

OCCUPATIONAL JUSTICE:  
IS IT AN AREA OF CONCERN FOR HAND THERAPISTS?

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

Anita Chon, Pourya Pouresmail, Patrick Viola, and Yang Yu

Thesis advisor: Jeremy Seip, OTD, OTR/L, CHT

May 2019

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Certification of Approval

I certify that I have read Occupational Justice: Is it an Area of Concern for Hand Therapists? by Anita Chon, Pourya Pouresmail, Patrick Viola, and Yang Yu, 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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Jeremy Seip, OTD, OTR/L, CHT  
Instructor of Occupational Therapy

ACCEPTED



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Vikas Sharma, OTD, OTR/L  
Program Director, Master of Science in Occupational Therapy

### Acknowledgments

We want to acknowledge the Hand Therapy Society of Greater Los Angeles (HTSGLA) for their participation in the survey. This research project would not be possible without their support and input. We would also like to acknowledge our thesis advisor Dr. Jeremy Seip, OTR/L, CHT for his continued guidance and support throughout this process. We appreciate his patience and advice which allowed us to overcome numerous obstacles throughout the completion of this project.

## Abstract

We conducted a pilot study that uses a mixed methods approach to survey occupational therapists working in hand therapy with their experiences with occupational justice (OJ). The intent was to see if issues of occupational justice are identified as a problem in this population and if these issues affect therapy. Five main concepts were used to define occupational injustice. The results from our survey identified occupational imbalance (27.3%) and occupational deprivation (25%) as the most prevalent issues. Additionally, 62.5% of respondents were certified hand therapists who recognized occupational justice issues in their practice settings. Further research could focus on how occupational therapists address the OJ issues they encounter on a daily basis.

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### Occupational Justice: Is it an Area of Concern for Hand Therapists?

Occupational justice (OJ) is an ethical and moral concept that believes all individuals have a fair and equal opportunity to engage in meaningful occupation. The term OJ was not coined until the mid-1990s and adapted from social justice and human rights principles (Townsend & Wilcock, 2014). Discourse about OJ in occupational therapy (OT) has been evolving over the past two decades, but most of the OJ discussion has been researched and developed outside the United States. In the United States, practitioners used language and theories that explicitly emphasize justice, yet they moved away from justice-related issues to focus their efforts on securing their place within the medical verification (Aldrich, Boston, & Daaleman, 2017). Based on the medical model, an occupational therapist working in a biomechanical setting treats health as a singular incident, unintentionally overlooking the effects of social injustice and health care disparities that are caused by social and political structures. While occupational therapy as a profession views the move toward OJ as a return to its holistic roots, this ethical dilemma is currently not embraced by the profession as a whole. Aldrich, Boston, and Daaleman (2017) attributed this problem to the biomedical practice setting and positioning OT as a political profession. However, OJ is not readily embraced due to it being indistinguishable from social justice theories. If occupational therapists are given key terms and definitions for OJ, would they be able to identify it in their setting?

Occupational therapists specializing in hand therapy follow a biomechanical approach where the focus is on body structure and function. With a higher preference on exercise programs and usage of physical agent modalities over a client-centered focus, improvements of strength and range of motion are perceived as a success rather than the

successful integration of meaningful occupation (Robinson, Brown, & O'Brien, 2016). From this perspective, a biomechanical approach may stray from a holistic approach.

OJ is a theoretical framework that can be explored in all avenues of OT; this study focused on OJ in a hand therapy setting only. Clients in hand therapy are a particularly vulnerable and understudied population increasing occupational injustices. An investigation into the occurrence of OJ issues in a hand therapy setting may lead to future research for the identification of OJ in other settings.

### **Statement of the Problem**

#### **Significance**

OT, as a profession, has strong correspondence to OJ. OT was founded “on the belief that participation is central to health” (Townsend & Wilcock, 2004, p.547). Occupational therapists are invested in creating a sense of inclusion and enablement for their clients. OJ deals with the accessibility and creation of opportunities for individuals to participate in their occupations of choice. Identifying and acknowledging OJ could potentially enhance the lives of clients by bridging the gap between them and their meaningful occupations, while “a lack of understanding about OJ is the major ethical dilemma that all occupational therapists need to address” (Townsend & Wilcock, 2004, p.547). For OT clinicians to recognize OJ issues, they must understand the definition of OJ as well as the different categories that attribute to OJ.

OJ refers to the need and the right of individuals to be engaged in activities that promote health within their cultural context (Townsend & Wilcock, 2004). Occupational injustice is the infringement of the freedom to participate in these occupations (Wilcock & Townsend, 2014). Several terms that are encompassed by the theory of OJ are

occupational deprivation, imbalance, alienation, marginalization, and apartheid. Of these five forms, occupational deprivation was the most researched in an OT setting.

### **Need for Research**

A literature search for OJ and other related terminology indicated limited research on this topic in the field of occupational therapy, notably in the hand therapy setting. Further analysis showed that research on OJ was broad and the definitions of these terms were either inconsistent or lacked an exact meaning regarding OT (Durocher, Gibson & Rappolt, 2014; Nilsson & Townsend, 2010). The lack of a consolidated understanding of and approach to OJ limited its potential for new development, as well as utilization (Durocher et al., 2014).

In addition to the minimal and inconsistent description of OJ, most studies seemed to misrepresent OJ, and interchange it with social justice. For example, a study by Hocking (2017) stated that OJ was typically framed as an element of social justice instead of being viewed independently, while Nilsson and Townsend (2010) furthered this claim by noting that OJ “has been described from a Western perspective as a justice of difference” (p. 58). OJ and social justice are described as having similar concepts of equity (Wilcock & Townsend, 2000) with the idea that society must uphold justice “regardless of age, ability, gender, social class, or other differences” (Nilsson & Townsend, 2010, p. 58). Developing a clear description of OJ allows for an accurate differentiation between OJ and social justice.

### **Purpose**

The purpose of this study was to survey occupational therapists working in hand therapy about their experiences with OJ. The intent was to understand if issues of OJ are

identified as a problem in the OT populations, if these issues affect therapy, and how these problems are being addressed currently. A preliminary survey, with the potential for a structured interview, could help us investigate whether OT hand therapists are identifying and addressing these issues in their setting. It was also an exploratory study to indicate whether using an online survey was successful in capturing the idea of OJ as a quantifiable and qualifiable phenomenon.

### **Anticipated Outcome**

The primary goal was to gain a better understanding of OJ in an OT setting where a biomechanical model was used to address clients' deficits. Hand therapy diverges from other OT settings due to its mixed occupational therapy and physical therapy approach to treatment, which is exemplified by the way exercise programs and physical agent modalities are preferred over client-centered focus when treating clients (Robinson et al., 2016). The anticipated outcome was that the OT lacked the holistic approach when addressing the clients' needs, especially those who hint at OJ issues. This research aimed to see if the population receiving hand therapy had issues with OJ and if these issues affected the ability to participate in therapy.

Additionally, differences in socioeconomic status (SES) could be an indicator of an increased likelihood of facing issues of OJ. SES signifies whether a person has access to resources, with low SES indicating poverty or poor economic opportunities which obstructs their ability to receive or benefit from services (Gupta, 2016; Stadnyk et al., 2010). Using the information gathered through this survey, we examined if there was a correlation between lower SES and the experience in OJ issues.

### **Priority Population and Justification**

The priority population for this project was occupational therapists that were members of the Hand Therapy Society of Greater Los Angeles (HTSGLA). Certified hand therapists (CHT) and occupational therapists with experience in a hand therapy setting were surveyed to determine the significance of OJ in OT practice. Inquiring about practitioners' experiences with these workers as well as an examination of the cause could help us further understand the potential challenges their clients face. At the time of this study, HTSGLA had a membership of approximately 300 members, which we believed was optimal for a pilot study population because it provided a large enough sample size to allow for more accurate means and identification of outliers in data.

We chose HTSGLA for three main reasons, as discussed here. First, they are a group within proximity, and this allowed for greater communication. This proximity granted our group the opportunity to schedule in-person interviews if participants consent to a phone interview. Second, HTSGLA is a smaller group than the national hand therapy society, enabling us to fine-tune the survey for future use. Third, by using this organization, we attempted to have a manageable sample size to help identify core variables for our initial investigation. A recent review showed a general response rate of approximately 31% for online surveys (Sheehan, 2001). The most recent study using an online survey with the American Society of Hand Therapists (ASHT) participants had a low response rate of approximately 22% (Grice, 2015). Therefore, it was believed that focusing our pilot study on neighboring hand therapy chapters would increase the response rate, reliability, and validity of results.

