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Confronting Systemic Racism in Occupational Therapy: A Mixed Methods Study

Rachelle Murphy

Vibrant Minds Charter School - USA, rachellemurphyotr@gmail.com

Karen Park

University of St. Augustine for Health Sciences - USA, kpark@usa.edu

Christy Billock

USA, christybillock@gmail.com

Tracy Becerra-Culqui

California State University, Dominguez Hills - USA, tbecerraculqui@csudh.edu

Natalie A. Perkins

University of the Pacific - USA, nperkins@pacific.edu

Rajvinder Bains

University of the Pacific - USA, rbains@pacific.edu

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Confronting Systemic Racism in Occupational Therapy: A Mixed Methods Study

Abstract

This study aimed to examine how occupational therapists and students perceive systemic racism in occupational therapy practice and the effectiveness and impact of the delivery of a keynote address on confronting systemic racism in practice delivered to occupational therapists and students. The study aimed to help inform future efforts in creating a more diverse and inclusive profession at the practice, policy, and education level by providing input into the challenges and opportunities that occupational therapists and students face when reckoning with issues of racism in practice. A mixed methodology research design was used with Likert-style scale and open-ended questions delivered via online survey. Eighty-nine occupational therapists and students completed the online survey. Most of the respondents reported responding favorably to the keynote address and shared sentiment that it could be a difficult and uncomfortable topic, yet it was important to discuss because of its impact on the profession and the clients occupational therapists serve.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

anti-oppression, inclusive profession, occupational apartheid, occupational consciousness

Cover Page Footnote

The authors would like to acknowledge the Occupational Therapy Association of California (OTAC); Chi-Kwan Shea, PhD, OTR/L; Susan MacDermott, OTD, OTR/L; Michelle Arakaki, OTD, OTR/L; and Heather Kitching, OTD, OTR/L for their contributions to this research study. We also acknowledge Elelwani Ramugondo, PhD, BSc, MSc and Frank Kronenberg, PhD, BscOT, BAEd for their unwavering dedication to anti-oppression work around the globe.

Credentials Display

Rachelle Murphy, DHSc, OTR/L, DipACLM; Karen Park, OTD, OTR/L, BCP; Christy Billock, PhD, OTR/L, DipACLM; Tracy Becerra-Culqui, PhD, MPH, OT/L; Natalie A. Perkins, PP-OTD, M.Ed., OTR/L, FIIE; Rajvinder K. Bains, OTD, OTR/L, CEAS

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For over a hundred years, the occupational therapy (OT) profession has largely neglected to address the historical influences of systemic issues of colonization, white supremacy, and troubling racial inequities. These omissions have contributed to racial disparities in OT practice, education, and patient care. In recent years, the global COVID-19 pandemic highlighted the racial and health inequities plaguing the United States for centuries. Several high-profile killings of Black Americans at the hands of White police officers or citizens during the spring and summer of 2020 sparked a global reckoning with systemic and institutional racism and social injustice and drew attention to the changes needed to create a more just, diverse, and inclusive society.

Nationally, the OT profession joined many other professions, organizations, and individuals to begin a journey of self-reflection and honest interrogation into its own history and practice. The American Occupational Therapy Association (AOTA) hosted a series of listening sessions in the summer of 2020 with occupational therapists and students who self-identified as Black, Indigenous, and People of Color (BIPOC) to learn about their lived experiences and to listen to ideas and recommendations to guide the profession toward a more diverse, inclusive, and equitable future (Salvant et al., 2021). In May 2021, AOTA released a statement on justice and systemic racism, which stated,

As a profession based on elevating strengths and eliminating barriers to occupational engagement for our clients in their day-to-day lives, we must use our expertise to identify and address the challenges facing the African American community and find meaningful solutions that will enable each member of society to thrive. (AOTA, 2021)

While AOTA's statement was intended to address the most publicized racial injustices that occurred against Black people in 2020, it did not address the long history of systemic injustice experienced by communities with marginalized and intersectional identities, including other people of color, LGBTQI+, disabled, and indigenous people in the United States.

The profession of OT has been guided by White, humanistic, Western ideals and interests since its inception in 1917, with the dominating philosophical views originating in Europe and North America (Dirette, 2018; Kronenberg, 2018; Lavalley & Johnson, 2020; Mahoney & Kiraly-Alvarez, 2019). The nature of occupation has historically been focused on individualism and individual experiences as experienced by its creators: White, well-educated, middle-class, middle-aged individuals from a Judeo-Christian background (Dickie et al., 2006; Dirette, 2018; Lavalley & Johnson, 2020). Moreover, OT theories often focus on individuality, productivity, and client-centeredness that reflect primarily Western ideals not in alignment with most of the world's views (Dirette, 2018). While AOTA has increased initiatives, including the development of the Diversity, Equity, and Inclusion Strategic Plan, a Toolkit for occupational therapists, and the AOTA Diverse Leaders program, the profession has yet to demonstrate a lasting commitment to producing anti-racist initiatives and policies. The profession continues to lack in racial, ethnic, and gender representation, with less diversity in its governance and leadership (AOTA, n.d.; Johnson et al., 2022; Salvant et al., 2021). A critical area still needing attention in the profession is a commitment to understanding the root causes of how and why these disparities originated and evolved over time. The lack of progress may be because of the continued focus on cultural competency, a framework commonly practiced by occupational therapists and other health professionals. The concept of cultural competency often reinforces white supremacist norms and institutionalized racism. Health care professions, including OT, need to acknowledge White supremacy's primary role in contributing to health

disparities while acting to dismantle and reconstruct frameworks and models that were built from this platform (Browne, 2017; Grenier, 2020; Grenier et al., 2020; Lavalley & Johnson, 2020).

