JOTE Journal of Occupational Therapy Education

Volume 6 | Issue 1 Article 2

2022

Factors Influencing the Diversity of Occupational Therapy Students

Donna Colaianni
Shenandoah University

Grace Tovar
Shenandoah University

Dominique Wilson
Shenandoah University

Heidi Zapanta
Shenandoah University

Recommended Citation

Colaianni, D., Tovar, G., Wilson, D., & Zapanta, H. (2022). Factors Influencing the Diversity of Occupational Therapy Students. *Journal of Occupational Therapy Education, 6* (1). https://doi.org/10.26681/jote.2022.060102

Factors Influencing the Diversity of Occupational Therapy Students

Abstract

The gender, ethnic, and racial diversity of occupational therapy professionals does not represent the diversity found in the population, and thus does not represent the diversity found in our patients and clients. In order to carry out the American Occupational Therapy Association's vision to create a diverse workforce able to meet the needs of society, this study examined the factors influencing occupational therapy students' choice of occupational therapy as a career using a survey. 538 participants responded to the survey. Results identify both influential factors and barriers to students pursuing occupational therapy as a career and have implications for diversifying the profession.

Keywords

Diversity, occupational therapy students, gender, race, ethnicity

Acknowledgements

The authors would like to acknowledge Kwame Freeman, Alyssa Sanchez, and Dan Taylor for their contributions to this study.

JOTE
Journal of Occupational Therapy Education

Volume 6, Issue 1

Factors Influencing the Diversity of Occupational Therapy Students

Donna Colaianni, PhD, OTR/L, CHT[1]

Grace Tovar, MS, OTR/L[2]

Dominique Wilson, MS, OTR/L[2]

Heidi Zapanta, MS, OTR/L[2]

Eastern Kentucky University[1]

Shenandoah University[2]

United States

ABSTRACT

The gender, ethnic, and racial diversity of occupational therapy professionals does not represent the diversity found in the population, and thus does not represent the diversity found in our patients and clients. In order to carry out the American Occupational Therapy Association's vision to create a diverse workforce able to meet the needs of society, this study examined the factors influencing occupational therapy students' choice of occupational therapy as a career using a survey. 538 participants responded to the survey. Results identify both influential factors and barriers to students pursuing occupational therapy as a career and have implications for diversifying the profession.

Introduction

Diversity is defined as the "broad field of issues related to difference… as well as issues relating to how people of different kinds are participating in a particular organization or society" (Ross, 2011, p. 37). The many forms of diversity include, but are not limited to, race, ethnicity, gender, sexual orientation, disability status, and religious beliefs (Taff & Blash, 2017). The American Occupational Therapy Association (AOTA) recognized the need for diversity in the profession of occupational therapy (OT) in their Centennial Vision (AOTA, 2006), and reiterated the goal in Vision 2025 (AOTA, 2017). In the Centennial Vision, AOTA stated that for the profession to meet societal needs for health and well-being, the workforce of occupational therapy practitioners (OTPs) must reflect the diversity of the greater population (AOTA, 2006). Reflecting the diversity of the population is important because when underrepresented minorities do not see anyone

that looks like them among healthcare practitioners, they may question how well they will be understood, which could diminish their trust in the healthcare practitioner, including OTPs (Dawes, 2020; Mattingly, 2018). In addition, the exposure to diverse cultures that would occur with a more diverse OT workforce can promote the respect and empathy necessary for cultural humility (Hughes et al., 2020; Pettigrew & Tropp, 2008), a contributor that influences the cornerstones of OT practice (AOTA, 2020b).

Unfortunately, there remains a lack of diversity within the profession of OT. While diversity encompasses many factors, for the purpose of this study, we will focus on gender, ethnic, and racial diversity among OT students. In 2016, 89.3% of OTPs were female and 87.1% were Caucasian in the United States (US Census Bureau, 2016) indicating a lack of gender and racial diversity. This lack of diversity is also seen in OT students where only 29% of those in OT assistant programs, 23% in master's programs, and 25% in doctoral programs identified as a race other than Caucasian and only 9% of those in OT assistant programs, 10% in master's programs, and 14% in doctoral programs identified as male (AOTA, 2020a).

Thus, almost 15 years after the Centennial Vision, diversity remains an important issue to address in the profession for several reasons. Despite the increasingly diverse US population, there has not been a proportionate increase in the number of OTPs who are of African American, Hispanic/Latino, or of American Indian/Alaskan Native heritage (Collins & Carr, 2018). This lack of gender, ethnic, and racial diversity does not reflect the diversity of the general population and may be a factor in health disparities among groups who are underrepresented (Collins & Carr, 2018; Mattingly, 2018). The lack of access to OT as a career for minorities is also an occupational justice issue (Dawes, 2020). In order to provide a more diverse workforce that can meet the needs of our clients, there is a need to increase the number of minority OTPs, which can only occur through an increase in minority matriculation into OT and OT assistant educational programs.

Literature Review

Historically, OT has been viewed as a female dominated profession. During the early years of the profession OTPs were young, single, Caucasian females with access to education (Black, 2002). Unfortunately, it was not until 1943 that AOTA started to discuss increasing diversity OT programs by considering individuals with physical disabilities, males, and non-Caucasian races (Black, 2002).

Influential Factors

There are a variety of factors that influence one's decision to pursue a specific career, including financial compensation, interests, and previous work experience. In addition, the variety of populations, settings, and diagnoses with which one may work in OT adds to the appeal (Craik et al., 2001). However, it is not clear how accessible the career of OT is to individuals in the US of diverse genders, races, and ethnicities (Collins & Carr, 2018; Ford et al., 2021). For example, in one study, male OTPs in the United States indicated that their gender was a barrier from an emotional, social, and practical standpoint (Maxim & Rice, 2018). Beagan and Fredericks (2018) also reported clients in

DOI: 10.26681/jote.2022.060102

Canada not wanting male OTPs present for intimate tasks. The study also found that social media has been utilized as a platform to encourage male therapists to work in less physically intimate practice areas, such as hand therapy. In an example of barriers encountered by individuals of diverse racial and ethnic backgrounds, Beagan and Chacala (2011) reported that some therapists in Canada have experienced prejudice and clients refusing to work with them based on their race or ethnicity. The financial cost associated with allied health educational programs (Dawes, 2020; Dressel et al., 2014; Gates, 2018), including OT (Ford et al., 2021), has been cited as a deterrent to racial and ethnic diversity in these programs. Ford et al. (2021) reported several barriers to recruitment and retention of OTPs and OT students of color in the US, including a lack of knowledge about OT, a lack of representation of minorities, a lack of funding, and "feeling like an outsider" (p. 4). The feeling of being an outsider included a lack of social support from peers, professors, co-workers, and supervisors, along with experiences of racism.

There is limited research to identify factors associated with the lack of diversity in the OT workforce (Hepworth & Schafer, 2016). More research is needed to identify the factors that are contributing to the lack of a diverse OT workforce that is able to meet the needs and wants of the population of individuals who could benefit from OT services. In order to accomplish the goal of increasing diversity within the profession as stated in the Centennial Vision and Vision 2025 (AOTA, 2017), it is important to understand what differences there are in factors that may influence individuals to pursue a career in OT between individuals who represent the minority of OTPs and are not female or Caucasian, and individuals who represent the majority of OTPs and are female or Caucasian.

Thus, the purpose of this study was to better understand which factors related to choosing OT as a career may contribute to or hinder gender, ethnic and racial diversity in the OT workforce. Better understanding of these factors, as well as an understanding of the role prejudice may play, can help guide the profession into the future, as the demand for OT services grows, and inform efforts to recruit and retain a more diverse workforce.

Methodology

Study Design

This study used a survey design. The goal of the study was to analyze factors that influenced OT students to pursue the profession of OT from two perspectives. The first perspective will explore how individuals who represent the minority of OTPs and individuals who represent the majority of OTPs differ on typical factors that influence career choice. The second perspective will explore where current OT students may experience or observe others experiencing prejudice or discrimination that could deter individuals who represent the minority of OTPs from pursuing a career in OT. This study was approved by the Shenandoah University Institutional Review Board.