### **Literature Review**

OJ is a relatively new concept being researched in the world of occupational therapy for the past 30 years (Stadnyk et al., 2010). Issues of OJ affect humans on a global scale, and many researchers have defined some of the essential terms when it comes to addressing these issues. Five terms were identified as the most commonly seen types of occupational injustice described in the literature (see Appendix A).

When occupation and work provide fair pay, safety, job security, personal fulfillment, and supportive environments, it could improve health outcomes. This kind of occupation helped us meet critical psychological needs and provides structure to our lives, through mental, physical, and social stimulation (Waddell & Burton, 2006). An “occupationally just society would be one in which each person and community could meet their own and others’ survival, physical, mental, and social development needs through occupation that recognizes and encourages individual and communal strength” (Wilcock & Townsend, 2014, p. 542). Within an OJ perspective, individuals have the right to equal opportunities to engage in varied and meaningful occupations to meet basic needs and maximize their potential (Wilcock, 2006; Wilcock & Townsend, 2014).

The need for additional research was apparent when analyzing the current literature on OJ. According to Galvin, Wilding, and Whiteford (2011), an incongruence exists between the vision of the profession and the reality of practice. While it was essential to provide the immediate care and attention for the client, it was within our scope to keep in mind the client-centered aspect. OJ could make it difficult for occupational therapists to identify and facilitate dialogue, minimizing the presence of OJ in hospital-based care. Galvin et al. (2011) explained, “the way that health service spaces

and practices are configured might obscure the understanding of clients' need" (p. 383). Also, theories of OJ are discussed, developed and taught in occupational science and occupational therapy programs around the world; however, generally accepted ideas about OJ have not yet been consolidated (Durocher et al., 2014). Further research should strive to create a global uniformity and understanding of these concepts.

The literature was replete with descriptions of ideas, principles, and concepts related to OJ (e.g., occupational injustice, occupational rights, and occupational marginalization), yet there was no clear or consistent definition of the concept. Arguably the abundance of related terms may, with refinement, contributed to the delineation of subtle nuances of OJ and injustice. At the same time, however, there was the risk that the overall concept loses focus and becomes difficult to understand. In the literature to date, efforts to increase the depth of understanding have been sacrificed for a focus on delineating the applicable breadth of the concept (Durocher et al., 2014). Cultural differences are one explanation for the vagueness of these terms as many of these phrases get altered during translation (Nilsson & Townsend, 2010).

The lack of OJ resulted in experiencing participation exclusion or being deprived of occupations that adults once found meaningful; some of these could result in feelings of being disempowered, being detached, being alienated, being marginalized, or being oppressed. People who work as assembly-line workers, shift-workers, in high-strain jobs, are overemployed or underemployed, are low Socio-Economic Status (SES) individuals, and industry workers, are vulnerable populations of OJ.

Two of the most prominent types of occupational injustice are occupational deprivation and occupational imbalance. Our research focuses heavily on these two



concepts. Occupational deprivation was the most dominant form of injustice and is represented in 30% of articles (Gupta, 2016). Often, this deprivation was a result of restricted participation in desired occupations for reasons that are out of the client's control (Arthanat, Simmons, & Favreau, 2012). Many workers who are affected by hand injuries are unable to engage in their meaningful activities, leaving them with a void to fill their unoccupied time. Occupational deprivation was a consequence of social conditions that deprive specific groups of engaging in meaningful occupations. An individual may be deprived of work due to their disability, ethnicity, religious affiliation, gender, age, or immigration status.

Another type of OJ that was commonly observed in populations that work in labor-intensive professions was an occupational imbalance. In many instances, these workers are required to spend the majority of their days working, leaving them little to no time to engage in other occupations. This population may experience an inability to participate in their preferred occupations with a healthy balance, with a struggle between what they do and what they want to do (Wegner, 2011). Achieving societal conditions that allowed all people to flourish, experience satisfaction, and fulfill their potential through occupational participation, was the ultimate purpose of the World Federation of Occupational Therapists (WFOT) human rights goal (Durocher et al., 2014). Participation in occupation is a central component to human existence.

Occupational alienation often occurs when an individual experience a disconnect between themselves and their environment. This could lead to feelings of loss of self-identity (Townsend & Wilcock, 2004). An example of alienation was an athlete who

sustains a career-ending injury and can no longer participate in their sport and their routines that once played such an integral part of their life.

Occupational marginalization was a standard expectation about how, when, and where people should participate (Townsend & Wilcock, 2004). For example, men with spinal cord injuries portray as asexual and thereby created barriers to occupations related to sexuality. When individuals do not have the choice or control of their professional lives, occupational marginalization happens; for example, a refugee who was unable to obtain employment or a driver's license due to a lack of documentation.

Occupational apartheid occurs when an individual or group is occupationally deprived or marginalized due to social segregation resulting in the individual or group treated as inferior to the other members of a community (Gupta, 2016). For example, highly qualified immigrants, such as medical doctors whose credentials were not recognized by the host country.

To further identify issues of OJ in clinical settings, our study aimed to survey occupational therapists working in hand rehabilitation. The design of this study was grounded theory which would allow us to examine individual experiences and generalize this information on a larger scale (Luborsky & Lysack, 2017.) To reach out to a large sample size, a survey would be sent out to CHTs to inquire about their experiences with matters of OJ. Qualtrics was an online service that allowed users to create electronic surveys while maintaining anonymity and respecting the privacy and dignity of the participants. Although this format provided great convenience, it was not without its limitations. According to Grice (2015), the return rate for online surveys was significantly less than that of paper surveys. Sheehan (2006) supported this claim by

attributing low response rates to a deluge of unsolicited emails per day, an influx of survey requests, and low interest in the content of the survey. To ameliorate these issues, inquiry about survey request was investigated. HTSGLA noted that they had never receive a survey request from a master's thesis group. Additionally, the email invitation for the survey was sent using a .edu suffix, indicating that the survey has a school affiliation, which has be shown to have positive effects on survey rates (Sheehan, 2006).

The current literature featured several limitations with the critical limitation that OJ failed to cover all aspects of OJ (Agner, 2017). OJ was a multidimensional issue that needed to be broken down into smaller topics for it to be thoroughly understood. Another limitation of the literature was the global nature of the material and consequently, the biases that occurred. One example was a study by Hocking and Clair (2011) in which they explicitly stated their bias towards New Zealand studies and research. They recognized that the context of OJ was hard to integrate in practice without the practical application of OJ within their own culture (Hocking & Clair, 2011). Nilsson (2010) recognized this earlier when they accurately anticipated that “concepts will vary in different socio-cultural contexts” (p. 57). This could be corrected by encouraging researchers from other countries to replicate our study and identifying how OJ issues manifest locally.

Despite the extensive nature of OJ and its imprecise definitions, the literature related to topics of OJ is not extensive. One particular strength that the literature provides was that many articles were recent and remain relevant to current trends in OJ. They were able to analyze, redefine, and build upon the theoretical ideas from other authors (Agner, 2017; Aldrich et al., 2017). While the first iteration of OJ was analogous to social justice,

newer articles were more specific to OT. Additionally, OJ has been studied extensively and applied to case studies that cover a variety of diverse cultural groups (Hocking & Clair, 2011; Townsend & Wilcock, 2004). While the meaning is mutable on a local scale, globally, OJ is a hugely relevant issue, with wide-reaching implications.

### **Statement of Purpose**

Concepts such as OJ, occupational deprivation, and occupational imbalance are relevant to a biomechanical setting for rehabilitation after a hand injury. Occupational therapy, in a hand therapy setting, followed a biomechanical approach where the focus may not always be client-centered. We hypothesized that hand therapists work closely with clients who experience occupational injustice as a result of debilitating injuries that often occur at the workplace, leaving them unfit to return to work. The client base we were inferring may be those who work in a less meaningful occupation such as assembly-line worker, shift-worker, high-strain jobs. These clients were either overemployed or underemployed, which may correlate to their SES.

For this preliminary study, the question we would like to know is if OTs and CHTs identified occupational injustice as a problem in their population. If so, how did they address this injustice in their clinical setting?

### **Theoretical Framework**

The Participatory Occupational Justice Framework (POJF) was chosen as the framework for its “concrete steps for therapists to analyze and address everyday justice issues for individuals and populations” (Gupta, 2016). The POJF acknowledged how occupational intervention could be facilitated for both the means and the ends, resulting in social engagement and inclusion for the client. Both the POJF and our study view the

client's meaningful occupation as a means and end, which has been misunderstood by the client due to differing perspective and values of occupation. It was the most suitable theoretical framework for our study since we were examining whether OJ issues were occurring or observed by occupational therapists in engagement and participation of their clients' meaningful occupational after an injury. In our survey, we probed whether the occupational therapists detected occupational injustice in their client and how it could affect the clients' occupational performance. For this study, using the POJF paradigm was critical to grasp a better understanding of therapists' awareness of OJ issues in hand therapy clinic.