In response to the global racial reckoning at a time of turmoil and increasing social justice activism, Drs. Frank Kronenberg and Elelwani Ramugondo delivered a keynote address titled “Systemic Racism: Living Occupational Therapy Through Ubuntu” at the Occupational Therapy Association of California’s (OTAC) Annual Conference in October 2020. The presentation was a call to action for occupational therapists, educators, and students in the state of California to interrogate honestly how systemic racism manifests in the profession’s institutional arrangements and practices. Their presentation offered the African philosophy and ethic of ubuntu as a foundation for an anti-oppressive OT profession. Dr. Kronenberg, a native Dutch citizen and a permanent resident in South Africa since 2005, is a co-founder of the movement “Occupational Therapy without Borders,” chair of the Board of the Cape Town based non-profit Grandmothers Against Poverty and AIDS, and he works as an international OT lecturer and scholar. He has written several international books and numerous articles. In his position, he explicitly acknowledges his Dutch ancestors’ history of imposing apartheid and colonization on the peoples of South Africa. He coined the notion of “occupational apartheid” (Kronenberg, 1999), most recently defined as:

Systematically enacted negations of humanity to divide and subjugate collectives of people to the benefit of some at the expense of others, which is done through (oftentimes intersecting) oppressive social mechanisms (ex., racism, classism, sexism, homophobia, xenophobia, ableism, neoliberal individualism), masterminding unequal access to resources that can sustain dignified living for all. (Kronenberg, 2018, p. 43)

Dr. Ramugondo, a native South African citizen, is a professor in the Faculty of Health Sciences at the Division of Occupational Therapy. Since July 2022, she has been Deputy Vice Chancellor of Transformation, Student Affairs, & Social Responsiveness at the University of Cape Town. Dr. Ramugondo has served in various institutional roles, has published several research studies, and is an accomplished author. Dr. Ramugondo personally experienced, and Dr. Kronenberg witnessed, the persistent impact of colonization, apartheid, and oppression firsthand. As long-time educators, vocal on systemic racism and decolonization in OT, they have challenged occupational therapists, educators, and leaders around the world to interrogate and effectively address how systemic racism (and other intersecting oppressions) manifest in the institutional arrangements and practices of the OT profession (Kronenberg et al., 2015). Notably, Dr. Ramugondo delivered the opening keynote address at the 2017 World Federation of Occupational Therapy (WFOT) Congress in Cape Town, South Africa, which highlighted how occupational therapists can aim for decolonization of OT by supporting those served by the profession to reclaim their full humanness through practices that foster self-determination, collective self-reliance, and healing (Dirette, 2018; Kronenberg, 2018; Kronenberg et al., 2015). Understanding the ongoing relevance of these themes paired with the shifts in attention toward issues of systemic racism in the United States, OTAC invited Drs. Ramugondo and Kronenberg to present the keynote address at the state Annual Conference in 2020.

In the 2020 OTAC keynote presentation, Drs. Ramugondo and Kronenberg provided the following definition of systemic racism:

Racism (a dehumanizing force) is a global hierarchy of superiority and inferiority along the line of the human that has been politically, culturally and economically produced and reproduced for

centuries by the institutions of the ‘capitalist, patriarchal, western-centric/Christian-centric, modern/colonial world-system’ . . . Racism can be marked by colour, ethnicity, language, culture and/or religion (Grosfoguel, 2011, p. 10).

The keynote offered a historicized critique of OT’s philosophy of humanism, which was born in Europe during the same period of racist dehumanization-based global conquests and colonization. To exercise the moral duty and responsibility not only to serve individual clients’ private needs but also societies’ public needs and the common good in the OT profession, the speakers also called for a political framing of the main concern of the profession by asking, “How are we doing together as global and local societies and communities?” (Kronenberg, 2018). Drs. Kronenberg and Ramugondo emphasized the need to raise occupational therapists’ occupational consciousness, highlighting how, through daily professional practices, occupational therapists may either sustain or generatively disrupt dehumanizing intersectional oppressions, positioning and preparing for becoming a humanizing and healing praxis (Kronenberg, 2018; Kronenberg, 2021; Ramugondo & Kronenberg, 2015).

This research study aimed to examine how occupational therapists perceive systemic racism in OT practice and the effectiveness and impact of the keynote address that Ramugondo and Kronenberg delivered to occupational therapists, educators, and students in California. The research questions guiding the study were: (a) What kind of impact did the keynote address have on occupational therapists, educators, and students who had viewed the address to better understand systemic racism? and (b) What challenges and opportunities are occupational therapists, educators, researchers, and students confronting in addressing systemic racism in their professional practice areas?

Method

The researchers administered an online mixed methods survey of occupational therapists, occupational therapy assistants, and OT students in California between August and December 2021. The purpose of the survey was to explore the impact that the OTAC 2020 keynote address had on those who had viewed it, their perceptions of the effectiveness of how the message was delivered, and the actions they might take to address systemic racism in OT. The survey was configured in Qualtrics, a web-based survey tool that allows for the creation, distribution, and analysis of survey data and included questions soliciting both structured and unstructured answers. The Institutional Review Board at Claremont Graduate University approved this study, and the researchers secured informed consent from the participants before the study. The authors acknowledge that our individual and collective positionality influenced the process of conducting this research study. The research group included current and former educators in OT graduate programs who all identify as women, which contributed to privileged perspectives on the topic. One researcher identified as Latinx and a person of color, one as Korean-American, one as South Asian/Punjabi American, and another as a first-generation Pacific Islander. Lastly, two researchers identified as White. The intersectionality of our racial, gender, and professional identities led to critical reflection on privileges, barriers, and discrimination we have personally experienced in the profession as we approached the research process.

Participants

Participants were recruited via email and social media. Eligible participants were occupational therapists or students in the state of California who had either (a) attended the 2020 OTAC Annual Conference keynote address “Confronting and Addressing Systemic Racism: Living Occupational Therapy Through Ubuntu” in person, (b) watched the keynote address online as delivered by OTAC’s

2021 OT Month promotions, or (c) watched the keynote address from a link provided in the online survey. Given the opportunity to watch the keynote address via a link provided in the online survey, everyone who participated in the survey was eligible for inclusion. Recruitment emails were distributed by OTAC using the organization's distribution list and through OTAC's social media accounts. Data collection began with the distribution of the first recruitment email and occurred simultaneously with continued recruitment for the survey.