Participants

Participants were recruited through OT educational programs. In order to study the factors in question at all levels of OT education and thus practice, the inclusion criteria were that all programs must be entry-level, located in the US, and accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). At the time this study was completed OTPs could enter the profession of OT at three different degree levels in the US. With an associate degree an OTP can practice as a certified occupational therapy assistant (COTA). A master's or clinical occupational therapy doctorate (OTD) is required to practice as a registered occupational therapist (OTR). The AOTA website was used as a reference to locate eligible programs. The only eligible programs included on the AOTA website that were excluded from the survey were programs that did not have an updated email contact available. Initially, stratified random sampling was used to select 200 OT programs from the AOTA website that represented the percentages of entry-level master's, entry-level doctoral, and OT assistant programs. Due to low response from the email invitations sent to the sampled schools, a second set of email invitations were sent out to all remaining eligible entry-level master's, entry-level doctoral, and OT assistant programs. In total, email invitations to the study were sent to 414 programs including 211 OT assistant programs, 174 entry-level master's programs, and 29 entry-level doctoral programs.

Instrument

Using Google Forms, a 20-question electronic survey was designed to explore the factors that influenced OT students to pursue a career in OT. The survey included close-ended and open-ended questions based on the literature review. Close-ended questions addressed the participant's age, race or ethnicity, gender, degree level of their OT program, year in their OT program, if they were currently a COTA, if they were in another profession before entering OT school, if they applied to programs other than OT, how and when they were first exposed to OT, if they had a mentor or knew any OTPs prior to applying to OT school, what was appealing about the profession, if they ever experienced or observed prejudice toward OTPs based on gender, race or ethnicity, and if they thought their gender, race, or ethnicity may be a barrier to them as an OTP. For the question about gender, the categories provided in the survey were female, male, prefer not to say, and I prefer to self-identify, with a space to indicate the gender they identified with. Open-ended questions asked about the most influential factor in their decision to pursue OT as a career and requested specific examples of personally experienced or observed prejudice toward OTPs based on gender, race, or ethnicity, and how they thought their gender, race, or ethnicity may be a barrier to them as an OTP. The survey was pilot tested with 11 Master of Science in OT students, and based on pilot testers' feedback, age brackets were collapsed, and some editorial changes were made to improve the survey design.

Data Collection

Surveys were anonymous in order to keep the participants' responses confidential. The schools' email contacts were asked to forward the survey to all of their OT students, regardless of gender, age, race, or ethnicity. Informed consent was obtained as part of the survey. The survey was open for six weeks.

DOI: 10.26681/jote.2022.060102

Data Analysis

For the purposes of analysis, OT minority students were defined as non-Caucasian or non-female students. The data from the close ended questions was entered into the Statistical Package for the Social Sciences, version 26 (SPSS) for analysis. Statistics were run to describe the data and examine differences and relationships between variables to determine the factors that influenced and hindered individuals from pursuing a career in OT. Data from three open ended questions was analyzed using the thematic analysis process described by Braun and Clarke (2006) to identify “repeated patterns of meaning” (p. 86). Data generated by the question “What was the most influential factor that motivated you to pursue a career in occupational therapy?” was analyzed separately from data generated by the questions “Have you ever experienced or witnessed prejudice (such as being marginalized or any additional challenges) against an OTR/COTA based on gender or ethnicity?” and “Do you think your gender or ethnicity may be a barrier to you as an OTR/COTA?”. The separate analysis allowed focusing on both how OT minority and non-OT minority participants differed on typical factors that influence career choice and how OT students may experience or observe others experiencing prejudice or discrimination. To avoid investigator bias, the data from the open-ended questions were reviewed and analyzed by one part of the research team, and the data from the close ended questions was analyzed by another part of the research team. This was done to prevent researchers from coding or creating themes influenced by results from the data obtained through the closed-ended questions. Researchers completed steps of the thematic analysis individually first, then together as a group. The thematic analysis process started with the researchers individually familiarizing ourselves with the data by reading through the transcripts of the open-ended question responses repeatedly and making notes of preliminary ideas about patterns that seemed to repeat. Next, we individually systematically coded the data by working through transcripts of the open-ended question responses, identifying interesting repeating patterns while giving equal weight to each response. After coding individually, we worked to edit the codes as a group until we came to consensus. Once all responses were coded by the group, the coded data was collated under each code and examined for consistency. Data was then recoded by the group as necessary to produce coherent codes. We then organized the codes into initial overarching themes, including the data collated with the codes. The group then reviewed and refined these initial themes considering the codes and the data as a whole. We continued to refine the themes until we could write definitions and labels for each theme that illuminated the data.

Results

Participant Demographics

A total of 538 participants completed the survey. For the purpose of this study, OT minority students were defined as those students who were not Caucasian or not female, and non-OT minority students were defined as those who were both Caucasian and female. The majority of participants were Caucasian, followed by Asian, Hispanic or Latino, Black or African American, and Native populations. Participants were permitted to choose all categories of race or ethnicity that applied to them (see Table 1).

Table 1

Participant Race or Ethnicity

Race or Ethnicity	N	Percentage
American Indian or Alaska Native	5	0.9%
Asian	39	7.2%
Black or African American	23	4.3 %
Hispanic or Latino	39	7.2%
Native Hawaiian or other Pacific Islander	3	0.6%
White or Caucasian	457	84.9%

The majority of participants identified as female, followed by male, and transgender (see Table 2).

Table 2

Participant Gender

Gender	N	Percentage
Female	502	93%
Male	32	6%
Transgender	4	1%

The average age of participants was 24.96 years (SD = 5.52). Occupational therapy minority students were significantly older compared to Caucasian female students ($t = 4.19$, $p = .0001$). Gender minorities were significantly older compared to female students ($t = 2.96$, $p = .003$). Ethnic or racial minorities were also significantly older compared to Caucasians ($t = 2.70$, $p = .007$) (see Table 3).

DOI: 10.26681/jote.2022.060102

Table 3

Mean Age of OT Minority and Non-OT Minority Students, Ethnic, or Racial and Non-Ethnic or Racial Minority Students, and Gender and Non-Gender Minority Students

Student Category	Mean Age in Years
OT Minority Students	26.69
Ethnic or Racial Minority Students	26.39
White or Caucasian Students	24.58
Gender Minority Students	27.54
Female Students	24.77

The majority of students were in master's programs (70%, n = 377), followed by doctoral programs (21%, n = 113) and OTA programs (9%, n = 50). Second year students accounted for 37% of respondents (n = 199), followed by first year students (36%, n = 194), third year students (16%, n = 86), fifth year students (6%, n = 32), and fourth year students (5%, n = 27). In the US, most OT education programs use either a traditional format, where students attend classes face-to-face, or a hybrid format where some classes or parts of classes are online (AOTA, n.d.a). Most students (95%, n = 511) were from traditional programs and 5% (n = 27) were from hybrid programs. The vast majority of students (99%, n = 531) were not COTAs. There was no significant difference between OT minority students and non-OT minority students for year in program, educational delivery method, or whether they were currently a COTA.

The Appeal of Occupational Therapy

Participants were asked to indicate what about OT was appealing to them from a list of six options, including an option to write in an answer. When answering, they were asked to select all the options that applied to them. No significant differences were found between how OT minority students and non-OT minority students answered this question. The reward of helping others was the most selected answer (97.2%, n = 523), followed by the variety of settings/populations (93.7%, n = 504), interest in the healthcare field (82%, n = 441), job security (75.5%, n = 403), and salary (73.6%, n = 418).

Thematic analysis of data from the open response question, "What was the most influential factor that motivated you to pursue a career in occupational therapy?", resulted in the identification of six themes containing 16 codes (see Table 4). Interpersonal reward was the most frequently cited influential factor for joining the profession, at 53.34% (n = 287) of participants.