### **The POJF Processes**

The POJF processes explained the six essential skills that enable collaborative partnerships among practitioners in the field (Durocher et al., 2014). These enablement skills are raised consciousness, engage collaboratively, mediate, strategize, support, and inspire advocacy (Whiteford & Townsend, 2011). The main focus of this study was to utilize the first step of POJF, which is to become conscious and raise consciousness regarding occupational injustice. It was necessary for occupational therapists to recognize the injustice and imbalance that occurs in their clients' occupational performance to address the issues accordingly. When occupational therapists were aware of their clients experiencing occupational injustice issues, they could offer open discussion, give recommendation and suggestions, as well as advocate for their clients. Moreover, awareness of OJ issues leads OTs to adopt a holistic approach to health care, and to also advocate for occupational injustice.

For our study, we planned to utilize raising the consciousness of the POJF process which will facilitate awareness of occupational injustice for the occupational therapist. Only if the occupational therapists recognize the occupational injustice issues could they implement different interventions to address the issues to provide a holistic approach to their clients. The practitioner would explicitly identify and name the occupational injustice issues for a particular population. Applying the POJF process in our study, we listed and defined the different types of occupational injustices (occupational deprivation, imbalance, marginalization, alienation, and apartheid) for participants to reference. We followed the prompt, with questions about whether the participants identify any of the five types of occupational injustice issues in their caseload to raise their awareness of OJ issues presented by their clients in their daily practice. The survey also inquired about the number of instances these OJ issues were observed by the participants in their caseload, and whether the OTs believe that these issues would affect their clients' ability to participate in therapy sessions and valued occupations.

By asking these series of questions, we allowed the participants to recall and be more conscious and aware of OJ issues that buried in their subconsciousness they might have observed in their practice. The POJF served as a fundamental concept for our study when discussing the therapists' awareness of OJ. The first step of POJF process emphasized raising the consciousness of OJ issues for therapists in understanding everyday justice issues for individuals and populations. Occupational therapy is a client-centered practice utilizing a holistic approach. Implementing the POJF in our study offered us a theoretical model to support our study in occupational therapists' recognizing clients who experience occupational injustice as a result of debilitating injuries that often

occur at the workplace, leaving them unfit to return to work. For future studies, the POJF theoretical framework could also be applied in studies of relationship building with clients, analyzing and addressing OJ issues in therapy sessions.

## **Methodology**

### **Design**

This survey was a mixed methods study. We quantified most of the data to identify factors that may contribute to OJ, such as SES and types of occupation. We addressed these factors using demographic questions in the survey. The open-ended questions examined using the grounded theory qualitative approach. A recent trend has shown grounded theory being used to address social justice with a mixed methods approach (Charmaz & Belgrave, 2015). This method collected data from narratives, interview, informal discussions, participant observation, and field notes (Luborsky & Lysack, 2017).

As a pilot study examining the OJ or injustice in a hand therapy population, the grounded theory method was used to guide the survey questions (see Appendix F). The purpose of a grounded theory study was to examine the individual experience and to generalize the data (Luborsky & Lysack, 2017). A distinctive feature of a grounded theory from other qualitative study was an emphasis on theory development (Strauss & Corbin, 1994). This qualitative study collected and analyzed the data with the intent to “strive toward verification of its resulting hypotheses... This is done throughout the course of a research project, rather than assuming that verification is possible only through follow-up quantitative research” (Strauss & Corbin, 1994, p. 274). This qualitative approach was primarily designed to advance the development of theory by

guiding researchers through conceptually substantial relationships by looking at patterns in a relationship and valuing the process (Strauss & Corbin, 1994). As a pilot study looking at OJ in an OT setting, many factors and variables are being developed. Since a notable feature of a grounded theory method is its ability to collect data and refine a theory concurrently, it allowed our study to have the capability and the flexibility to look at new variables as the research continues (Luborsky & Lysack, 2017). In essence, it is utilizing grounded theory immensely expedited and improved the study.

A grounded theory study has a small sample size with about 20 to 50 participants, which was appropriate for our research (Luborsky & Lysack, 2017). The population for our study was approximately 300 OTs, and the medium to distribute was with an indirect approach using an online survey website. Our expected response rate was low. We aimed to have a population of 60 to 90 participants.

## **Methods**

This mixed quantitative and qualitative study used Qualtrics to collect the data. Participants filled out the survey consisting of 15 questions: eight questions about demographics that were quantifiable, five related to OJ issues that were quantifiable, and two questions were open-ended. At the end of the survey, participants were given the option to include their name and contact information to be contacted for an interview at a later date (see Appendix D).

The inclusion criteria for participation in the survey was occupational therapists (OT) with at least one-year experience in a hand therapy setting. The exclusion criteria for the survey were OTs with less than one-year of experience in a hand therapy setting, or respondents who were qualified physical therapists (PT).



Once the data was collected from the survey, the open-ended questions were coded into categories. The categories were split into parent and child codes in Dedoose. Dedoose is a web-based application that codifies and integrates qualitative data. It enables researchers to upload transcripts, highlight excerpts, and code them with user-defined terms. The parent codes were: open discussions, give recommendation and suggestions, providing services, educate the client, have limited time and energy for their kids and family, feel stressed at jobs, and problems with therapy. The child codes were: getting a lawyer, change workstation, different scheduled times for therapy, modified ways to engage in meaningful occupations, provide online support, informing case manager, providing community resources, advocate for patient, speak on behalf of the patient, life balance, paths to obtain improved benefits, work excessive hours, being scared to take off of work, being scared to report unfair work conditions, inconsistent attendance, transportation difficulties, lack of funding for services, language barriers, cancelling session, and inadequate insurance coverage.

Transparency and triangulation were used to build trustworthiness. Transparency is an essential foundation for rule-governed and intersubjective valid social science research, in that it permitted scholars to assess research and to speak to one another (Moravcsik, 2014). It is also a precondition for any other advances in social science method, theory, and data collection (Moravcsik, 2014). Triangulation involves using multiple strategies to collect and interpret the data, which ensures that the conclusion that is reached represents the whole story (Luborsky & Lysack, 2017).

## **Participants**

As a pilot study, the participants were from a Los Angeles area hand therapy society. This society was chosen because it has a reasonable number of members, and because its members already expressed an interest in hand therapy, which may help increase interest in the participation of the study. The HTSGLA membership consisted of both OTs and PTs, with approximately 300 members. Our survey targeted occupational therapists only with clinical experience in hand therapy.

With an expected response rate between 20-30% (Sheehan, 2001; Grice, 2015), the expected rate of survey completion to be around 60 to 90 participants. Of those respondents, four subjects, selected from those who expressed they were willing to participate in a follow-up interview, were randomly chosen to participate in a semi-structured interview either through phone or in-person.

## **Procedure**

We distributed the survey by sending out an email to the HTSGLA current members (see Appendix B). Members interested in our study were directed to the survey through a link provided in the email which directed them to the first page. This first page contained background information regarding OJ as well as the consent form (see Appendix C). A reminder email was sent after two weeks, with the survey remaining open for a total of four weeks. Participants proceeded to fill out the survey consisting of 15 questions: eight questions pertained to demographics and were quantifiable, five related to OJ issues and were quantifiable, and two questions were open-ended.

Upon completion of the survey, participants were invited to take part in an additional in-person or phone interview. The last page of the initial survey had a consent

form to indicate their willingness to be contacted for the additional interview and to collect contact information (see Appendix D). Four subjects who consented to the additional interview were chosen at random. An additional consent form was presented to the subjects (see Appendix E). The participants selected for the semi-structured interview answered five open-ended questions (see Appendix G). The researcher took written notes that refer to the subject by number. A table of types of OJ issues was available for reference during the interview (see Appendix H).

Once the survey closed, data collection and critical analysis was done using the Qualtrics platform. The first thirteen questions were quantified, and the last two open-ended questions, as well as the five open-ended questions from the semi-structured interview, were critically assessed using the grounded theory method. Similar descriptive word choice or phrases were assigned to the appropriate category, which was then coded once all sets had been categorized. We used Dedoose Version 8.1.10 to analyze the answers by keying them into coded categories.