Survey Design

The research team designed the online survey in collaboration with representatives from the OTAC Diversity, Equity, and Inclusion (DEI) committee and input from the keynote speakers, Drs. Kronenberg and Ramugondo. The survey was designed to take approximately 20 min to complete and consisted of 15 questions grouped into three overarching categories: initial reactions, the conceptualization of racism in the presentation and its impact on the OT profession, and the processing of and opinions about the concepts presented. Eleven of the 15 were structured questions soliciting Likert-style scale responses such as *strongly agree* and *strongly disagree*. Two of these questions allowed the respondents to include additional comments. Four of the survey questions were open-ended to allow the respondents to provide narrative responses of their perspectives related to the issues presented. The questions focused on the accessibility of the keynote format, the processing and impact of the information presented, and future directions for the profession to address systemic racism. The respondents were also asked to provide demographic data related to professional status, years of professional experience, age, and race/ethnicity. The survey was anonymous, and no identifying information was collected. The respondents were not required to answer every question in the survey. All members of the research team, representatives from the OTAC DEI committee, and both keynote speakers piloted the survey; minor modifications were made to include changes in wording before distribution.

Data Analysis

Descriptive statistics were calculated to describe the respondents' demographics. Five-point Likert scale response distributions were described using cluster-stacked bar charts. Bivariate Pearson correlation coefficients were calculated to evaluate correlations between sub-questions in each larger survey question category. Likert scale responses were further consolidated into three categories (*agree*, *disagree*, *neither agree nor disagree*) to calculate chi-squared tests to test for significant differences between students and OT professionals. Significant differences were considered when the p-value was less than 0.05.

Members of the research team analyzed qualitative responses using Braun and Clarke's (2006) thematic analysis approach. First, the researchers individually developed codes and then developed themes for each question to identify and interpret patterns of meaning. Codes and themes from each research team member were then reviewed, discussed, and analyzed to determine overall themes by question. The themes were then explored in the context of the quantitative data to provide insight about the participants' responses.

Results

Respondent Demographics

Of the 104 potential respondents who initiated the survey, 89 (85.6%) completed it, met the inclusion criteria, and provided informed consent. The respondent demographics are described in Table 1.

Table 1
Respondent Demographics, n = 89

		Total n (%)
Professional Status	Student - OT	61 (68.5)
	Occupational Therapist	23 (25.8)
	Student - OTA	1 (1.1)
	Occupational Therapy Assistant	2 (2.2)
	Other	1 (1.1)
	Missing	1 (1.1)
Years as an OT Professional (n = 26)	< 1	1 (3.8)
	1–5	3 (11.5)
	6–9	1 (3.8)
	10–20	5 (19.2)
	> 20	15 (57.7)
	Missing	1 (3.8)
Student Status (n = 62)	First year	53 (85.5)
	Second year	5 (8.1)
	Third year	2 (3.2)
	Missing	2 (3.2)
Age, Years	20 to 30	55 (61.8)
	31 to 40	11 (12.4)
	41 to 50	4 (4.5)
	51 to 60	8 (9.0)
	61 to 70	6 (6.7)
	Over 70	3 (3.4)
	Missing	2 (2.2)
Race/Ethnicity	Asian	35 (39.3)
	White	31 (34.8)
	Hispanic or Latino	12 (13.5)
	Black or African American	1 (1.1)
	Prefer not to answer	5 (5.6)
	Other - specified	3 (3.4)
	Missing	2 (2.2)

Note: Zero responders identified with Native Hawaiian or Pacific Islander, American Indian, or Alaska Native race/ethnicity categories. Other-specified included two Hispanic/White and one Asian/American Indian/White.

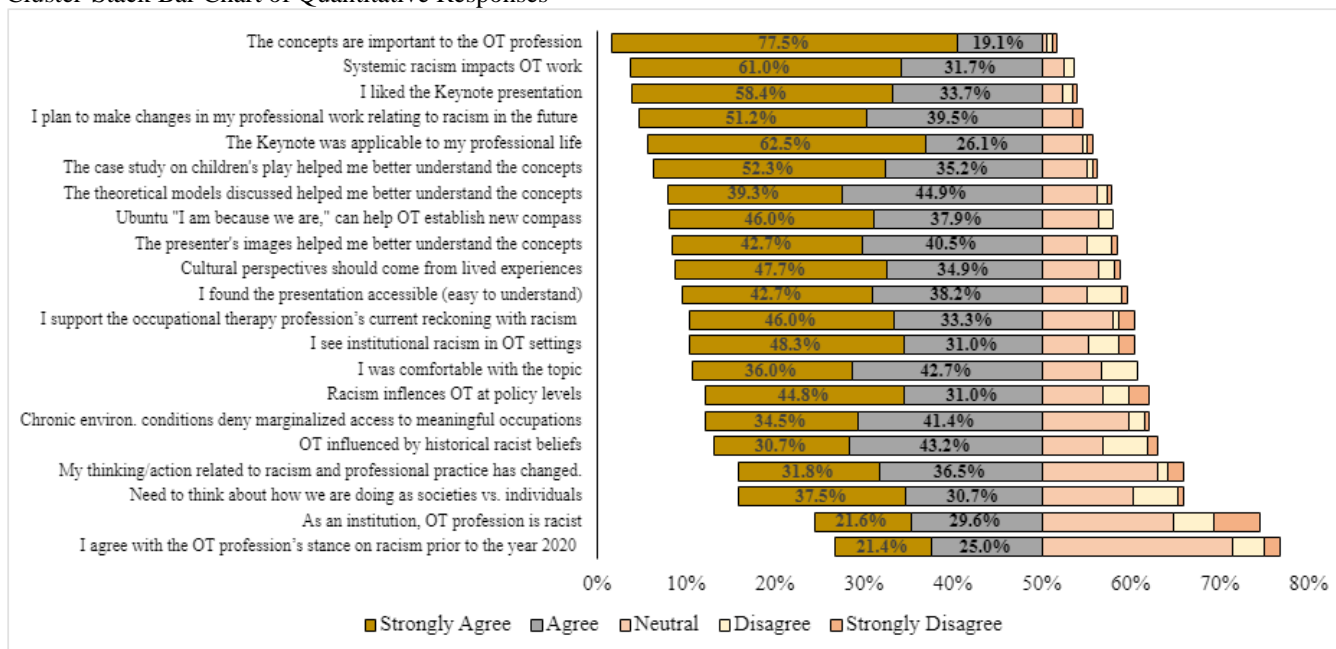
Of the 89 respondents, the majority were students of both OT and OT assistant programs (68.5%), followed by occupational therapists (25.8%). Of the OT professional respondents (occupational therapist, occupational therapy assistant, and others), 57.7% had over 20 years of experience in the profession. The largest group of the student respondents were in their first year of school (85.5%). Most of the respondents were between 20 and 30 years of age (61.8%); 39.3% identified as Asian, and 34.8% identified as White (see Table 1).