Table 4

The Most Influential Factor That Motivated Pursuit of a Career in Occupational Therapy (Frequency in Parentheses)

Theme (with Frequencies)	Codes (with Frequencies)
1. Interpersonal reward (287)	Reward of helping others (192)
	Personal experience (73)
	Client-centered care /therapeutic relationship (22)
2. Job satisfaction (157)	Variety of settings and populations (78)
	Job security and salary (51)
	Job fulfillment (28)
3. Personal fit (60)	Interest in a particular population (36)
	Personal appeal (24)
4. OT is distinct (81)	Holistic approach (31)
	Combination of science and creativity (17)
	Creativity (20)
	OT is unique (13)
5. General reasons (22)	General interest in healthcare field (20)
	Work in a multidisciplinary team (2)
6. External influences (7)	Advice from a mentor (4)
	School related factors (3)

The first theme, *interpersonal reward*, describes the most common reason participants gave for pursuing a career in OT. Participants frequently referred to the reward of helping others when describing what drew them to OT. For example, one participant reported that “[m]aking a meaningful difference in the lives of others” was an important factor when considering their career choice (Participant 103). Participants also noted feeling rewarded by personally experiencing the difference OT made in the lives of those around them. One participant reported “seeing the impact occupational therapy

DOI: 10.26681/jote.2022.060102

had on my sister as a child" (Participant 3) was a very influential factor in their choice of career. The rewarding nature of the client-centered therapeutic relationship between OTPs and their clients also influenced some participants to choose OT as a career. For instance, a participant reported "I LOVE that OTs [OTPs] take time to truly get to know their clients and have a client-centered perspective" (Participant 201).

The second theme, *job satisfaction*, outlines the role feeling satisfied played in participants' choice of career. Some participants reported the potential for job satisfaction was influenced by the variety of settings and patient populations involved in OT practice. For example, one participant stated that the "Variety of settings/populations to maintain interest and avoid burnout" was important to them when choosing a career in OT (Participant 188). Participants also noted the importance of job security and salary, including one participant who reported, "I wanted a career and to make more money and feel stable" (Participant 419). Lastly, participants described the importance of job fulfillment in their decision to become an OTP. A participant shared that having "a job that I am proud of and excited to go to everyday" (Participant 118) was an important factor in their choice to pursue a career in OT.

The third theme, *personal fit*, describes how personal preferences and characteristics influenced the participants' choice of OT as a career. Some participants noted the desire to work with specific populations they have personal interest in. One participant stated that "[l]iking rehabilitation with the mental health population" was the most influential factor in their decision to become an OTP (Participant 488). Participants also reported that the fit of OT with their personal traits and interests was appealing. For example, a participant stated that the "[i]ndividual fit of profession [OT] with my interests and goals" (Participant 156) was influential in their pursuit of OT as a career.

The fourth theme, *OT is distinct*, depicts how the unique aspects of OT were influential in participants' decision to become an OTP. Participants reported being drawn to the holism in OT. For instance, a participant noted that the holistic way that OTPs look "at numerous aspects of life and the person as a whole" (Participant 345) played a role in their choice to become an OTP. Participants also appreciated the unique "mix of creativity and medical knowledge used to improve patient outcomes" (Participant 74) in OT. Participants reported that the creativity found in OT was unique and appealing. For example, one participant described being interested in the "creativity involved with OT- I loved that part of treatment can be playing!" (Participant 125). Lastly, the distinctness of OT as a career was also related to the "unique way OT can positively impact the lives of many people" (Participant 299).

The fifth theme, *general reasons*, describes influential factors that attracted some participants to a career in OT, but were not factors specific to OT. For example, one participant stated, "I like the healthcare setting" (Participant 222). Participants also reported that working in interdisciplinary teams was appealing, with one participant noting, "I love how all disciplines work together to help the patient be the best they can be" (Participant 152).

The sixth theme, *external influences*, describes how other factors outside the individual impacted participants' choice to become an OTP. Some participants reported mentors or advisors counseling them to consider OT as a career. For example, a participant shared that "[a] guidance counselor from a solicitation phone call asked me some questions about my interests and past careers and suggested OT. I enrolled with my local community college to begin prerequisites the very next day!" (Participant 373). Other participants were interested because OT does not require as much time spent in school as some other healthcare professions such as medicine or physical therapy. For example, a participant stated that OT school "[r]equires only 5.5 years of school" (Participant 209).

Differences Between OT Minority Students and Non-OT Minority Students

All OT Minority Students Vs. All Non-OT Minority Students

When examining relationships between all OT minority students, including gender, ethnic and racial minorities, and all non-OT minority students, a significant difference was found between age of first exposure X^2 (5, N=538) = 49.947, p = .0001. Occupational therapy minority students were exposed at a later age compared to non-OT minority students, with OT minority students exposed to OT between the ages of 19 and 25 years old and the non-OT minority students exposed to OT between the ages of 12 and 18 years old.

In addition, significantly more OT minority students were in another profession before entering OT/COTA school compared to non-OT minority students, X^2 (1, N = 538) = 17.6, p = .0001. A significant difference was also found between OT minority students and non-OT minority students for whether they applied to programs other than OT before entering their OT program, with more OT minority students also applying to other programs such as physical therapy or physical therapy assistant programs and nursing programs X^2 (1, N=538) = 5.067, p= 0.024. In post hoc testing, significantly more OT minority students were first exposed to OT through a career fair or career day than their non-OT minority counterparts X^2 (11, N=538) = 10.89, adjusted α = .002, p = .0001. Significantly more OT minority participants also knew OT co-workers before applying to OT school X^2 (1, N=538) = 11.56, Adjusted α = .004, p = .0001.

Ethnic or Racial Minority Students Vs. Non-Ethnic or Racial Minority Students

Ethnic or racial minority students were defined as non-Caucasian participants and non-ethnic or racial minority students were defined as Caucasian participants. When examining relationships between ethnic or racial minority students and non-ethnic or racial minority students, significantly more ethnic or racial minority students were in another profession before entering OT/COTA school compared to non-racial or ethnic minority students, X^2 (1, N = 511) = 8.26, p = .004.

DOI: 10.26681/jote.2022.060102

Gender Minority Students Vs. Non-Gender Minority Students

Gender minority students were defined as non-female participants and non-gender minority students were defined as female participants. Significantly more gender minority students were in another profession before entering OT/COTA school compared to non-gender minority students, X^2 (1, N = 538) = 9.40, p = .002. More non-gender minority students knew an OTP before deciding to become an OT/COTA compared to gender minority students, X^2 (1, N = 538) = 5.78, p = .016.

Degree Level

Participants in associate degree programs were more likely to be older than participants in other degree programs (F(2, 535) = 11.629, p = <.001) and to have been exposed to OT at an older age (19-25 years of age) than participants in a master's degree program (12-18 years of age) X^2 (10, N=538) = 40.148, p = <.001. Participants in associate degree programs were also more likely to be influenced by social media when choosing to apply to OT school than participants in a OTD degree program X^2 (1, N=538) = 5.216, p = .022. Having worked in another profession prior to OT school was more likely for participants in associate degree programs X^2 (2, N=538) = 34.839, p = <.001. Participants in an associate degree program were also more likely to have applied to a program other than OT, than participants in a master's degree program X^2 (1, N=538) = 15.555, p = <.001.

Participants in master's degree programs were more likely to be influenced by social media when choosing to apply to OT school than participants in a OTD degree program X^2 (1, N=538) = 5.216, p = .022. Participants in OTD degree programs were more likely to have been exposed to OT at an older age (19-25 years of age) than participants in a master's degree program (12-18 years of age) X^2 (10, N=538) = 40.148, p = <.001. Participants in an OTD degree program were also more likely to have applied to a program other than OT, than participants in a master's degree program X^2 (1, N=538) = 5.116, p = .024.

Participants who identified as Black or African American were more likely to be enrolled in associate degree programs than participants of other races or ethnicities X^2 (1, N=511) = 4.615, p = .032. Participants who identified as Asian were more likely to be enrolled in OTD programs than participants of other races or ethnicities X^2 (1, N=511) = 5.362, p = .021. Participants who identified as Hispanic or Latino were more likely to choose associates or master's level degrees than OTD level OT education programs OTD X^2 (1, N=511) = 4.835, p = .028. There were no statistically significant degree level differences between gender minority and non-gender minority participants.

