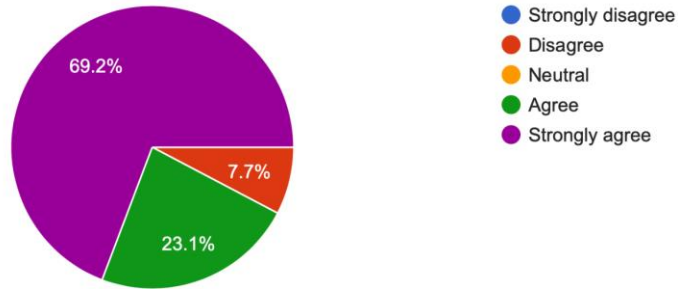
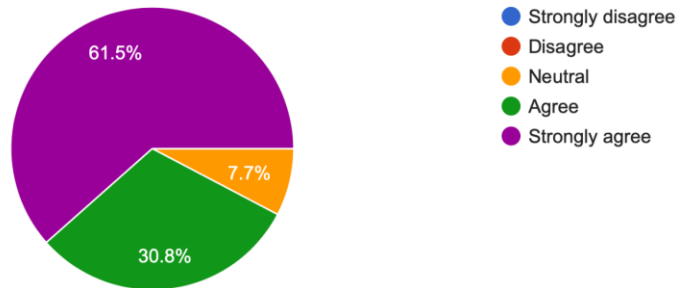


Chart 10

Likert Scale- Question 10

In my practice I see occupational injustices, such as low socioeconomic status and health care inequalities, affect participation in meaningful occupations

13 responses



Appendix E

Draft of Survey Questions

1. How many years of experience do you have working in a pediatric setting?
2. What type of pediatric setting do you work in?
3. Identify your main roles at this setting
4. Can you define occupational justice in your own terms ?
5. Do you perceive a difference between occupational justice and social justice? If yes, how so? (there's probably a better way to ask this)
6. How are you advocating for children to gain access to participation in occupations?
7. Have you experienced any occupational injustice trends in your current practice?
If so please explain.
8. What do you do to address cases of occupational injustice you see in practice?

Likert Scale questions (10)

1- strongly disagree

2- disagree

3- neutral

4- agree

5- strongly agree

Please answer each statement on a scale of 1-5 how much you agree or disagree with the following statements

9. I feel like I can clearly state the definition of occupational justice.
10. I feel like I can clearly state the definition of occupational injustice (occupational marginalization, occupational deprivation, and occupational alienation).
11. I feel occupational justice is an important outcome of occupational therapy.
12. I believe an occupational therapist has a role in advocating for their client's occupational needs.
13. I incorporate the occupational justice framework in my daily practice.
14. I understand and apply concepts from the framework such as occupational deprivation, marginalization, imbalance and alienation.
15. Occupational justice is an important concept in the field and in practice.
16. I am aware of potential local, state, and federal government policies which may give rise to occupational injustice
17. I attend conferences, continuing education programs, community meetings, etc revolving around advocacy in the field.
18. I understand the ways in which conventions can be used to advocate against barriers to occupational participation.
19. Advocacy is an important part of my practice.
20. I see injustices within the field of occupational therapy in my practice setting.
21. I believe that occupational injustices and rights are unknown and hold very little weight in advocacy with clients.

22. Cases of occupational injustice affect clients' abilities to participate in meaningful occupations.
23. *It is important for the occupational justice framework to be taught in educational courses for occupational therapy students.*
24. *I was taught about the occupational justice framework in my educational courses as a student.*
25. I advocate for my clients through helping them find resources for their specific needs.
26. I advocate for my clients by lobbying for bills and acts that impact the field of occupational therapy.
27. I advocate for my clients by working with their families to involve them to help facilitate participation in occupations.
28. The setting that I work in is supportive in helping children reach their occupational needs.
29. I see others in my setting advocating for their clients in their practice.