Quantitative Results

Figure 1 summarizes the survey responses to questions regarding initial reactions, conceptualization of racism in the presentation and its impact on the OT profession, and processing of opinions about the concepts presented. The respondents' initial reactions to the keynote were favorable, with the majority responding strongly agree and agree to the following in the keynote address: the importance of the concepts, liked the presentation, thought it was applicable, felt that examples helped them better understand concepts, and found the presentation accessible. While most of the participants believed the concepts presented were important to the profession (96.6%), comfort with the topic was reported less frequently (78.7%). Questions related to the presented concept of racism and consideration of current systems and practices mostly received favorable responses. While most of the respondents felt that systemic racism impacts work in OT (92.7%), fewer respondents felt the OT profession as an institution is racist (51.2%). Lastly, questions regarding the processing of the concepts and future action

were also mostly favorable, with 90.7% of the respondents planning to make changes in their professional work and 79.3% of the respondents supporting the profession’s current reckoning with racism. However, fewer respondents agreed with the profession’s stance on racism prior to 2020 (46.4%), with a high rate of responses indicating neither agree nor disagree (42.9%).

Figure 1
Cluster-Stack Bar Chart of Quantitative Responses



There were significant differences in the responses to the question “case study on play helped me better understand the concepts,” with more students agreeing than OT professionals (92% vs. 73%, respectively; see Table 2). Some differences in responses to racial concepts were evident but not significant (see Table 3). More OT professionals agreed that “as an institution, OT profession is racist” compared to students (54% vs. 48%, respectively); students more often neither agreed nor disagreed to “as OT practitioners, we need to think more about how we are doing together as societies and less about how people are doing as individuals” compared to OT professionals (24% vs. 5%, respectively); more OT students agreed to “as OT practitioners, integration of a cultural perspective into our practice should come from the perspective of those with lived experiences of oppression” (84% vs. 73%) and “the concept of interconnectedness through ubuntu, “I am because we are,” can help OT establish a new ethical and political compass for reconciling our history” than OT professionals (87% vs. 73%). Further, more OT professionals disagreed with the “occupational therapy profession’s stance on racism prior to the year 2020” than students (see Table 4; 23% vs. 5%, respectively).

Table 2

Chi-Square or Fisher's Exact Tests for Differences Between Students and OT Professionals' Responses About Initial Experience and Impact of Keynote, n = 88

	Agree n (%)		Disagree n (%)		Neither n (%)		X ²	P-value
	Student	OTP	Student	OTP	Student	OTP		
Liked the keynote presentation.	58 (93.5)	23 (88.5)	1 (1.6)	2 (7.7)	3 (4.8)	1 (3.8)	2.08	0.35
Comfortable with the topic.	47 (75.8)	22 (84.6)	5 (8.1)	2 (7.7)	10 (16.1)	2 (7.7)	1.14	0.57
Presentation was accessible.	49 (79.0)	22 (84.6)	6 (9.7)	2 (7.7)	7 (11.3)	2 (7.7)	0.38	0.83
Keynote applicable to professional life.	55 (88.7)	22 (84.6)	1 (1.6)	1 (3.8)	5 (8.1)	3 (11.5)	0.67	0.71
Concepts important to the profession.	61 (98.4)	24 (92.3)	1 (1.6)	1 (3.8)	0 (0.0)	1 (3.8)	NA	0.21
Images helped better understand concepts.	50 (80.6)	23 (88.5)	4 (6.5)	2 (7.7)	8 (12.9)	1 (3.8)	1.48	0.48
Theoretical models helped me understand.	51 (82.3)	23 (88.5)	1 (1.6)	2 (7.7)	10 (16.1)	1 (3.8)	4.28	0.12
Case study on play helped me understand.	57 (91.9)	19 (73.1)	0 (0.0)	2 (7.7)	4 (6.5)	5 (19.2)	NA	0.01*

Note: OTP includes occupational therapists and occupational therapy assistants, Missing responses not included in calculations

* P-value considered significant at <.05

Table 3

Chi-Square Test for Differences Between Students and OT Professionals' Responses About Processing and Opinions of Racial Concepts Presented in Keynote, n = 88

	Agree n (%)		Disagree n (%)		Neither n (%)		X ²	P-value
	Student	OTP	Student	OTP	Student	OTP		
Historically, the humanistic foundation of OT has been influenced by racist beliefs.	45 (72.6)	19 (73.1)	7 (11.3)	4 (15.4)	10 (16.1)	2 (7.7)	1.19	0.55
Systemic racism impacts work of OT professionals.	59 (95.2)	21 (80.8)	2 (3.2)	1 (3.8)	1 (1.6)	2 (7.7)	2.39	0.30
As an institution, profession of OT is racist.	30 (48.4)	14 (53.8)	14 (22.6)	3 (11.5)	18 (29.0)	7 (26.9)	1.22	0.54
Institutional racism influences OT.	49 (79.0)	20 (76.9)	14 (22.6)	1 (3.8)	5 (8.1)	4 (15.4)	2.45	0.29
Racism influences OT at the policy and regulation level.	46 (74.2)	20 (76.9)	7 (11.3)	2 (7.7)	9 (14.5)	3 (11.5)	0.35	0.84
We need to think more about how we are doing together as societies and less about how people are doing as individuals in everyday social contexts.	41 (66.1)	18 (69.2)	6 (9.7)	4 (15.4)	15 (24.2)	3 (4.8)	1.99	0.37
Integration of a cultural perspective into our practice should come from the perspective of those with lived experiences of oppression.	52 (83.9)	19 (73.1)	6 (9.7)	4 (15.4)	6 (9.7)	3 (11.5)	0.76	0.68
Chronic environmental conditions deny marginalized populations access to meaningful occupations.	46 (74.2)	20 (76.9)	3 (4.8)	1 (3.8)	13 (21.0)	4 (15.4)	0.33	0.85
Interconnectedness through ubuntu, "I am because we are," can help OT establish a new ethical and political compass for <u>reconciling our history</u> .	54 (87.1)	19 (73.1)	2 (3.2)	1 (3.8)	6 (9.7)	5 (19.2)	1.79	0.41

Note: OTP includes occupational therapists and occupational therapy assistants. Missing responses not included in calculations.