Witnessing and Experiencing Ethnic, Racial, and Gender Prejudice or Bias

All OT minority students were significantly more likely to report witnessing prejudice against an OT minority practitioner or student or experiencing this themselves X^2 (1, N = 538) = 50.560, p = .018, with 24% (n = 29) of OT minority participants witnessing or experiencing prejudice and 15% (n = 63) of non-OT minority participants witnessing prejudice against an OT minority practitioner or student. Not surprisingly, OT minority students also reported thinking that their gender, race or ethnicity, would be a barrier to

them as an OT practitioner significantly more than non-OT minority students X^2 (1, N = 538) = 50.516, p = .0001. Additionally, participants enrolled in an OTD program were more likely to report observing or experiencing prejudice than participants in an associate degree program X^2 (1, N=164) = 10.478, p = .001, or in a master's degree program X^2 (1, N=488) = 17.065, p = <.001.

Separately, ethnic and racial minority students also reported witnessing prejudice toward OT minorities or experiencing it themselves X^2 (1, N = 511) = 6.476, p = .011 significantly more than their non-ethnic or racial minority counterparts reported witnessing this. Ethnic and racial minorities also thought their gender, race, or ethnicity would be a barrier to them X^2 (1, N = 511) = 39.751, p = .0001, significantly more than their non-ethnic or racial minority counterparts. In addition, gender minority students also reported thinking their gender, race, or ethnicity would be a barrier to them as an OT/COTA significantly more than non-gender minority students, X^2 (1, N = 538) = 18.3, p = .0001.

A thematic analysis of the responses to the open-ended questions "Have you ever experienced or witnessed prejudice (such as being marginalized or any additional challenges) against an OTR/COTA based on gender or ethnicity?" and "Do you think your gender or ethnicity may be a barrier to you as an OTR/COTA?" resulted in six themes containing 23 codes (see Table 5).

Table 5

Themes and Codes Identified from Answers to Open-Ended Questions About Prejudice and Bias

Theme (with Frequencies)	**Codes (with Frequencies)**
Perspectives on prejudice and bias (23)	Looking like the typical OTP (7)
	OT lacks diversity (8)
	OT is no different (4)
	Challenging the views of others (4)
Patient comfort and preference (51)	Patients prefer female OTPs over male OTPs (22)
	Patients prefer male OTPs over female OTPs (8)
	Patient discomfort with OTPs based on the OTPs race (8)

DOI: 10.26681/jote.2022.060102

	Regional differences (7)
	Lack of cultural sensitivity (6)
Racial and ethnic discrimination and prejudice displayed (45)	Racial and ethnic minorities seen as less qualified (5)
	Different treatment of different races (19)
	Prejudice and discrimination experienced by minority OT students (8)
	Prejudice and discrimination against OT students and OTPs by OT students and OTPs (5)
	Other medical professionals demonstrating prejudice and discrimination (2)
	Systemic barriers (4)
	Tokenizing (2)
Male experience (32)	Wage gap between male and female OTPs (12)
	Men promoted faster or given more opportunities (13)
	Prejudice against male OTPs (7)
Female experience (45)	Strength of women doubted (12)
	Competence and ability of women doubted (13)
	Objectification and sexual harassment of women (9)
	Women treated with less respect in healthcare (11)
Intersectional experience (12)	Experiencing or anticipating bias related to more than one identity (12)

Perspectives on Prejudice and Bias

The first theme, *perspectives on prejudice and bias*, provides an overview of the diversity issue in OT. The problem begins with the expectation that OTPs look a certain way. For example, one participant stated, “most clients expect a [W]hite woman, and anyone who strays from that norm, has to explain themselves and prove themselves as

professionals" (Participant 89). This expectation is directly related to the current state of diversity in OT and was illustrated by the responses of several participants, including, "any professional I've ever shadowed or observed with has been [W]hite/Caucasian" (Participant 314) and "that I am a [W]hite female, and OT is predominantly [W]hite females. I think that we need to diversify our profession to be reflective of the actual population" (Participant 539). Participants also pointed out the scope of the problem, in that these are societal issues that are simply reflected in the context of OT. Participants related that prejudice and discrimination are present, "Just as it is in any profession. OT is not unique in their prejudice. It's a societal problem" (Participant 244). Another participant stated, "Yes, I am a young female and I've experienced gender discrimination in every job I've ever had. I don't expect any different treatment as an occupational therapist" (Participant 534). Some participants also shared their desire to challenge the views of others as they respond to the issue of prejudice and discrimination in OT. One participant stated,

> My hope is to show whoever I encounter while being an OT [OTP] that I am just the same as them with only a different skin color. I deserve the same respect that any other human on this planet receives. Therefore, I plan on smashing these barriers down and changing the mindsets of people to see past my looks and pay attention to the impact I am making on my patients (Participant 526).

Another participant shared,

> There are always instances when a male could serve a particular client easier or more quickly than I can but I won't let that stop my trying to overcome those gender prejudices. Sometimes people just want to learn I can do the job (Participant 286).

Patient Comfort and Preference

The second theme, *patient comfort and preference*, depicts how the patients' comfort with, and preference for, OTPs of a certain gender, race or ethnicity impact discrimination of OTPs and OT students. For example, a female participant reported they anticipated bias from male patients "when dealing with individuals who do not want a woman to view them undressed" (Participant 227). Another participant noted male patients displaying preferences for male OTPs, stating that she observed them "opening up to male practitioners more" (Participant 72). These preferences may limit the opportunities of female OTPs and female OT students. Participants also reported that in certain circumstances patients may prefer a female OTP over a male OTP, which also may limit the opportunities of male OTPs and male OT students. For example, one participant stated, "I have had some patients, usually older women in hospital/rehabilitation settings, refuse to work with me or let me observe on fieldwork because I am male" (Participant 439). Another participant shared the same concern, stating,

> In the future as a male OT practitioner I anticipate that there will be times that a female patient may feel uncomfortable with a man helping her accomplish basic ADL's [activities of daily living] to which I know I will have to respond accordingly and hopefully find a female co-worker who can help the female patient regain comfort and accomplish the ADL (Participant 349).

DOI: 10.26681/jote.2022.060102

Patient comfort and preference also led to their discomfort with OTPs based on the OTP's race. All participants in the study reported they anticipated that patients would feel less comfortable with them because of their race. For example, one participant shared they thought this was "not a huge barrier, but as an African American I might face challenges with clients that may be uncomfortable with me being a provider of their treatment" (Participant 140). A Caucasian participant also stated, "being…[W]hite… can still present with barriers in practice. For example, patients/clients may not be comfortable with me …. Thus, they may not share pertinent information needed for effective treatment" (Participant 188).

Participants reported that a lack of knowledge about other cultures may also lead to patients' lack of comfort. For example, one participant shared, "My different cultural background may pose as a barrier to connect with some people who are less accepting of other ethnicities" (Participant 288). Another participant noted that "Some elder populations from different cultures/religions may not be keen on a woman working on their treatment" (Participant 396).

Lastly in the second theme, participants noted there were regional differences that may influence patients' comfort and preferences with OTPs of other ethnicities, races, and genders. For instance, a participant reported, "as a [L]atin male, I am very different from what the typical OT looks like ([W]hite female). In Miami, I don't really perceive barriers" (Participant 492). One participant reported that rural areas can lack diversity, stating:

> Only people in very rural populations such as North Country, NY with a lack of diversity will not be accustomed to my ethnicity. As a student here, I have been uncomfortable in my skin many times when out grocery shopping or eating out (Participant 2).

Several other participants noted regional differences in the southern US. For example, a participant reported, "I'm also from the South, and the difference between the way people talked to the female OT versus the male OT was very noticeable" (Participant 222). Another participant shared:

> Living in the south I have always experienced racism or prejudice due to my ethnicity. I know that some patients or staff workers might be conservative against the things I cannot change about myself which I feel might have some type of influence on my practice (Participant 314).