### **Limitations**

One limitation was the population used for this study and their geographical location. The participants that were chosen are those in a hand therapy group in the greater Los Angeles area; as such, their views and the type of clients may not have represented the population as a whole. The HTSGLA was also a voluntary group, with OTs and PTs with a particular interest which may also skew the demographic. Due to the location of this group and with the current political climate, we may see more or fewer examples of occupational injustice, which may not be representative of the country as a whole. California is often perceived as being on the forefront of many emerging issues,

but the collected data may not be a good indicator of the reality of OT practice around the nation or on a global scale. It was challenging to draw a general conclusion about the result of this study because of bias, imperfect definitions and lack of understanding about the concept of OJ, methodological limitations, small sample size, and geographical and regional differences.

Another limitation was the voluntary aspect of online surveys. Those who respond may have provided information that may also not be reflected in the group. Since it was a survey that was sent via email, participants may have chosen to ignore, or partially complete, which made it difficult to collect any information. A potential limitation was that different therapists, with different understandings about OJ, could interpret the data and answer the survey differently. Interestingly, this can also be viewed as a strength of the study as the varying interpretation of the survey can lead to the vocabulary of future research being fine-tuned to obtain more accurate and pertinent responses.

Lastly, OJ is a broad theoretical concept. It has many different aspects and definitions attributed to this theory. As such, the study chose to focus on two main concepts, occupational deprivation and occupational imbalance, to simplify the survey. The main limitation of using only two aspects of a broad idea was that it might ignore other facets of occupational injustice in an OT setting. However, this study was a pilot, with the hopes of furthering the understanding and the nuances of a broad concept. Furthermore, the theories of OJ placed less focus on outcomes of OJ (such as occupational performance, engagement, health, well-being, participation, and social inclusion), and more emphasis on individuals' rights to engage in occupations.

### **Ethical Consideration**

The survey was reviewed by the Stanbridge University Institutional Review Board (IRB). It was disseminated using the Qualtrics platform, which ensured a layer of anonymity. The opening page listed the risks and benefits of completing the survey. Additional consent was needed if the participant was willing to be contacted for follow-up. The participants of this study were occupational therapists who have a certain number of years working in the hand therapy setting.

Ethical guidelines were followed to ensure that the data collected throughout this research remained confidential. A central point of emphasis during this survey was maintaining the dignity and well-being of the participants. This project presented the lowest level of risk to the participants.

Each participant electronically signed an informed consent form. Each participant then completed an online survey designed by the researchers and reviewed by academics and practicing occupational therapists.

At no time was the participants' name directly attached to their responses. Participants were not provided names or contact information to the researchers at any time, maintaining anonymity throughout the process. Through Qualtrics, the researchers were able to access survey responses without knowing the participant's email address, or the national support group through which the participant heard about the survey. The electronic survey used Secure Sockets Layer (SSL) encryption so that confidential data was secure when it was sent to the researchers. Any identifying information was stored electronically using a username and password. After collection and data entry was complete, all electronic documents associated with this study that contained identifying

information from participants were printed, and then the electronic versions were destroyed. The paper forms of the documents are being saved in a filing cabinet inside a locked closet in the occupational therapy department at Stanbridge University for seven years and will then be destroyed, as per department policy.

## **Results**

The survey concluded after a month-long data collection period. Some points of emphasis that the survey had were participant demographics, client demographics, OJ issues, as well as an additional voluntary interview. The following are the results of the survey.

### **Demographics of Participants**

Eighteen individuals completed the survey, and sixteen of those surveys fit all of the inclusion criteria of this research. One of the survey participants was an occupational therapist with less than one year of experience, and the other survey was completed by a physical therapist. Of the surveys that were completed that meet the inclusion criteria (N=16), sixteen were filled out by occupational therapists. The survey completed by the physical therapist is not included in the response data but will be discussed in the subsequent section as we feel that the data may be useful for triangulation and validation of the findings. An approximate response rate of 5.3% was obtained, considering that about 300 individuals were aware of the opportunity to take part in the research.

Other areas of interest for this study were self-identification as a CHT and years of experience. Ten of the respondents identify as a CHT, while six do not. Additionally, the years of experience of the participants range from one to over eleven years of practicing. The results are broken into the following: "11+ Years" was selected by 10

participants; “3-5 Years” by 3 participants; “1-2 Years” by 2 participants; and “6-10 Years” by 1 participant.

The survey also looked at the different settings in which the participants work in or have worked in. The majority of participants have practiced in private-practice outpatient settings. Four responders reported experience in a hospital-based outpatient setting. Hospital-based inpatient and occupational medicine clinic were selected by 3 participants apiece. Table 1 further displays the results regarding participant demographics (see Appendix J).

### **Client Demographic**

Several of the questions in the survey inquired about the caseloads of the therapists. One of the questions pertained to employment issues such as over employment or under employment. Figure 1 displays the results of this question (see Appendix K). Therapists were able to select the percentage of their clients that are overemployed (over 40 hours per week, or multiple jobs), full-time employed (working approximately 40 hours per week), voluntary part-time (working less than 40 hours per week, by choice), underemployed (working less than 40 hours per week, but not by choice), unemployed by choice, unemployed but looking for work, or disabled. The displayed results indicate the mean percentile of employment types selected by the participants.

Client ethnicity was reported by the participants in question 9. Therapists reported the percentage of their clients that identified as White, Hispanic, Asian, Black/African American, Native Hawaiian or Pacific Islander, and American Indian/Alaska Native or other. A couple of survey-takers selected “other” and specified “various minority groups” and “Middle Eastern” as their response. The respondents selected the percentage of their

clients that fit each category on this slider question. Figure 2 further displays the responses from the therapists regarding the mean ethnicities of their clients (see Appendix L).

Also, participants were asked about the types of payment sources that their clients use to pay for their services. Respondents indicated that many of their clients pay via Medicare, private insurance, worker's compensation, cash/self-pay, and Medi-Cal. One participant selected "other" as a payment source for their client and specified "Kaiser" as accounting for 60% of that particular participant's reimbursement source. Figure 3 shows the results of this question and the total number of times that each answer was selected for the corresponding percentage (see Appendix M).

Another area of interest for this study was the SES of the client demographic. Similarly, to the preceding questions, this was asked in the form of a slider question. Participants indicated that there is diversity concerning SES of the clients. Survey results indicate that a majority of the clinicians see clients belonging to the lower and middle classes (see Appendix N).

### **Occupational Justice Issues Identification**

Two of the survey questions asked the therapists which types of OJ issues they identified and how often they notice it. Of the five OJ issues that this study focuses on, therapists found occupational imbalance (27.3%) to be most prevalent, followed by occupational deprivation (25%), occupational marginalization (20.4%), occupational alienation (13.6%), and occupational apartheid (13.6%). Nine responses indicated that these issues are usually seen in practice, while the other 7 participants reported seldom seeing these issues.



Participants were also asked about how often OJ issues affect their clients' ability to participate in meaningful occupations and therapy. When presented with the question, "Do these issues affect your clients' ability to participate in valued occupations?", twelve responses indicated that it usually affects participation, while the remaining four participants selected "seldom."

Several open-ended questions were included in the survey to obtain more specific examples about clinically observed instances of OJ issues. Some of the overarching themes found in the responses include having limited time and energy due to difficult circumstances, stress levels, and problems with therapy. Some of the responders also chose to provide examples of how they address these issues in practice. Proposed solutions included open discussions, giving recommendations and suggestions, providing services, and client education. These OJ issues and solutions will be further addressed in the subsequent discussion section.

### **Interview Results**

Participant A worked with all SES groups from laborers, housekeepers to doctors, dentists, and actors. She recognized occupational injustice with clients who have heavy work demands, high quotas, or volumes to fulfill. She identified occupational marginalization and occupational imbalance in her population. For occupational marginalization, she mentioned that it reminded her of a housekeeper from another country with a lack of education, and only had limited job opportunity are jobs such as those that require physical labor. For occupational imbalance, she noted that it reminded her of clients' who have desk job work with high demands and their job follows them home due to smartphones and tablets.

She noted that OJ was able to impact the client in two ways. Her first example is a pastry chef who came in for rehab for her arm. Due to her job as a pastry chef, she was not able to stop working and kept causing repetitive injuries. Her job prevented her from meeting her OT goals in the clinic.

OJ also contrarily impacts clients. She saw clients who were laborers and would prolong their treatment sessions to delay going back to work. She did not know how to work with a client who may already have recovered but still claims to not be ready to go back to their job.

### **Discussion**

Among the five questions about OJ issues in our survey, the participants identified the occupational imbalance and occupational deprivation as the top two most prevalent issues. More than half of the responses reported that these five OJ issues are usually observed in practice.