*P-value considered significant at < .05.

Table 4

Chi-Square Test for Differences Between Students and OT Professionals' Responses About Processing and Opinions of the Professional Implications Presented in the Keynote, n = 88

	Agree n (%)		Disagree n (%)		Neither n (%)		X ²	P- value
	Student	OTP	Student	OTP	Student	OTP		
Thinking of and/or action related to racism and professional practice has changed since viewing Keynote.	40 (64.5)	18 (69.2)	3 (4.8)	2 (7.7)	16 (25.8)	6 (23.1)	0.33	0.85
I plan to make changes in my professional work relating to racism in the future.	55 (88.7)	23 (88.5)	1 (1.6)	1 (1.6)	4 (6.4)	2 (7.7)	0.42	0.81
I agree with the occupational therapy profession's stance on racism prior to the year 2020.	30 (48.4)	9 (34.6)	3 (4.8)	6 (23.1)	27 (43.5)	9 (34.6)	7.90	0.048*
I support the occupational therapy profession's current reckoning with racism.	48 (77.4)	21 (80.8)	1 (1.6)	3 (11.5)	12 (19.4)	2 (7.7)	5.52	0.06

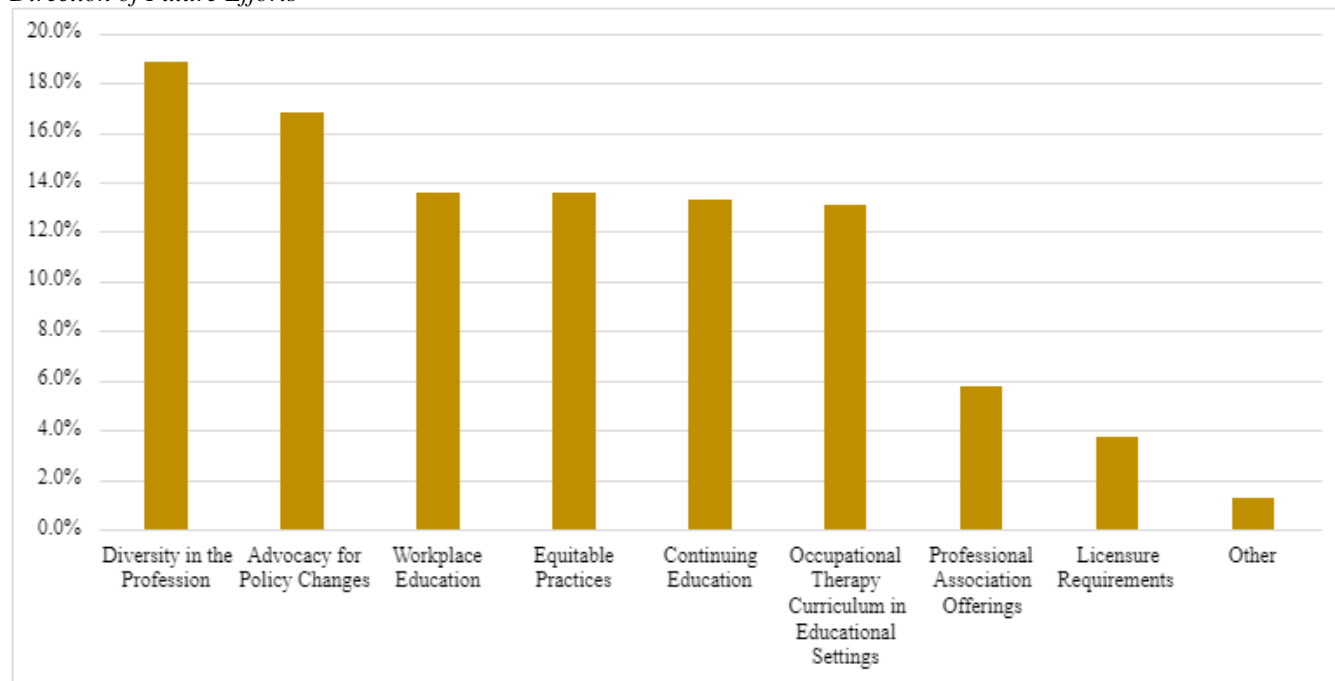
Note: OTP includes occupational therapists and occupational therapy assistants.

*P-value considered significant at < .05.

One question sought to solicit how the respondents want the OT profession to direct future efforts given the awakened understanding about racism and oppression (see Figure 2). Given nine options (advocacy for policy changes, professional association offerings, continuing education, workplace education, licensure requirements, OT curriculum in educational settings, diversity in the profession, equitable practices, other), the two areas given the highest priority by the respondents were the need to increase diversity in the profession (19%) and to advocate for policy changes (17%). The next highest selection rate related to education, where the respondents indicated the need for education in a variety of settings, including OT academic programs (13%), continuing education (13%), and workplace education (14%). The need for creating equitable practices in the profession was selected by (14%) of the participants.

Figure 2

Direction of Future Efforts



Qualitative Results

The survey included four open-ended questions to gather qualitative data on the respondents' experiences of impact, processing, and action following the keynote. The four questions were:

1. Do you have additional comments about your initial reactions and experience listening to the keynote? (27 responses)
2. Do you have any comments on the presenters' criticism about Western culture (i.e., historical presentation, influence on children's play) influencing occupations and OT? (22 responses)
3. Do you have any additional comments about your processing of, and opinions about, the concepts presented in the keynote? (19 responses)
4. How do you envision a greater breadth of diversity of lived experiences, including and beyond narrow culturally framed ones, being infused into OT practice and education? (37 responses)

Analysis of the qualitative data yielded four major themes that helped the researchers gain a deeper understanding of the respondents' interpretation and experience. The four themes were (a) eye-opening and valuable to the profession; (b) challenging and complex topic; (c) need for further processing, discussion, and growth; and (d) need for educational opportunities and diversity in the profession.