Racial and Ethnic Discrimination and Prejudice Displayed

The third theme, *racial and ethnic discrimination and prejudice displayed*, recounts the experiences of participants encountering racial discrimination in a variety of ways and from a variety of sources including patients and other OTPs. One way the participants described the racial and ethnic discrimination and prejudice was when racial and ethnic minorities are viewed as being less qualified. For example, participants shared, "I fear that patients won't let me treat them or will think I am less capable or prepared due to my Latina background" (Participant 246), and "[B]lacks are not seen as being as qualified as our [W]hite counterparts in OT" (Participant 466). Participants also recounted individuals of different races not being treated equally. One participant

shared, “Patients have refused [a] therapist and/or berated them based on them being [B]lack or Mexican (Participant 138)”. Another participant stated, “Some clients treated the OT [OTP] I was observing different compared to a [W]hite female OT [OTP]” (Participant 40).

Participants also described witnessing prejudice and discrimination of minority OT students or experiencing this themselves. This unequal treatment came from both faculty and fellow students. For example, a participant noted,

> It took me almost three years to feel excepted and recognized for my ethnicity. As I am the only one of my ethnicity in my cohort and who had previous education from another country, I felt that I was not taken seriously [by] my instructors and cohort” (Participant 535).

Other participants also shared, “I witnessed a peer who did not want to work with a [B]lack student in my program” (Participant 374) and “Our program professors will choose to grade more difficult for the students they feel aren’t prepared and that seems to be the minorit[ies]” (Participant 447). Participants also noted prejudice and discrimination of OTPs coming from other OTPs. One participant stated,

> I read in an OT forum that this one person was really upset that “foreigners” were taking all the OT jobs. Which cannot be a person straight from another country because you can’t practice without NBCOT [National Board Certification in Occupational Therapy] licensure in the US so I would venture that she was referring to non-[W]hite employees that were hired over her (Participant 225).

Another participant reported, “A COTA who wore a burka was described by other OT staff as not friendly. When I asked why another COTA blurted out because most of her head was covered” (Participant 105).

The third theme of *racial and ethnic discrimination and prejudice displayed,* also described situations where other medical professionals were observed demonstrating prejudice and discrimination. In illustration of this point, one participant shared that they, “Observed bullying by PT [physical therapy] manager of personnel (OT, COTA, PT, PTA [physical therapy assistant]) from other countries” (Participant 261). Another participant shared their personal experience, “Asian nurses have been less kind to me until hearing I was the same ethnicity as them, because I looked more "mixed"--they said so explicitly” (Participant 195).

Participants also reported examples of systemic barriers to minorities entering the field of OT. For instance, one participant shared, “The admissions/interview process alone is so expensive that most minority groups don’t stand a chance. This is further perpetuating the institutional barriers that prevent minority groups from obtaining power” (Participant 534). Another participant stated,

> I think [it] might come down to a question of money? I had an exposure to OT as a high schooler in a large medical town. If I lived in rural or an underserved community, what are the chance of my exposure to this field? Applying and attending graduate school is also expensive. Many of my cohorts are being

DOI: 10.26681/jote.2022.060102

> supported by family as well as a using federal loans. If a family or the student can't support them during this time as well as pay the 100 dollars it take[s] for one application, how can we expect to see…diversity? When the majority of our American upper SES [socioeconomic status] is [W]hite? Additionally all of the items needed for an application (specifically observation hours) would incredibly difficult if you were working jobs to help pay for undergraduate [education] (Participant 203).

Participants shared a few examples of tokenizing related to race occurring in OT education programs. Tokenism is defined as "the practice of satisfying the moral requirement for the inclusion of members of structurally disadvantaged people in groups that are better placed in society" (Grant, 2017, p. 834). For example, one participant related their experience witnessing tokenizing, stating,

> I've seen a lot of tokenizing in our program…. We have a cooking lab in my program to learn how cultures other than our own may prepare meals, and two Black students were approached to lead the "soul food" lab, despite neither of them being from the south or having any experience with soul food (Participant 217).

Male Experience

The fourth theme, *male experience*, describes the experience of males in OT. Prejudice and discrimination against male OTPs and male OT students were reported by participants, creating barriers in the workplace and in OT school. For example, one participant stated, "I am a male interested in working in a NICU [neonatal intensive care unit]. Unfortunately, I believe my gender may be a potential barrier to that position" (Participant 56). Barriers related to practice setting were not reported by female participants. A male OT student also reported receiving "Insensitive and insulting stereotyping of men from a fellow student" (Participant 421).

Even though males are a minority in OT, they were viewed by the female participants as having advantages over females. For instance, several participants mentioned a wage gap between male and female OTPs. One participant stated, "though OT is a female-dominated profession, I still believe there is a gender gap in salary. The 2015 AOTA Salary and Workforce survey indicated that men in the profession make about 14.7% more than women" (Participant 172). Participants also reported witnessing male OTPs and OT students receiving additional opportunities in the workplace or at school. In the workplace, males receiving promotions preferentially was mentioned. One participant stated,

> Every time I've seen a setting the only male OT there seems to be the supervisor or the one in charge and it makes me think it could be just because he is male; this is obviously just an assumption he could be the most qualified (Participant 294).

In the OT school setting additional opportunities or preferential treatment afforded to male OT students were mentioned by participants, such as,

> The men in our program are in the minority and are given a lot more opportunities (research outside of class, opportunities to present at conferences, leadership positions, etc.) than the women in our program. Perhaps this is because they are more visible, but it feels as though there are equally as talented and high performing women who were not given the same "foot in the door" as the men were (Participant 217).

Several participants noted that these benefits afforded to male OTPs and OT students may be due to the fact that there are not many of them, so they are in “high demand” (Participant 313). Illustrating this point, one participant stated, “OT is saturated with females. So if you put a good female OT next to a good male OT, the male will probably get the position. Not every time. But there is a higher probability” (Participant 190).

Female Experience

The fifth theme, *female experience*, describes the experience of females in OT. Females make up the vast majority of OTPs, however participants describe prejudice, discrimination, harassment, and disrespect as part of the female experience in OT. Female participants’ physical strength was doubted by co-workers and patients. For example, one participant reported, “During my acute care rotation, male OTs were more likely to be asked to assist with transfers of patients even though the female OTs were equally trained in transfer technique(s), secondary to preconceived notions of male strength” (Participant 249). Another participant shared about their experiences “when dealing with large patients who may not trust me "as a woman" to support their body during transfers and activities” (Participant 227). Female participants also reported that their competence was doubted because of their gender. One participant stated, “Sometimes working with older males, I feel it's necessary to be ‘extra professional’ to establish legitimacy and respect as a young female therapist” (Participant 66). Sexual harassment was also reported by female participants. For example, a participant shared, “Female therapists working with male patients endure sexually suggestive/ demeaning comments and advances” (Participant 123). Female participants also reported being treated with less respect than their male counterparts in clinical settings. This was exemplified by a participant who stated,

> When I shadowed in the hospital setting, most patients assumed the OT [OTP] was a nurse because she was female. I also shadowed a male OT [OTP] and everyone assumed he was a doctor or the PT [physical therapist]. This affected the patient’s perspective on the care they receive and the relationship between the OT [OTP] and the patient (Participant 222).

Intersectional Experience

The sixth, and final theme, *intersectional experience*, describes the complex ways that identities interrelate to produce prejudice and discrimination (Dhamoon & Hankivsky, 2011). In this theme participants described how having more than one minority identity influenced their experiences. For instance, one participant shared their experience with the intersecting identities associated with race and gender identity, stating, “I am often

DOI: 10.26681/jote.2022.060102

singled out by my program to speak on behalf of all brown and trans people. People make jokes about my identities then over apologize when they see I'm in the room" (Participant 244). Another participant reported:

> I am a queer person of color and a woman. There is a lack of representation for the former two in the profession of OT; certain areas of healthcare are also dominated by men in hierarchical ways or at least the systems…which affect OT as a profession (Participant 108).

A third participant described her experience with the intersecting identities associated with race and gender, conveying, "I believe I will encounter patients that will not want to work with [me] because I am a female and [H]ispanic" (Participant 40).