Additionally, 10 of the participants are CHTs. These results showed that more than half of the hand therapists who participated in our study recognized OJ issues in their practice settings. Moreover, our study hypothesized that differences in SES might predict an increased likelihood of facing issues of OJ. The results from the survey did not indicate there is a correlation between lower SES and the experience in OJ issues. However, the one therapist who participated in the in-person interview mentioned she recognized occupational injustice with clients who have heavy work demands. The study had a low response rate with only sixteen valid participants while we aimed for 60-90 participants. However, as a pilot study, it is vital to gather any data to increase understanding of OJ issues and nuances, particularly in a hand therapy setting.

In the results, participants were given the option to provide additional information regarding OJ issues in their therapy session. For open-ended responses, we identified four main parent codes: open discussion, give recommendation and suggestions, providing services, and educate the client. For the open discussion code, participants reported having conversations about work and life balance with their clients and also educated their clients on life balance and different paths to obtain an improved benefit. When the participant identified OJ issues that impacted their clients' occupational performance, they recommended getting an attorney, changing work station, or switching their therapy schedule for better occupational balance. Instead of changing the clients' situation, some participants mentioned modifying ways to engage their clients in meaningful occupations. The responses of providing services included: providing online support, informing the case manager, providing community resources, as well as advocating for clients. These results indicated that some of the participants not only recognize and identify the OJ issues; they also implemented their interventions in addressing OJ issues among their clients.

Although our target population was occupational therapists, one physical therapist finished the online survey, and they also identified OJ issues in their practice setting, demonstrating that OJ issues could occur in settings outside of OT. The physical therapist participant reported recognizing occupational deprivation, imbalance, and alienation in their practice setting. Most importantly, they indicated that occupational injustice issues usually affect his/her clients' ability to participate in valued occupations. The physical therapist's answers to the survey served as data triangulation for our study, which supported our hypothesis in occupational injustice issues and increased the validity of the

study. For the semi-structured interview, one participant with more than eleven years of experience in hand therapy settings noted having never learned OJ during their schooling. This participant suggested that it could have helped to identify OJ issues had they learned OJ in school or had easy access to resources like a continuing education course in OJ.

Further study could target a larger population since this study only targeted one hand therapy group in Los Angeles County and had a relatively low response rate and small sample size. Further research could expand the target population to a statewide or national base to obtain a larger sample size. Since this study recognized OJ issues in their practice, a future study could focus on how occupational therapists address OJ issues they experience on a day-to-day basis.

### **Future Implications for OT**

Recognizing and advocating for OJ was the ultimate goal of our study. Our secondary goal was to look at occupational engagement in this setting to see how therapists address occupational injustice. Acknowledging and understanding OJ will allow therapists to address these problems and provide more comprehensive client-centered holistic care. More recognition of OJ issues within the U.S. will bring attention to the importance of addressing OJ and related issues in the OT profession. It was also a great opportunity to advocate for the OT profession by raising more discussions on OJ issues. Additionally, it would have a significant impact to integrate identifying and building interventions to address OJ issues into the Accreditation Council for Occupational Therapy Education (ACOTE®) Standards. By adding OJ issues in ACOTE® Standards ensured OJ issues along with interventions would be taught in OT schools as well as continuing educational courses. Moreover, more in-depth studies like

ours could provide a more precise and sophisticated definition of OJ and meanings of different types of occupational injustice.

### **Conclusion**

A preliminary literature search indicated a lack of research and unclear definitions of OJ in OT literature. The lack of a consolidated understanding limits OJ's potential for further development and utilization, and confusion of OJ with social justice. The purpose of this study was to see if occupational injustice is identified as a problem in hand therapy populations, and how these problems were addressed. Occupational therapy in hand therapy follows a biomechanical approach where the focus was not holistic.

CHTs and occupational therapists with experience in a hand therapy setting were surveyed to determine if OJ was only a problem in theory or if it was observed in a real-world scenario. The primary goal was to gain a better understanding of OJ in hand therapy settings where a biomechanical model was used to address client deficits. The secondary intent was to look at occupational engagement in hand therapy setting to see how therapists addressed the occupational deprivation. Additionally, differences in SES proved to be a source of occupational injustice.

Grounded in the ideals of justice, advocacy, and activism, OT focused on engaging in everyday occupations that "confer dignity, respect, and meaning to marginalized persons in society" (Gupta, 2016, p. 179). Occupational therapists could see various types of occupational injustice in their settings, such as occupational deprivation, imbalance, marginalization, apartheid, and alienation. Recognizing and understanding how OJ occurs in an OT setting could only improve our profession by making it more holistic.

## References

- Agner, J. (2017). Understanding and applying empowerment theory to promote occupational justice. *Journal of Occupational Science*, 24(3), 280-289.  
doi:10.1080/14427591.2017.1338191
- Aldrich, R. M., Boston, T. L., & Daaleman, C. E. (2017). Justice and U.S. occupational therapy practice: A relationship 100 years in the making. *The American Journal Of Occupational Therapy: Official Publication Of The American Occupational Therapy Association*, 71(1), 7101100040p1-7101100040p5.  
doi:10.5014/ajot.2017.023085
- Arthanat, S., Simmons, C. D., & Favreau, M. (2012). Exploring occupational justice in consumer perspectives on assistive technology. *Canadian Journal of Occupational Therapy*, 79(5), 309-319. doi:10.2182/cjot.2012.79.5.7
- Charmaz, K., & Belgrave, L. L. (2015). Grounded theory. In G. Ritzer (Ed.), *The Blackwell Encyclopedia of Sociology*.  
doi:10.1002/9781405165518.wbeosg070.pub2
- Durocher, E., Gibson, B. E., & Rappolt, S. (2014). Occupational justice: A conceptual review. *Journal of Occupational Science*, 21(4), 418-430.  
doi:10.1080/14427591.2013.775692
- Galvin, D., Wilding, C., & Whiteford, G. (2011). Utopian visions/dystopian realities: Exploring practice and taking action to enable human rights and occupational justice in a hospital context. *Australian Occupational Therapy Journal*, 58(5), 378–385. doi:10.1111/j.1440-1630.2011.00967.x

- Grice, K. O. (2015). The use of occupation-based assessments and intervention in the hand therapy setting - A survey. *Journal of Hand Therapy*, 28(3), 300-306.  
doi:10.1016/j.jht.2015.01.005
- Gupta, J. (2016). Mapping the evolving ideas of occupational justice: A critical analysis. *OTJR: Occupation, Participation and Health*, 36(4), 179-194.  
doi:10.1177/1539449216672171
- Hocking, C. (2017). Occupational justice as social justice: The moral claim for inclusion. *Journal of Occupational Science*, 24(1), 29-42.  
doi:10.1080/14427591.2017.1294016
- Hocking, C., & Clair, V. W. S. (2011). Occupational science: Adding value to occupational therapy. *New Zealand Journal of Occupational Therapy*, 58(1), 29-35.
- Kronenberg, F., & Pollard, N. (2005). Overcoming occupational apartheid: A preliminary exploration of the political nature of occupational therapy. In F. Kronenberg, S.S. Algado, & N. Pollard (Eds.), *Occupational therapy without borders: Learning from the spirit of survivors* (pp. 58–86). Toronto, ON: Elsevier Churchill Livingstone.
- Luborsky, M.R., & Lysack, C. (2017). Design considerations in qualitative research. In R. R. Taylor, & G. Kielhofner (Eds.), *Research in occupational therapy: Methods of inquiry for enhancing practice* (2<sup>nd</sup> ed.; pp. 180-195). Philadelphia, PA: F. A. Davis Company.
- Moravcsik, A. (2014). Transparency: The revolution in qualitative research. *PS: Political Science and Politics*, 47(1), 48–53. doi:10.1017/S1049096513001789

- Nilsson, I., & Townsend, E. (2010). Occupational Justice—Bridging theory and practice. *Scandinavian Journal of Occupational Therapy, 17*(1), 57–63.  
doi:10.3109/11038120903287182
- Robinson, L. S., Brown, T., & O'Brien, L. (2016). Embracing an occupational perspective: Occupation-based interventions in hand therapy practice. *Australian Occupational Therapy Journal, 63*(4), 293-296. doi:10.1111/1440-1630.12268
- Sheehan, K. B. (2001). E-mail survey response rates: A review. *Journal of Computer-Mediated Communication, 6*(2), 1-15. doi:10.1111/j.1083-6101.2001.tb00117.x.
- Stadnyk, R. L., Townsend, E. A., & Wilcock, A. A. (2010). Occupational justice. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed., pp. 329-358). Upper Saddle River, NJ: Pearson
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273-285). Thousand Oaks, CA, US: Sage Publications, Inc.
- Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *Canadian Journal of Occupational Therapy, 71*(2), 75–87. doi:10.1177/000841740407100203
- Waddell, G., & Burton, A. (2006). *Is work good for your health and well-being?* Norwich, United Kingdom: TSO (The Stationery Office). Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214326/hwwb-is-work-good-for-you.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf)
- Wegner, L. (2011). Through the lens of a peer: Understanding leisure boredom and risk behaviors in adolescence. *South African Journal of Occupational Therapy, 41*(1),



19–23. Retrieved from

<https://pdfs.semanticscholar.org/4355/90f66c9823641083c52d8aa2343a9a3e1f67>.

pdf

Whiteford, G. (2000). Occupational deprivation: Global challenge in the new millennium.