Eye-Opening and Valuable to the OT Profession

The qualitative data yielded a major theme about the eye-opening nature and value of discussing systemic racism in OT. Nine of the respondents shared that the presenters' perspectives were eye-opening and accurate. One of the participants stated, "I believe the criticisms were enlightening, especially to people (such as myself) that has [sic] only been exposed to a Western culture." Another participant shared that the "criticism was accurate and appropriate regarding occupational influences." Building on the eye-opening nature of the ideas presented, one participant indicated that the discussion was "long overdue," while another responded, "it needed to be said." Eleven of the respondents spoke of the value of the content for the OT profession and OT curricula. One respondent felt the "presentation was exceptionally important to the growth and continuation of the profession." Two of the respondents used the term "enlightening," while others talked about how it was "insightful," and another said it "rang so true." One respondent indicated the impact and importance to the profession of OT, saying that the presentation was "one of the most significant contributions in the last 40 years." Another described it as "vital for understanding how OT is situated in our society and the impact it has."

Several of the respondents noted the valuable perspective of understanding OT as being significantly influenced by Western culture. Seven mentioned the influence Western culture has on occupations and OT, recognizing that much of the profession has been shaped through a Western lens. One participant shared, "It is clear that the American OT approach is Westernized, and we need to be open to learning other ways of being and doing and work on cultural fluidity in order to really be client-centered." Another respondent expressed that the keynote offered "a different narrative for people outside of Western cultural practices." Another respondent found the example from the keynote about the lack of fit between some normed assessments and local cultures helpful and recognized that such a critical approach could lead to occupational therapists' innovation being more culturally responsive.

Challenging and Complex Topic

In addition to the respondents viewing the information from the keynote about systemic racism in OT as valuable, some highlighted the challenges and complexity of discussing the topic and its implications. Four of the respondents spoke of the challenge of the topic by saying it was controversial and evoked feelings of being "uncomfortable" but that it was "necessary but controversial." Another

described it as a “somewhat disturbing push into delving into an uncomfortable but necessary topic.” Comments such as this point to the somewhat paradoxical experience and complexity of discussing the topic, where at the same time, it is “uncomfortable but necessary” and “difficult to understand but very informative.” One participant described their experience of listening to the “difficult topic” as struggling with understanding, “but one that I am very grateful I heard.” One of the respondents described their experience of listening to the “rigorous investigation” as “intellectually stimulating and inspiring” and one where they were “lit up by the talk and took what they said to heart.” Two of the respondents were “turned off by blanket statements” and a “sweeping condemnation of a profession.” These responses specifically were evoked by use of the terminology and assertion that OT is racist. One respondent stated, “I struggled with the extreme terminology (which I suspect was intentional) to get people’s attention.” Collectively, these responses demonstrate the complexity of discussing the topic of systemic racism in OT, with varying reasons contributing to the challenge.

Need for Further Processing, Discussion, and Growth

The third qualitative theme builds on the reality that discussing systemic racism in OT is challenging and complex. A need for further processing and discussion of the keynote and its myriad impacts on the profession emerged as a major theme. Nine of the respondents described experiencing feelings of being overwhelmed by the amount of content and needing more time to process the information. One respondent indicated, “There was a lot of information that needed more time for digestion.” Another respondent indicated, “It was really hard to wrap my head around ubuntu as a concept and translate [it] to my cultural understandings.” Other respondents experienced difficulty understanding the content and terminology, but one respondent thought the time for Q&A helped to “clear up the details and bring the message home.” One participant stated, “The concepts definitely need to be reviewed more than once.” Another shared, “It was hard to take everything in and process it, but everything was presented well.”

After hearing the keynote, seven of the respondents articulated the importance of furthering discussion to foster growth. One respondent shared that the comments made during the keynote “are very important to be able to discuss, and this presentation made me feel more willing to have these discussions, even if I do not get everything right.” Another respondent recognized that although learning about the racist history of OT “disrupts many ideas and thoughts about OT,” the disruption can then “allow for room for growth and development.” A similar idea was echoed by another participant, who said there is “still so much more work to be done.” These responses highlight that the work of understanding how systemic racism impacts the profession is something that needs the investment of time for processing, contexts for discussion, and a trajectory of growth to evoke change over time.

Need for Educational Opportunities and Diversity in the Profession

The last major theme focused on a future dimension of the need for more educational opportunities for learning about systemic racism and its impacts on the profession, as well as the need for more diversity in OT. Fourteen respondents identified the need for better education on systemic racism and diversity in OT curricula and opportunities for continuing education once in practice. In relation to learning foundational OT knowledge, another participant stated, “Learning about systemic racism as a foundation in our knowledge of OT would be the best way to start.” The respondents identified several strategies for improving OT education with suggestions to bring more “cultural training/awareness” along with “case studies on diverse clients, more effort to bring multicultural perspectives into curriculum.” The respondents recognized that integrating education on diversity and systemic racism can present challenges.

One respondent identified the need to be mindful of the “service task” put on those in the minority in the profession and that there needs to be “a more naturalistic and organic approach to conferences and workshops that seamlessly integrate diversity of lived experiences into all presentations.” Another participant illuminated how addressing diversity and injustice involves work, “we would be forced to learn and unlearn many thoughts and biases about the health care system.”

Last, fourteen of the respondents identified the need to diversify the workforce in OT. Several of the participants recognized that without diverse occupational therapists, it is more difficult to share the voices of diverse populations. One respondent said, “By increasing [the] diversity of practitioners, the hope is that more populations are heard.” Four respondents pointed out the importance of recruiting diverse students into OT education. One participant shared a strategy for doing so by “creating a pipeline for BIPOC students and faculty to diversify our profession paid by scholarships/grants.”