Discussion

The goal of the study was to analyze factors that influence OT students to pursue the profession of OT from two perspectives. The first perspective explored how individuals who represent the OT minority and individuals who represent the non-OT minority differ on typical factors that influence career choice. OT minority participants in this study reported a lack of early familiarity with OT when compared to their non-OT minority counterparts. In comparison with non-OT minority participants, gender, ethnic, and racial minority participants in this study were more often older and working in another profession before entering OT, more likely to have been exposed to OT at their place of work, more often applied to other types of programs along with OT and were exposed to OT at an older age. Non-OT minority participants were most often exposed to OT between the ages of 12-18 while OT minority participants were not exposed until age 19-25. Similarly, Collins and Carr (2018) found almost half of underrepresented racial or ethnic minority students from a sample of high schools and undergraduate colleges in the US were not familiar with OT and few could describe attributes of the profession. Ford et al. (2021) also noted that there is a lack of knowledge about and exposure to OT in minority racial and ethnic communities. It should be noted that mentorship is often cited as a means to promote diversity in health professions (Carthon et al., 2014; Dressel et al., 2014; Ford et al., 2021), however in this study only about 10% of racial, and ethnic minority participants received mentoring and only 5% of gender minority participants received mentoring, though the rate of mentoring was not significantly different among non-OT minority participants.

There were no significant differences between the minority OT students and non-minority OT students for factors that influenced them to pursue a career in OT in this study. Participants identified the reward of helping others, personal experience, and the variety and flexibility of the profession as the most influential factors for pursuing a career in OT. Previous literature also reported that the most influential factors inspiring individuals to pursue OT as a career were the desire to help individuals with disabilities, personal contact with an OT, and the variety and challenge of the profession (Craik et al., 2001). Job security and salary were also commonly reported as appealing factors by participants in this study, however, these factors were described as the least influential factors in previous research (Craik et al., 2001).

The second perspective explored OT students' experience or observations of others experiencing prejudice or discrimination that could deter OT minorities from pursuing a career in OT. Significantly more gender minority students in this study thought that their gender would be a barrier to future practice as an OTP than non-gender minority students. Participants were also concerned that patients may prefer a same-gender therapist for self-care activities or refuse services from a therapist based on the therapist's gender, due to religious or cultural beliefs. Beagan and Fredericks (2018) also reported clients not wanting male OTPs present for intimate tasks. Male participants in our study expressed concerns about their gender being a barrier to working in specific practice settings such as pediatrics or inpatient rehabilitation. Similarly, Beagan and Fredericks (2018) reported that some male OTPs were encouraged to practice in settings that are less physically intimate, such as hand therapy. Male participants in this study also indicated understanding that some female clients may not be comfortable with them, which is consistent with Maxim and Rice's report (2018) that male therapists perceived that clients benefit from learning certain skills from a particular gender.

Ford et al. (2021) and Beagan and Chacala (2011) found that some OTPs and OT students have experienced prejudice and discrimination evidenced in client refusal to work with them based on race or ethnicity and racist remarks from clients, faculty, clinical instructors, and co-workers. Qualitative and quantitative data from this study aligned with these findings. Participants in this study noted that because most OTPs are Caucasian females, people expect all OTPs to be Caucasian females. When OTPs or OT students do not look like the typical OTP, particularly in geographic areas with less diversity, they can be viewed and treated differently. Racial and ethnic minority participants shared concerns that clients may decline services or not take them seriously based on their race or ethnicity. Participants also reported incidents of racism in OT educational programs, including tokenism, faculty grading racial or ethnic minorities more harshly, and classmates refusing to work with another student based on race. Observed racism in clinical settings was also reported by participants, including bullying or mistreatment based on race or ethnicity. This is especially troubling because experiencing or witnessing racism may drive OT students and OTPs away from the profession of OT, as has been the case in other professions (Fox & Stallworth, 2005; Hasford, 2016; Likupe & Archibong, 2013). Given that "people will not pursue a career in which they do not see people like themselves" (Ford et al., 2021, p.4), this could result in an even less diverse OT workforce, further damaging recruitment of racial and ethnic minorities.

Participants in this study shared similar concerns to previous literature (Dawes, 2020; Dressel et al., 2014; Ford et al., 2021; Gates, 2018) about cost of application to, and tuition and fees for, OT education programs. This concern is demonstrated by program selection among racial and ethnic minorities in this study, who were more likely to be enrolled in less expensive degree levels, with Black or African American participants more likely to be enrolled in associate degree programs than master's or OTD programs and Hispanic participants more likely to be enrolled in associate or master's degree over OTD educational programs.

DOI: 10.26681/jote.2022.060102

Limitations

The current study design used a sample of students currently enrolled in an accredited OT program or occupational therapy assistant program within the US. Participants did not include students that were unable to gain acceptance into these programs. Due to this limited sample, we were unable to identify the factors that prevent ethnic minorities and gender minorities from enrolling into an accredited OT program, as the students included in this study were able to overcome those barriers. It is also possible that response bias may have affected the findings of this study.

The survey included both multiple choice and open-ended questions. For the multiple-choice questions which asked about factors that influenced the decision to pursue a career in OT, a Likert scale could have provided more accurate responses than the selection of factors used in this study, which provided general data. Likert scales could have provided more insight into the degree to which factors influenced individuals to pursue OT as a career.

Responses to open-ended questions may have also been influenced by the closed-ended questions asked previously. In addition, responses to open-ended questions were limited in length which may have made them more difficult to interpret. Responses to the open-ended questions could have also been influenced by what students were taught within their OT education programs. Questions about experiencing or witnessing prejudice and marginalization may have been misinterpreted by the reader, threatening the validity of the study. Sample characteristics were similar to the US Census Bureau data for OTPs in 2016, where 89% of OTPs were female and 87% were Caucasian (US Census Bureau, 2016), while participants in this study were 93% (n = 502) female and 85% (n = 457) Caucasian. However, perspectives on prejudice and perceived barriers in this study were reported by OT students whose experience in OT is recent and may not then reflect the perspectives of current practitioners who have longer experience in OT.

Implications

Implications for the Profession of Occupational Therapy

Diversity in OT needs to be addressed to meet the needs of our patients. Health disparities experienced by racial and ethnic minorities can be mitigated through expanding the number of these minorities among healthcare practitioners (Mattingly, 2018). In addition, the lack of representation of men among OTPs can restrict the ability of men to receive occupation-based treatment. For example, Colaianni et al. (2019) found that male patients have much less access to the equipment and supplies needed for occupation-based treatments than female patients, perhaps due to implicit bias in favor of female preferred activities and occupations on the part of female OTPs. Increasing the number of male OTPs could reduce this bias. Diversity in OT also needs to be addressed as a matter of occupational justice (Dawes, 2020) for underrepresented groups who should have equal opportunity to enter OT, one of the top 10 healthcare jobs in the US (AOTA, n.d.b) as well as for our minority OT colleagues, who deserve to be treated with respect. Some minority OTPs and OT students, like participants in this study, may view themselves as agents of change, challenging the prejudice and

discrimination they experience. However, OT as a profession cannot rely only on the work of OT minorities in confronting the issue of diversity in the profession. The profession of OT must address these issues at the level of the population. According to participants in this study and the literature (Dawes, 2020; Ford et al., 2021; Johnson & Bozeman, 2012), the lack of gender, racial, and ethnic diversity in the OT workforce reflects larger societal issues. These issues must be addressed within OT using a multileveled approach that addresses both recruitment and retention of minority OTPs, because increased recruitment alone may not result in increased minority representation in the workforce (American Association of Colleges of Nursing, 2014).