*British Journal of Occupational Therapy*, 63(5), 200–204.

doi:10.1177/030802260006300503

Whiteford, G., & Townsend, E. (2011). Participatory occupational justice framework

(POJF) 2010: Enabling occupational participation and inclusion. In F.

Kronenberg, N. Pollard, & D. Sakellariou (Eds.), *Occupational therapies without borders: Towards an ecology of occupation-based practices* (Vol. 2, pp. 65-84).

Toronto, Ontario: Churchill Livingstone Elsevier.

Wilcock, A. A. (2006). *An occupational perspective of health* (2nd ed.). Thorofare, NJ:

Slack, Inc. Wilcock A.A; & Townsend. E. A. (2014). Occupational justice. In B.

A. B. Schell, G. Gillen, & M. E. Scaffa (Eds.), *Willard & Spackman's*

*occupational therapy* (12th ed., pp. 541-552). Philadelphia: Lippincott Williams

& Wilkins.

## Appendix A

## Types of Occupational Injustice

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Types of OJ	Meaning
Occupational deprivation	a state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual (Whiteford, 2000, p. 201).
Occupational imbalance	excessive time spent occupied in one area of life at the expense of other areas (Stadnyk et al., 2010).
Occupational alienation	a prolonged experience of disconnectedness, isolation, emptiness, lack of a sense of identity, a limited or confined expression of spirit, or a sense of meaninglessness (Townsend & Wilcock, 2004, p. 80); and in relation to limited (or forced) participation in occupations viewed as meaningless or purposeless (Stadnyk et al., 2010; Wilcock, 2006).
Occupational marginalization	situations where individuals or groups may not be afforded the choice to participate in valued occupations, and may be relegated to those that are less prestigious or allow little choice or control (Stadnyk et al., 2010), or opportunity for decision-making (Townsend & Wilcock, 2004).
Occupational apartheid	occurs in situations where opportunities for occupation are afforded to some individuals and restricted to others based on personal characteristics such as race, disability, gender, age, nationality, religion, social status, and so on (Kronenberg & Pollard, 2005).

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## Appendix B

## Email Invitation

Dear Members of HTSGLA,

We are MSOT students at Stanbridge University. We are investigators for a research study that seeks to answer the question: “Is Occupational Justice an Area of Concern for Hand Therapists?” You have been identified as an experienced occupational therapist and are invited to participate in a survey exploring clinician’s understanding of occupational justice in a hand therapy setting. The overall goal of the study is to identify if occupational injustice is identified as a problem in hand therapy populations, and how these problems are addressed.

Completion of this survey should take no more than 5-20 minutes, and your response will be anonymous. Completion of the survey implies your consent to participate and use your response as part of aggregate data for this study. Please complete this survey no later than DATE (NOTE: to be determined depending on logistics of IRB and HTSGLA). Do not hesitate to contact us at [OJsurveyMSOT@my.stanbridge.edu](mailto:OJsurveyMSOT@my.stanbridge.edu) about any of the concerns regarding the research or completing the survey. To participate in the survey, please follow the Qualtrics link below:

[https://qtrial2018q2az1.az1.qualtrics.com/jfe/form/SV\\_80QM6Ujkyctwu5T](https://qtrial2018q2az1.az1.qualtrics.com/jfe/form/SV_80QM6Ujkyctwu5T)

Thank you in advance for your time and contributing to research to support the advancement of hand therapy.

Sincerely,

Anita Chon, Pourya Pouresmail, Patrick Viola, and Yang Yu  
Faculty Advisor: Dr. Jeremy Seip OTD, OTR/L CHT  
Stanbridge University  
Irvine, California

## Appendix C

## Electronic Survey Consent Form

(NOTE: This page is the first page of the electronic survey)

You are invited to take part in an anonymous research survey. Occupational justice issues often arise around or as a part of employment or participation in less valued occupations. These issues may affect a client's ability to participate in therapy and their ultimate prognosis. This study focuses on occupational therapists with at least one year of experience in a hand therapy setting and will investigate therapist perception of occupational justice issues in their clientele, what effect these issues may have on therapy, and how therapists address these issues.

Your participation will require approximately 5-20 minutes. If you participate in an interview, your participation will require approximately 15 additional minutes.

Your participation will help advocate and contribute to the OT literature.

There are no known risks or discomforts associated with this survey. Taking part in this study is completely voluntary. You can choose not to take part. You can choose not to finish the questionnaire. This survey is anonymous. No personally identifiable information will be collected as part of the survey unless you agree to be contacted to participate in a phone or in-person interview. After collection, data will not be associated with any personally identifiable information.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints, or concerns which you do not feel you can discuss with the investigator. The Stanbridge University IRB may be reached by email at [IRB@stanbridge.edu](mailto:IRB@stanbridge.edu).

This research is a pilot study being conducted by MSOT students at Stanbridge University. Do not hesitate to contact us at [OJsurveyMSOT@gmail.com](mailto:OJsurveyMSOT@gmail.com) about any of the concerns regarding the research or completing the survey.

Thank you for your participation!

Anita Chon, Pourya Pouresmail, Patrick Viola, and Yang Yu  
Faculty Advisor: Dr. Jeremy Seip OTD, OTR/L CHT  
Stanbridge University  
Irvine, California

Clicking the "Next" button below indicates that you are 18 years of age or older, and indicate your consent to participate in this survey.

## Appendix D

## Follow-Up Contact Consent Form

(NOTE: This page is the last page of the electronic survey)

If you are willing to be interviewed for further research, please leave contact information below. This interview is completely voluntary. The interview will take approximately 15 mins, and you will be interviewed by researchers with 5-6 open-ended questions. After data collection, your All the data and your answers will be confidential. If you do not select yes, we will not contact you. There is no monetary compensation for your participation in this study. This study will come at no cost to you, aside from your much appreciated time. Do not hesitate to contact us at [OJsurveyMSOT@gmail.com](mailto:OJsurveyMSOT@gmail.com) about any of the concerns regarding to the research or the interview.

I am willing to be interviewed for further research. (RESPONSE: Mark one)

Yes     No

Please provide us with your contact information. (NOTE: These lines will only appear if a subject has selected “Yes”)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Appendix E

## Semi-Structured Interview Consent Form

**Description:** You are invited to participate in a research study on how occupational imbalance and deprivation might affect clients' engagement in treatment sessions. You will be interviewed by researchers by phone or in person with 5-6 open-ended questions.

**Your Time Involvement:** Your participation will take approximately 15 mins.

**Risks and Benefits:** There are no known risks to this study and the benefits of this study are providing improvements in the understanding of occupational justice in the field of occupational therapy.

**Payment:** There will be no payment for participation in this study.

**Participant Rights:** If you have read and signed this form you are consenting to participate in this study. Participation in this study is voluntary, and you have the right to withdraw at any point without penalty. Your alternative is to not participate in this study. You have the right to refuse to answer specific questions. Your identity will not be disclosed at any time. The results of this study may be disseminated at professional meetings or published in scientific journals.

**Contact Information:** Do not hesitate to contact us at [OJsurveyMSOT@gmail.com](mailto:OJsurveyMSOT@gmail.com) about any of the concerns regarding to the research or completing the survey. If you have any further questions about this research you may contact the Faculty Advisor: Dr. Jeremy Seip OTD, OTR/L CHT at [jeremyseip@gmail.com](mailto:jeremyseip@gmail.com).

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints, or concerns which you do not feel you can discuss with the investigator. The Stanbridge University IRB may be reached by email at [IRB@stanbridge.edu](mailto:IRB@stanbridge.edu).

I give consent to interviewers to take note of my answers during this study.  Yes  
 No

Please keep a copy of this signed and dated consent form for yourself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix F

## Online Survey

In this survey, we are examining if occupational therapists see Occupational Justice issues in their hand therapy clients and, if so, whether these issues affect the course of therapy.

This survey is divided into three parts:

1. Factors relating to you and your practice in hand therapy.
2. Demographics of your hand therapy caseload.
3. The effects of Occupational Justice issues in your caseload.