Discussion

This study aimed to examine the effectiveness, perceptions, and impact of a keynote address on occupational therapists and students to understand the challenges and opportunities in addressing issues of systemic racism affecting the OT profession. The keynote speakers challenged attendees to think critically about the history and foundations of OT practice and called on occupational therapists, educators, researchers, students, and other stakeholders to examine their practice through a lens of occupational consciousness and ubuntu.

The keynote by Drs. Ramugondo and Kronenberg, as well as this study, added to AOTA’s recognition of systemic racism and the public mandate to commit to understanding and addressing it in relation to OT practice, education, and research. At times, the topic seemed to foster a sense of paradox, bringing up conflicting thoughts and emotions, which one participant stated can be “uncomfortable but necessary.” Many of the occupational therapists expressed a willingness to learn and highlighted the importance of discussing these challenging topics to grow and develop the profession. They also reported that the information can be controversial, complex, and difficult to process and requires time to integrate the concepts. Some of the respondents, however, rejected what they perceived as “blanket statements” framing the profession as being racist. These respondents suggested that extreme terminology may be turning occupational therapists away from the message itself, even though the presenters framed the statement with context and explanation, making it a logical conclusion of AOTA’s public recognition of racism as systemic.

The discomfort experienced by the participants is consistent with Boler’s concept of a pedagogy of discomfort when confronting systemic injustice, which can elicit emotionality in the process of learning (1999). For some individuals, discomfort can lead to a sense of powerlessness, apathy, or even anger at the notion of complicity in injustice (Cullen & Whelan, 2021). However, Dames (2019) suggested that discomfort can initiate “courageous dialogue,” which is critical to naming inequities, bridging understanding, and developing deeper empathy for the most marginalized in society (p. 3). Sukhera and Santopietro (2022) described the need to radically shift the way in which medicine approaches discomfort in advancing anti-racist practice. The culture of medicine can perpetuate an identity of the “unbiased professional,” where the existence of conscious or unconscious biases may be rejected or denied (Sukhera & Santopietro, 2022, p. 24). Therefore, allowing time and holding space to explore the tension and to “reconcile discomfort and dissonance” is essential in inspiring action and moving the work forward (Sukhera & Santopietro, 2022, p. 25). In addition, the call to action and invitation to develop new insights despite discomfort can lead to the emergence of a new way of doing and being (Cullen & Whelan, 2021;

Kronenberg, 2018). In the OT literature, doing has been described as purposeful engagement, which can activate abilities for future doing and contribute to societal growth (Hitch et al., 2014; Wilcock, 1999). Being as “essence” or “how we understand ourselves to be” can contribute to self-discovery, while becoming is a dynamic emergence of change and development of self (Hitch et al., 2014, p. 236). Therefore, the need to embrace discomfort when confronting and working to dismantle systemic oppression may be a necessary pre-requisite to experience growth, reflection, and transformation (Cullen & Whelan, 2021; Kronenberg, 2018; Sukhera & Santopietro, 2022).

The keynote speakers also heightened occupational therapists’ and students’ awareness of how existing ideas and values of a Westernized society have formulated unequal power imbalances in the profession; they emphasized the need for the profession to re-focus on the interconnectedness in the community instead of individualism (Dirette, 2018; Mahoney & Kiraley-Alvarez, 2019; Ramugondo & Kronenberg, 2015). The OT profession has been reckoning with the impact of colonialism on the values of interconnectedness and collective occupations for a relatively recent undertaking in the United States. While most of the respondents recognized that OT practice is largely Westernized, others had never been exposed to this perspective previously. The disparity in the knowledge of the historically privileged roots of the OT profession can contribute to a distortion of power in occupational therapists’ approach to clients and communities. When highlighting the effects of colonization on the Māori people of New Zealand, Emery-Whittington (2021) provided insight that “such distortions affect descendants of colonizers and contribute to a subsequent collective amnesia that facilitates ongoing suppression of exactly how they came into that power” (p. 155).

The keynote speakers, Ramugondo, a South African educator and scholar, and Kronenberg, a Dutch scholar and author living in South Africa, hold a unique positionality, which allows them to offer a global perspective and critical analysis of how Western ideals are not universally held. Ramugondo and Kronenberg (2015) clarify that an individualistic perspective is not inherently harmful but calls for bridging the dynamic interaction between the individual and community to support the connection and process of both “coming into being” (p. 12). Addressing how OT’s history and foundation are taught in OT curricula is one way to widen perspectives and ensure that OT is being taught in a way that is inclusive of all people and backgrounds and ideally as an approach to humanizing and healing (Kronenberg, 2018). By addressing this early in the educational process, students could be challenged to, as one respondent stated, “learn and unlearn many thoughts and biases about healthcare,” which could then inform the way they learn to practice. In addition, highlighting global and indigenous OT practices and decentering whiteness can provide a starting point for expanding narratives to meet the needs of the collective society and allow a process of reclaiming valued occupations for diverse communities (Emery-Whittington, 2021). Yet to address OT’s history and foundation in OT curricula effectively, those in the profession must acknowledge that educators and clinicians are lacking in their knowledge and confidence when it comes to teaching about indigenous practices or global OT. This creates a paradox in which educators are aware that they need to address these topics in OT education, yet they do not feel as though they have the knowledge, confidence, or training to lead students effectively in these conversations.

While the current reckoning with racism in the profession is likely to produce a new generation of professionals versed in anti-racist pedagogy who will hopefully go on to be educators in the future, the profession must ensure that current OT educators are given support and training to foster increased capacity to address, antagonize, and critically analyze these challenging topics to ensure social transformation (Johnson et al., 2022; Sterman et al., 2022). Concepts such as decolonization, occupational

consciousness, cultural humility, and ubuntu -individual-community interconnectedness (Ramugondo & Kronenberg, 2015) should not only be acknowledged but also should be discussed and integrated into OT practice, philosophy, and education (Gerlach & Browne, 2021; Mahoney & Kiraly-Alvarez, 2019; Ramugondo, 2018).

The study results demonstrated a strong agreement that there are areas in which the profession needs to improve, which are related to DEI. The respondents indicated a readiness to make changes in their personal practice, with some expressing that they were already initiating change. However, the respondents also acknowledged the challenges to fully understand and integrate ways to address the issue of systemic racism in daily practice. Following the reckoning with systemic racism, starting in the summer of 2020, the OT profession, like many others, gained increased awareness of issues related to injustice. Individuals and organizations began to engage in critical reflection, questioning assumptions and biases that have influenced their practice.