Participants in the survey shared many experiences with OT practitioners where gender, ethnic, and race-based prejudice occurred. OTPs would benefit from continuing education to help them become aware of and address biases toward OT minorities in order to promote a welcoming atmosphere within the profession. To speak to diversity in OT, cultural humility within OT needs to be addressed to combat prejudice and discrimination. Agner (2020) discussed the difference between the more well-known concept of cultural competence, and cultural humility. Cultural competence in healthcare involves knowledge about cultures and differences between cultures, but does not address prejudices, explicit bias, or power relationships. Cultural humility differs in that it focuses on a life-long, ongoing process of learning about other cultures, accepting that there will be gaps in knowledge, expecting differences between and inside cultures, acknowledging that bias and prejudice are part of the human condition, and recognizing the presence and effects of power relationships. So, under a cultural humility framework OTPs do not need to have extensive knowledge about a culture and how it influences their perceptions of minority OTs. Instead, the OTP can approach individuals with the purpose of learning about them, rather than assuming cultural knowledge gives them accurate insight about them.

Other healthcare professions including nursing, medicine, and public health have found that cultural humility cannot be taught using traditional didactic approaches alone, because knowing principles of cultural humility may not change interactions (Agner, 2020). Instead, combining approaches such as journaling and experiential activities, with didactic methods has been more successful in promoting cultural humility among students (Juarez, 2006; Schuessler, 2012). Promotion of cultural humility can begin in OT education programs, but this will not address the need for current OTPs to learn about practicing cultural humility. National organizations such as AOTA could provide resources such as organizing groups of OTPs to participate in the recommended reflection and journaling needed as they engage in cultural humility.

Based on statistical analysis of data from this survey, there are several implications for how the profession of OT can recruit a more diverse workforce. First, at the national and state levels, recruitment of minorities into the profession of OT should involve increased scholarship funding and national and state level mentoring programs for minority OT students. Also, in order to expose minority students to OT at ages similar to their non-OT minority counterparts, AOTA and other national and state OT organizations could develop national and state level initiatives aimed specifically at minorities in the 12-18

DOI: 10.26681/jote.2022.060102

years of age bracket. These initiatives could include age-appropriate multimedia-based exposure of OTPs who do not resemble the typical Caucasian female OTP. This could include the creation of original materials or advocacy for minority OTPs to be represented in media likely to be seen by 12-18 year-old minorities. Occupational therapy educational programs and individual OTPs could increase awareness of the profession by participating in community events that expose children and young adults to OT in areas with greater racial and ethnic diversity. In addition, the lack of mentoring available to students seeking to become an OTP could be addressed through mentoring programs supported by AOTA, state OT organizations, and OT education programs. Minority OT students in this study exhibited increased likelihood of hearing about OT through a career fair or career day indicating that these types of events could assist in recruiting minorities. Lastly, because minority OT students in this study were significantly more likely to have learned about OT from colleagues at their workplace, a fertile ground for the recruitment of minority OT practitioners may be among other health related disciplines. OTPs could also contribute to the profession's goal of recruiting a more diverse workforce by offering open houses or shadowing experiences for employees from other departments that offer exposure to the profession of OT.

Implications for Occupational Therapy Education

Participants in the survey also shared experiences of gender, ethnic, and race-based prejudice occurring in interactions with their OT faculty. Every OT practitioner and student deserve the same respect, regardless of gender, race, or ethnicity. In particular, increased emphasis on recognizing gender, racial, and ethnic bias in ourselves should be addressed in education programs in order to improve the culture of OT and attract a more diverse workforce that better represents the clients we serve. Along with diversity in the OT workforce, it is also necessary that there is diversity at all degree levels in order to not have degree stratification based on race or ethnicity, further alienating racial and ethnic minorities from the profession of OT. Faculty in OT programs may believe we are culturally aware, but that may be hubris on our part. Like some medical students (Juarez et al., 2006), we may not be particularly good at assessing our own cultural skills. For example, Gates (2018) reported a participant's experience in a study about faculty perceptions of what strategies are successful in recruiting minorities into nursing. The participant reported when "attending a diversity workshop [faculty] thought they understood race relations in the urban area, but [B]lack staff members challenged the faculty perceptions and identified inaccurate faculty perceptions of racial tensions." (p. 193). Cultural humility on the part of OT faculty is needed to ensure we are addressing our own biases.

Participants in this study reported that some of OT clients treated OTPs and OT students disrespectfully, demonstrating prejudice and bias, whether consciously or unconsciously. We have been educated as OTPs to be client centered and to respect the client's point of view; however, that does not mean OTPs or OT students should have to allow OT clients to speak or behave in ways that are offensive. Occupational therapy students should be educated about how to place appropriate limits on OT clients' inappropriate speech or behaviors in a manner in keeping with the OT code of ethics.

Other health disciplines such as medicine and nursing have used pipelines, mentoring, and asset bundles to promote diversity in their professions. A pipeline program typically involves multiple interventions including mentoring, where student involvement is traced and encouraged (Young et al., 2017). Carthon et al. (2014) reported that in nursing education, pipeline programs are outpacing non-pipeline programs for enrollment of Asian and Black nursing students. Terrell and Beaudreau (2003) also reported that a pipeline program to support students as they transition from undergraduate to graduate education resulted in underrepresented minorities experiencing a 36% increase in admission to medical schools.

Johnson and Bozeman (2012) reported using the concept of asset bundles as a means to recruit minorities, particularly minorities with multiple social identities, such as gender, race, ethnicity, and socioeconomic status, into medicine. They defined asset bundles as "specific sets of abilities and resources that individuals develop that help them succeed in educational and professional tasks" (p. 1490). Promoting the development of these abilities and skills in minority students with multiple social identities requires educational institutions to simultaneously address issues at multiple levels by considering the variety of "judgments, stereotypes, restrictions, opportunities, or treatment that a person expects to face on the basis of the institutional settings response to one or more of the person's social identities" (p. 1490). Thus, asset bundles are meant to take pipelines a step further by systematically addressing development of skills and resources, along with considering the effects of differing social identities in minority students' ability to do so. This type of program could be developed by OT education programs as well in order to address the multi-faceted issues OT minorities face when considering what career they want to pursue.

Dawes (2020) concluded that pipeline and mentorship programs can help the profession of OT: facilitate an environment where students can increase their awareness of a profession, transition from thinking about a profession to completing action steps to become trained in that profession and experience a profession to see how it can positively impact their life (p. 97). Each of these occur while interacting with experts that sympathize and empathize with their life experiences.

Future Research

The results of this study indicate the need for future research in a number of directions. The experience of OT minorities could be further explored with current OT practitioners to determine if they perceive similar or different barriers to practice than the students' perspectives from this study. In addition, a more in-depth qualitative study focusing explicitly on the experiences of minority students who are applying to OT school could provide a deeper and more accurate perspective that could help to identify barriers that may not have been identified in this study. Future research could also focus on the degree of influence certain factors have in the decision to pursue the career of OT among OT minorities which could assist recruitment efforts. Outcome studies on the effectiveness of programs meant to increase diversity in OT are needed. Lasty, while this study focused on gender, racial, and ethnic minorities, other minorities, such as

DOI: 10.26681/jote.2022.060102

individuals with disabilities and members of the lesbian, gay, bisexual, transgender, and queer community, are also among the diverse populations we serve who should be represented within the OT workforce. Exploration of factors that influence or are a barrier to their pursuit of OT as a career are also needed.

Conclusion

This study revealed that recruitment and retention of minority OT students and OTPs is a multi-layered issue. The findings of this study have established that there is a lack of knowledge about and exposure to the profession of OT for ethnic, racial, and gender minorities. In addition, the presence of prejudice and discrimination effecting ethnic, racial, and gender minorities and emanating from other healthcare professionals, clients, OTPs, OT faculty, and OT classmates, has been reported by participants in this study. Solutions based on this study's findings will require national, state, institutional, and personal level effort. In order to promote diversity within the profession of OT and provide client-centered care to the diverse populations we serve, there must be an increased awareness of and exposure to OT among the diverse populations we wish to recruit, as well as recognition of the role of prejudice and discrimination as a barrier to recruitment and retention of minority OTPs. While we seek solutions within the profession of OT, we also need to acknowledge, as a participant stated, "OT is not unique in their prejudice. It's a societal problem" (Participant 244).