As a pilot study, we are also interested in interviewing you. At the end of the survey, if you are interested, please enter your contact information to participate in a short in-person or telephone interview. We would like to more know about your view and experience on Occupational Justice. Participants for the short interview will be chosen at random. Thank you again for your time. There is no monetary compensation for your participation in this study. This study will come at no cost to you, aside from your much appreciated time.

**Part 1: Factors relating to you and your practice in hand therapy**

1. I am a(n):

(RESPONSE: Choose one, fill in if needed)

- Occupational therapist
- Physical therapist
- Other (please specify)

2. Are you a Certified Hand Therapist (CHT)?

(RESPONSE: Choose one)

- Yes
- No

3. How many years of experience do you have in a Hand Therapy setting?

(RESPONSE: Choose one)

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11 + years

4. What type of hand therapy setting have you worked in?

(RESPONSE: Choose all that apply, fill in if needed)

- Hospital-based outpatient
- Hospital-based inpatient
- Private-practice outpatient

- Occupational medicine clinic
- Other (FILL IN OPTION)

**Part 2: Factors relating to your hand therapy caseload.**

The next four questions address the demographics of your hand therapy caseload. Please answer them to the best of your knowledge.

5. Approximately, what percentage of your clients fall under each category? Occupational justice issues can arise when people are under or over employed as employment issues trend to crowd out other valued occupations especially in lower paying jobs. Responses should total 100%.

(RESPONSE: Enter percentage of each)

- Overemployed (over 40 hours per week, or multiple jobs)
- Full time employed (Working approximately 40 hours per week)
- Voluntary part-time (Working less than 40 hours per week, by choice)
- Underemployed (Working less than 40 hours per week, but not by choice)
- Unemployed by choice
- Unemployed, but looking for work
- Disabled

6. Approximately, what percentage of your caseload would describe themselves as the following? Responses should total 100%.

(RESPONSE: Enter percentage of each, fill in as needed)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White
- Other: (FILL IN OPTION)

7. Approximately, what percentage of your clients pay for hand therapy services using the following? Responses should total 100%. (RESPONSE: Enter percentage of each, fill in as needed)

- Medicare
- Medi-Cal
- Private Insurance
- Workers Compensation
- Cash/self-pay
- Other: (FILL IN OPTION)

8. Approximately, what percentage of your caseload is in the following categories of socioeconomic status? Responses should total 100% (RESPONSE: Enter percentage of each)



- Low
- Middle
- High

### **Part 3: The effects of Occupational Justice issues in your caseload.**

Occupational injustice results in experiencing participation exclusion or being deprived of occupations that adults once found meaningful; some of these can result in feelings of being disempowered, being detached, being alienated, being marginalized, or being oppressed. Less meaningful job workers (assembly-line worker, shift-worker, and high-strain jobs), overemployed or underemployed populations, low socioeconomic status individuals, and industry workers are especially vulnerable populations to occupational injustice. Issues of occupational justice affect humans on a global scale, and many researchers have defined some of the essential terms when it comes to addressing these issues:

#### Types of Occupational Justice:

- Occupational Deprivation: Outside factors that prevent necessary and meaningful occupational engagement.
- Occupational Imbalance: Excessive time spent occupied in one area of life at the expense of other areas.
- Occupational Marginalization: Individuals or groups that are relegated to a powerless, choiceless, or meaningless occupation with a lack of decision-making opportunities.
- Occupational Alienation: The feeling of disconnectedness, isolation, emptiness, or a sense of meaninglessness relative to limited/forced participation in occupations viewed as meaningless or purposeless
- Occupational Apartheid: Occupational opportunities are afforded to some individuals and restricted to others due to race, disability, gender, age, religion, social status, etc.

(from Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*, 71(2), 75–87).

9. Of the five types of Occupational Justice issues described above, which have you seen in your caseload? Please mark all that apply. (RESPONSE: Choose all that apply)

- Occupational Deprivation
- Occupational Imbalance
- Occupational Marginalization
- Occupational Alienation
- Occupational Apartheid

10. How often do see one or more of these Occupational Justice issues in your caseload? (RESPONSE: Four response Likert Scale: Always, usually, seldom, never)

11. Do these issues affect your clients' ability to participate in valued occupations?  
(RESPONSE: Four response Likert Scale: Always, usually, seldom, never)

12. Do these issues affect your clients' ability to participate in therapy sessions?  
(RESPONSE: Four response Likert Scale: Always, usually, seldom, never)

13. While respecting HIPAA, if you have seen clients with Occupational Justice issues, could you describe a situation or specific example that affected a client's ability to participate in therapy?

(RESPONSE: Yes/No: If yes, continue to free response, if no, skip to #15)

(RESPONSE: Free response).

14. Regarding question 13, what category of socioeconomic status is this client in? (RESPONSE: Select one)

- Low
- Middle
- High

15. Regarding the five types of Occupational Justice identified in question nine: If you have identified these issues as affecting your clients' ability to participate in therapy, have you been able to address the issues in a therapy session? If so, how? Please enter NA if not applicable.

(RESPONSE: Free response).

(NOTE: Question 16, 17 regards consent for phone/in-person interview. This content can be found as Appendix C).

Appendix G

Semi-Structured Interview Questions

Question 1

What type of population do you typically work with? What type of work do they do?

Question 2

Do you have any examples of patients who displayed obvious signs of issues regarding Occupational Justice?

Question 3

How do clients express aspects of their lives affected by Occupational Justice issues either directly or indirectly?

Question 4

Do you feel that occupational justice issues can affect a client's ability to participate in Occupational Therapy? If so, how?

Question 5

What do you do to address issues of occupational justice? OR What do you think is a good way to approach dealing with issues of occupational justice?

## Appendix H

## Occupational Justice Definition

Occupational injustice results in experiencing participation exclusion or being deprived of occupations that adults once found meaningful; some of these can result in feelings of being disempowered, being detached, being alienated, being marginalized, or being oppressed. Less meaningful job workers (assembly-line worker, shift-worker, and high-strain jobs), overemployed or underemployed populations, low socioeconomic status individuals, and industry workers are vulnerable populations to occupational injustice. Issues of occupational justice affect humans on a global scale, and many researchers have defined some of the essential terms when it comes to addressing these issues:

## Types of Occupational Justice:

- Occupational Deprivation: Outside factors that prevent necessary and meaningful occupational engagement.
- Occupational Imbalance: Excessive time spent occupied in one area of life at the expense of other areas.
- Occupational Marginalization: Individuals or groups that are relegated to a powerless, choiceless, or meaningless occupation with a lack of decision-making opportunities.
- Occupational Alienation: The feeling of disconnectedness, isolation, emptiness, or a sense of meaninglessness relative to limited/forced participation in occupations viewed as meaningless or purposeless
- Occupational Apartheid: Occupational opportunities are afforded to some individuals and restricted to others due to race, disability, gender, age, religion, social status, etc.

From Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client-centered practice: A dialogue in progress. *Canadian Journal of Occupational Therapy, 71*(2), 75–87.

## Appendix I

## Institutional Review Board Approval

**IRB Reviewer Feedback**

Reviewer Name: Ingrid Leu  
Student Name(s): Anita Chon, Pourya Pouresmail, Patrick Viola, Yang Yu  
Advisor Name(s): Jeremy Seip  
Study Title: Is Occupational Justice an area of concern for hand therapists?  
Study ID: 082  
Decision:  Approve  
 Minor Revisions  
 Major Revisions

**Reviewer Comments:**

**Edits addressed all concerns. Background about goals and origins of the study gives a complete picture of why the study is to be conducted in the way presented.**

**Approved!**

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**Please type your name as electronic signature**