Whalley Hammell (2013) defined critical reflection as “a rigorous intellectual process of questioning basic assumptions and ideologies that are perceived as self-evident truths; and of explicitly examining ideas, policies, practices, and procedures that are dominant or taken for granted” (p. 175). She further discussed the need for critical reflection on the authenticity of client-centered practice when considering power and privilege in the therapeutic relationship (Whalley Hammell, 2013; Whalley Hammel, 2015). Farias and Rudman (2019) encouraged the practice of critical reflexivity to understand the connection between changing sociopolitical factors and the need for transformative OT practice. In addition, occupational therapists are encouraged to examine the socioeconomic and political context of occupations beyond the traditional focus on the immediate physical environment to partner with clients and embrace their priorities in practice (Fariu & Rudman, 2019; Whalley Hammell, 2013; Whalley Hammell, 2015). At the institutional level, quality improvement initiatives driven by therapists in their respective workplace environments, using guided discussions, supported the development of improvement plans to integrate occupational justice in practice settings (Arakaki, 2022; Riegel & Eglseider, 2009). These collaborative opportunities that are facilitated for critical reflection and collaboration can lead to greater awareness of racial bias, promotion of education and training, and the integration of anti-racist practices in all settings where OT is provided (Abou-Arab & Mendonca, 2021; Arakaki, 2022; Johnson et al., 2022).

Both academic programs and continuing education seem to be key for changes to affect the future of the profession. OT education to enhance multiculturalism and pluralistic perspectives through diverse guest speakers, faculty representation, case studies, and fieldwork education were other prevalent ideas. In addition, programs like mentoring, exposing marginalized communities to health careers at a younger age, and providing financial support may also increase diversity in the health care professions (Valentine et al., 2016). Moreover, OT professionals have been found to demonstrate implicit and explicit racial bias, a key concern that needs to be addressed thoroughly (Abou-Arab & Mendonca, 2021).

Based on the study’s findings, it is evident that while a significant majority of the respondents acknowledged the impact of systemic racism on OT practice, there was a lower percentage that perceived the profession as an institution to be racist. This suggests a nuanced understanding among occupational therapists regarding the role of systemic racism in their field. Furthermore, the study revealed a positive response toward the keynote address, with a majority of the respondents expressing intentions to make changes in their professional work and supporting the profession’s current efforts to address racism. However, it is worth noting that prior to 2020, there was less agreement among respondents regarding the profession’s stance on racism, indicating a need for greater awareness and action in the past. These

findings highlight the importance of continued education and professional development to foster a more comprehensive understanding of systemic racism in the OT profession. They also emphasize the need for ongoing efforts to confront and address racism both at the individual and institutional levels to effect meaningful change and promote a more inclusive and equitable practice.

The study reflected an awareness of the lack of diversity in the profession and the difficulty for potential students from marginalized backgrounds accessing graduate-level education in OT. The OT profession remains predominantly female (89.3%) and White (87.1%) in the United States (U.S. Census Bureau, 2016). Addressing systemic racism and the lack of diversity in the OT profession is recognized as hard work. Presenting the information in a different format, such as a short course or workshop, may prove more beneficial for the retention of concepts and understanding, as it could give attendees the ability to engage with the speakers, ask questions, and get clarifying information on concepts that were harder to understand.

Limitations

While this study provides some useful information addressing the perceptions of occupational therapists and students in relation to systemic racism in the profession, some limitations must be acknowledged. First, given that over 14,000 occupational therapists are working in California, the sample size is small and was limited to therapists and students who were on the OTAC email distribution list because of memberships or prior participation in an OTAC continuing education event. In addition, demographic data indicated that occupational therapy assistants and occupational therapy assistant students were not well represented in our sample. The respondents who are Black, Latinx, Native American or Indigenous were also not well represented and could not be included in the statistical analysis. Lastly, because this survey required either attendance at the live keynote or viewing of the presentation later, the respondents of the survey were likely to have a personal interest in the topic area of systemic racism in OT, and responses may not be representative of the general population.

Future Research

Given the limited sample size of this study, future research efforts should target the broader population of occupational therapists and students to determine if their perspectives are aligned with those who sought out knowledge by live attendance or online viewing of the keynote address. Furthermore, a more diverse sample that better represents the racial and ethnic demographics of the population, along with more representative diversity in professional status (e.g., OT, OTA), could yield data that are more generalizable to the profession as a whole. An interesting area of future research that emerged from the data is to further examine the student perspective of systemic racism in OT and listen to their perceived opportunities to enhance curricula on this topic in OT education programs. The Gen Z and Millennial generations make up a sizable portion of students, and new occupational therapists come with lived experiences of discrimination, racial injustices, and inequality that are central in shaping the current landscape of health and society as a whole (Shatto & Erwin, 2017). Their perspectives can bring valuable insights into the way that education informs practice and policy and can help bring about lasting change in the profession.

In addressing the accessibility of the presentation, an additional area of future research could examine the effectiveness of delivering this information in other formats, such as a short course or workshops, as identified in the survey as ideal formats for the content. Because of the complexity of the topic and information presented, a different format that allows for more discussion among participants could help with overall comprehension of the message.

Conclusion

The results of this study suggest that occupational therapists and students agree that systemic racism has influenced the OT practice and continues to create barriers for clients to achieve equitable access to occupations. The study suggested that many occupational therapists and students felt that the topic of systemic racism is controversial and difficult to unpack but that the challenge is necessary in order to grow and advance the profession to meet the needs of the diverse communities occupational therapists serve. Occupational therapists and students agree that changes need to be made in education, policy, and practice to increase diversity in the profession, provide more equitable access to services for the communities served, and eliminate systemic racism and barriers affecting our practice. Systemic racism and anti-racism should be a continuous conversation among occupational therapists, educators, and students. Education and trainings that delve into the depth and complexity of its concepts must be made readily available to everyone. Occupational therapists can come together and determine ways to effectively address social and racial injustices that plague our society to ensure that all people can fully participate in everyday living and thrive.

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