References

Agner, J. (2020). Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift. *American Journal of Occupational Therapy, 74*(4), 7404347010. https://doi.org/10.5014/ajot.2020.038067

American Association of Colleges of Nursing. (2014). *Enhancing diversity in the workforce*. http://www.aacn.nche.edu/media-relations/ fact-sheets/enhancing-diversity

American Occupational Therapy Association. (n.d.a). *Find a school.* https://www.aota.org/Education-Careers/Find-School.aspx

American Occupational Therapy Association. (n.d.b) *The job outlook for occupational therapy.* https://www.aota.org/Education-Careers/Considering-OT-Career/JobOutlook.aspx

American Occupational Therapy Association. (2020a). *Academic programs annual data report academic year 2018-2019*. https://www.aota.org/-/media/Corporate/Files/EducationCareers/Accredit/Annual-Data-Report-2018-2019.pdf

American Occupational Therapy Association. (2020b). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(suppl. 2), 1-87. https://doi. org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (2017). Vision 2025. *American Journal of Occupational Therapy, 71,* 7103420010. https://doi.org/10.5014/ajot.2017.713002

American Occupational Therapy Association. (2006). AOTA's Centennial Vision and executive summary. *American Journal of Occupational Therapy, 61,* 613–614. https://doi.org/ 10.5014/ajot.61.6.613

Beagan, B. L., & Fredericks, E. (2018). What about the men? Gender parity in occupational therapy. *Canadian Journal of Occupational Therapy, 85*(2), 137-145. https://doi.org/10.1177/0008417417728524

Beagan, B. L., & Chacala, A. (2011). Culture and diversity among occupational therapists in Ireland: When the therapist is the 'diverse' one. *British Journal of Occupational Therapy, 75*, 144-151. https://doi.org/10.4276/030802212X13311219571828

Black, R. M. (2002). Occupational therapy's dance with diversity. *American Journal of Occupational Therapy*, 56(2), 140-148. https://doi.org/10.5014/ajot.56.2.140

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa

Carthon, J. M., Nguyen, T. H., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook, 62,* 259-267. https://doi.org/10.1016/j.outlook.2014.04.006

Colaianni, D., Harlowe, A., Beyer, S., Martir, K., Bennett, M., Johnson, H., & Kuhns, A. (2019). Occupation-based interventions: Are we prepared? *Physical and Occupational Therapy in Geriatrics, 37(4),* 313-335. https://doi.org/10.1080/02703181.2019.1653416

Collins, P. M., & Carr, C. (2018). Exposure to, knowledge of, and interest in occupational therapy and physical therapy career options. *Open Journal of Occupational Therapy, 6(2),* 12-17. https://doi.org/10.15433/2168-6408.1357

Craik, C., Gissane, C., Douthwaite, J., & Philip, E. (2001). Factors influencing the career choice of first year occupational therapy students. *British Journal of Occupational Therapy, 64(3),* 114-120. https://doi.org/10.1177/030802260106400302

Dawes, M. P. G. (2020). *Promoting healthcare diversity: A diversity initiative for occupational therapy.* [Doctoral dissertation, Boston University]. ProQuest Dissertations and Theses Global.

Dhamoon, R. K., & Hankivsky, O. (2011). Why the theory and practice of intersectionality matter to health research and policy. In O. Hankivsky, S. de Leeuw, J. A. Lee, V. Bilkis, & N. Khanlou (Eds.), *Health inequities in Canada: Intersectional frameworks and practices.* University of British Columbia Press.

Dressel, J., Shervinskie, E., & Yaker, L. (2014). *DiverseOT: Increasing diversity within the field of occupational therapy.* Collaborative Research and Evidence shared Among Therapists and Educators (CREATE Day). Paper 17. https://jdc.jefferson.edu/createday/17

Ford, A. R., Smith, D. L., & Banister, G. E. (2021). Recruitment and retention of occupational therapy practitioners and students of color: A qualitative study. *American Journal of Occupational Therapy, 75(1),* 7501205150. https://doi.org/10.5014/ajot.2020.039446

Fox, S., & Stallworth, L. E. (2005). Racial/ethnic bullying: Exploring links between bullying and racism in the US workplace. *Journal of Vocational Behavior, 66(3),* 438-456. https://doi.org/10.1016/j.jvb.2004.01.002

Gates, S. A. (2018). What works in promoting and maintaining diversity in nursing programs. *Nursing Forum, 53,* 190-196. https://doi.org/10.1111/nuf.12242

Grant, B. (2017). Tokenism. In F. Moghaddam (Ed.), *The SAGE Encyclopedia of Political Behaviors.* SAGE Publications.

Hasford, J. (2016). Dominant cultural narratives, racism, and resistance in the workplace: A study of the experiences of young Black Canadians. *American Journal of Community Psychology, 57,* 158-170. https://doi.org/10.1002/ajcp.12024

Hepworth, H., & Schafer, C. (2016). Factors influencing minority group pursuit of occupational therapy education. *Occupational Therapy Capstones, 85*. https://commons.und.edu/ot-grad/85

Hughes, V., Delva, S., Nkimbeng, M., Spaulding, E., Turkson-Ocran, R. A., Cudjoe, J., Ford, A., Rushton, C., D'Aoust, R., & Han, H. R. (2020). Not missing the opportunity: Strategies to promote cultural humility among future nursing faculty. *Journal of Professional Nursing, 36(1),* 28-33. https://doi.org/10.1016/j.profnurs.2019.06.005

Johnson, J., & Bozeman, B. (2012). Perspective: Adopting an asset bundle model to support and advance minority students careers in academic medicine and the scientific pipeline. *Academic Medicine, 87 (11),* 1488-1495. https://doi.org/10.1097/ACM.0b013e31826d5a8d.

Juarez, J. A., Marvel, K., Brezinski, K. L., Glazner, C., Tobin, M. M., & Lawton, S. (2006). Bridging the gap: A curriculum to teach residence cultural humility. *Family Medicine, 38, 97-102.*

Likupe, G., & Archibong, U. (2013). Black African nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of Psychological Issues in Organizational Culture, 3,* 227-246*.* https://doi.org/10.1002/jpoc.21071

Mattingly, C. (2018). Health care as a cultural borderland. *The Lancet, 391*(10117),198-199. https://doi.org/10.1016/S0140-6736(18)30026-6

Maxim, A. J. M., & Rice, M. S. (2018). Men in occupational therapy: Issues, factors, and perceptions. *American Journal of Occupational Therapy, 72*, 7201205050. https://doi.org/10.5014/ajot.2018.025593

Pettigrew, T. F., & Tropp, L. R. (2008). How does intergroup contact reduce prejudice? *European Journal of Social Psychology, 38*(6), 922-934. https://doi.org/10.1002/ejsp.504

Ross, H. J. (2011). *Re-inventing diversity: Transforming organizational community to strengthen people, purpose, and performance.* Rowman & Littlefield Publishers, Inc.

Schuessler, J. B., Wilder, B., & Byrd, L. W. (2012). Reflective journaling and development of cultural humility in students. *Nursing Education Perspectives, 33*, 96-99. https://doi.org/10.5480/1536-5026-33.2.96

Taff, S. D., & Blash, D. (2017). Diversity and inclusion in occupational therapy: Where we are, where we must go. *Occupational Therapy in Healthcare, 31*(1), 72-83. https://doi.org/10.1080/07380577.2016.1270479

Terrell, C., & Beaudreau, J. (2003). 3000 by 2000 and beyond: Next steps for promoting diversity in the health professions*. Journal of Dental Education*, *67*(9), 1048–1052. https://doi.org/10.1002/j.0022-0337.2003.67.9.tb03691.x

United States Census Bureau (2016). *DATAUSA: Occupational therapists*. https://datausa.io/profile/soc/occupational-therapists#demographics

Young, M. E., Thomas, A., Varpio, L., Razack, S. I., Hanson, M. D., Slade, S., Dayem, K. D., & McKnight, D. J. (2017). Facilitating admissions of diverse students: A six point, evidence-informed framework for pipeline and program development. *Perspectives in Medical Education, 6,* 82-90. http://doi.org/10.1007/s40037-017-0341-5

DOI: 10.26681/jote.2022.060102