## Appendix J

Table 1

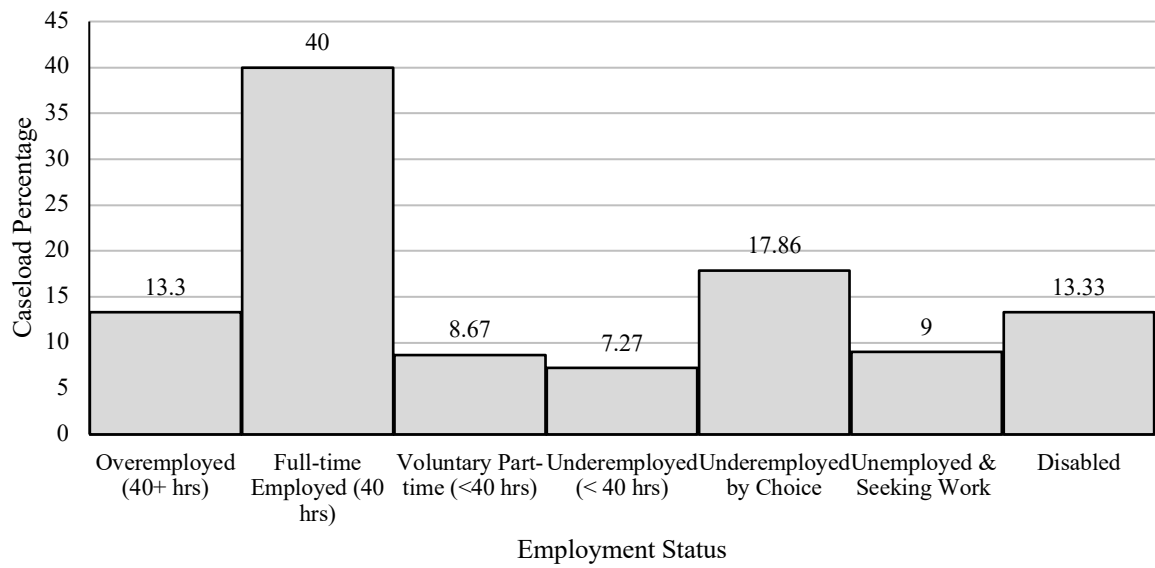
*Participant Demographics*

Survey Items	n	%
CHT		
YES	10	62.5
NO	6	37.5
Years of Experience		
1-2 Years	2	12.5
3-5 Years	3	18.75
6-10 Years	1	6.25
11+ Years	10	62.5
Practice Setting		
Hospital-based outpatient	4	17.39
Hospital-based inpatient	3	13.04
Private-practice outpatient	13	56.52
Occupational medicine clinic	3	13.04

*Note:* Values may not add up to N=16 due to participants having worked in multiple settings

Appendix K

Figure 1. Employment Type



*Figure 1.* Employment type. This figure illustrates the percentage of caseload based upon employment status of participants.

Appendix L

Figure 2. Caseload Ethnicity

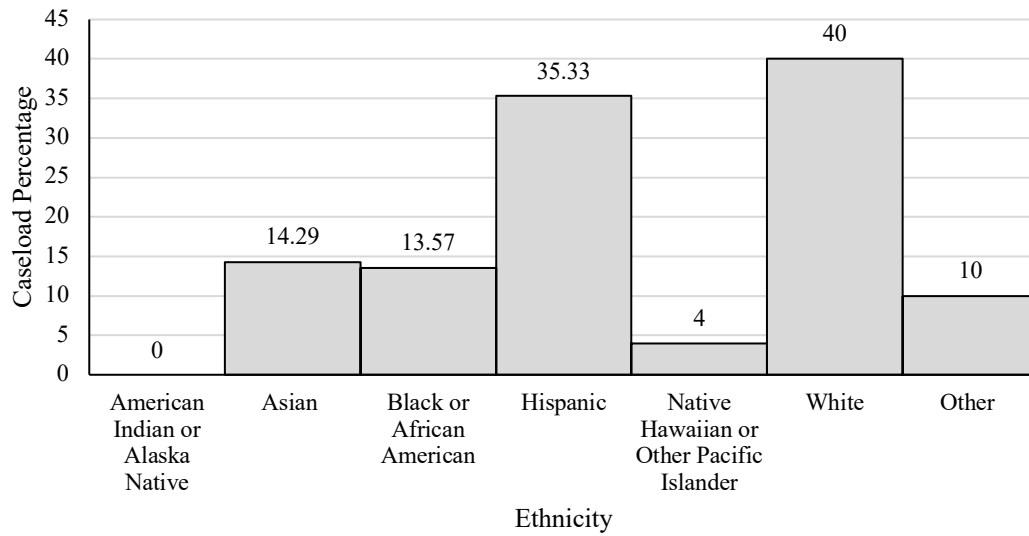


Figure 2. Caseload ethnicity. This figure illustrates the percentage of caseload based upon the participants client’s ethnic background.



Appendix M

Figure 3. Payment Type

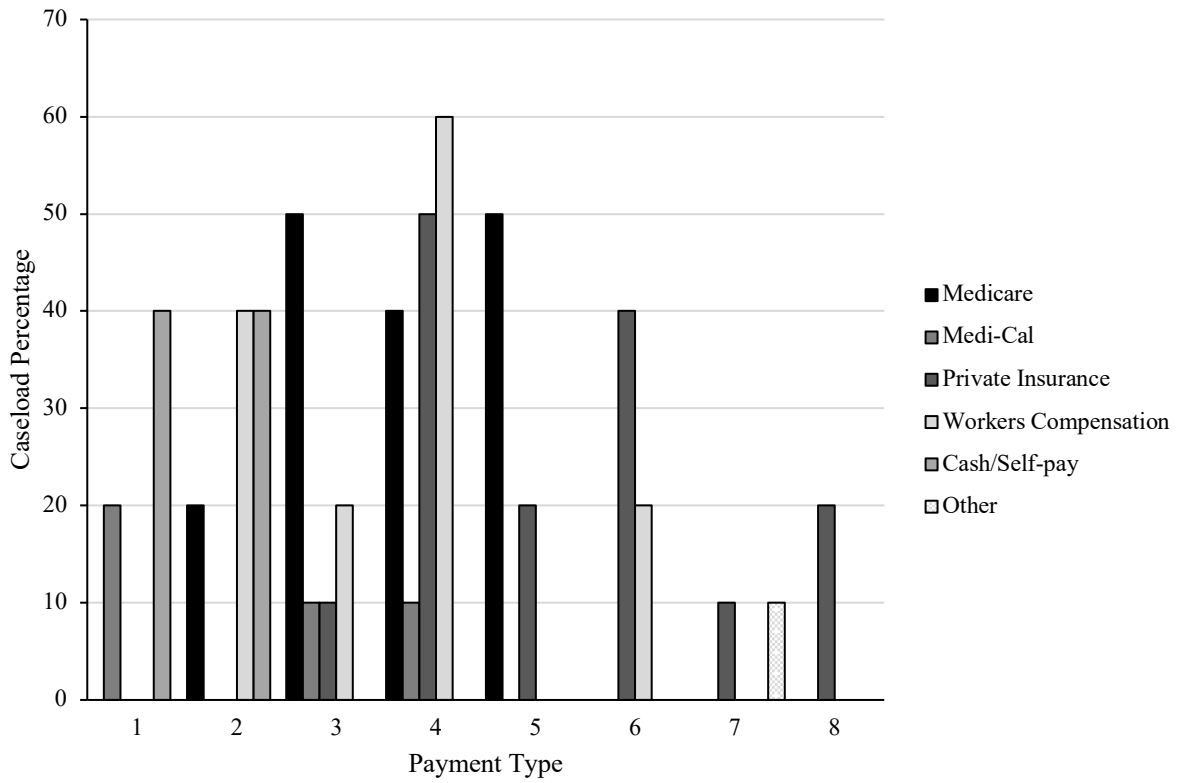
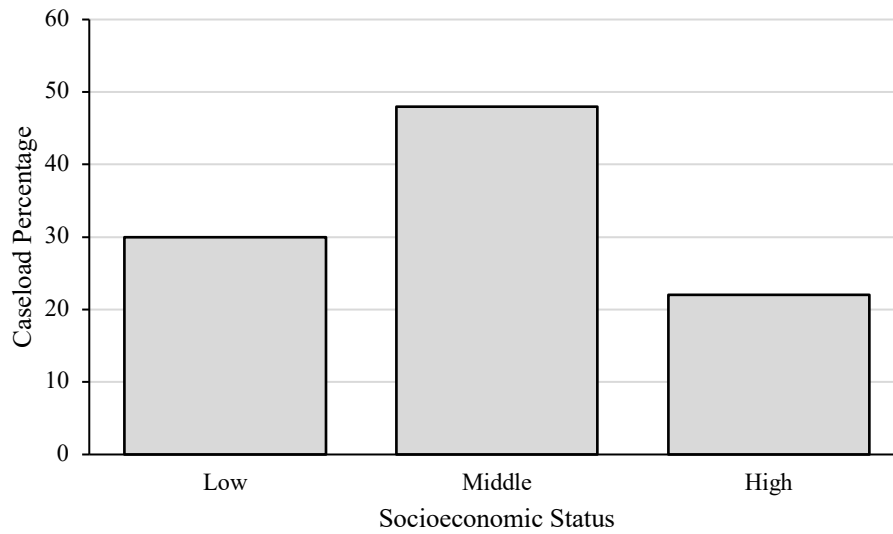


Figure 3. Payment type. This figure illustrates the percentage of caseload based upon payment type of participants.

## Appendix N

Figure 4. Socioeconomic Status



*Figure 4. Socioeconomic Status.* This figure illustrates the percentage of caseload based upon socioeconomic status of participants.