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Abstract

Black/African American students account for 6.5% of the enrollment in entry-level occupational therapy (OT) and occupational therapy assistant (OTA) programs (AOTA, 2019). OT and OTA programs serve as the entry point to increasing diversity in the profession and contribute to a diverse healthcare workforce. Limited research exists that offers insight into the experiences of minority students enrolled in OT and OTA programs. The purpose of this study was to explore the academic experiences of Black/African American students enrolled in entry-level OT and OTA programs to identify supports and barriers in the educational experience. Eligible participants were asked to complete an anonymous survey that explored the experiences in the recruitment and admissions processes, interactions with faculty and peers, and other factors that influenced their learning experience. 124 respondents completed the nationwide survey. The respondents listed faculty and staff support, the use of diverse learning materials, and a supportive fieldwork environment as very important to a positive educational experience. A lack of faculty and staff support, financial concerns, and level of comfort sharing their life and cultural perspectives with classmates were listed as barriers to the educational experience. Results of this study provide insight on important factors that affect the student learning experience and can inform OT and OTA programs about potential areas of strength and identify areas of need to develop learning environments that encourage supportive and inclusive experiences for the next generation of OT practitioners.

Keywords

Diversity, Occupational Therapy Education, Black and African American, Recruitment and Admissions, Health Care Education

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Title Exploring the Experiences of Black/African American Students in Entry Level Occupational Therapy and Occupational Therapy Assistant Programs

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ABSTRACT

Black/African American students account for 6.5% of the enrollment in entry-level occupational therapy (OT) and occupational therapy assistant (OTA) programs (AOTA, 2019). OT and OTA programs serve as the entry point to increasing diversity in the profession and contribute to a diverse healthcare workforce. Limited research exists that offers insight into the experiences of minority students enrolled in OT and OTA programs. The purpose of this study was to explore the academic experiences of Black/African American students enrolled in entry-level OT and OTA programs to identify supports and barriers in the educational experience. Eligible participants were asked to complete an anonymous survey that explored the experiences in the recruitment and admissions processes, interactions with faculty and peers, and other factors that influenced their learning experience. 124 respondents completed the nationwide survey. The respondents listed faculty and staff support, the use of diverse learning materials, and a supportive fieldwork environment as very important to a positive educational experience. A lack of faculty and staff support, financial concerns, and level of comfort sharing their life and cultural perspectives with classmates were listed as barriers to the educational experience. Results of this study provide insight on important factors that affect the student learning experience and can inform OT and OTA programs about potential areas of strength and identify areas of need to develop learning environments that encourage supportive and inclusive experiences for the next generation of OT practitioners.

Introduction

Occupational therapy (OT) is a century old, female dominated profession that aims to assist clients with gaining or regaining function and independence through the power of meaningful occupations (American Occupational Therapy Association [AOTA], n.d.). Occupational therapists serve people from all racial and ethnic backgrounds. Despite serving such a variety of people, the profession itself is quite homogenous, consisting of 92% of practitioners who identify as white women (AOTA, 2019; Brown et al., 2021; Zippia Careers, 2021). Brown et al. (2021) found that approximately 84% of licensed and practicing OTs identify as non-Hispanic white coupled with close to 80% of doctoral and masters level students identifying as non-Hispanic white. Likewise, more than 70% of occupational therapy assistant (OTA) students identify as non-Hispanic white (Harvison, 2019; Brown et al., 2021). The presence of Black/African Americans within the profession has also remained relatively unchanged over the past forty years (Kitchens et. al., 2021). These statistics highlight the lack of diversity among current and future occupational therapy practitioners and students. To best serve the diverse United States (US) population, a workforce that is more representative offering a racially and ethnically diverse clinician pool is needed.

There is a lack of diversity and opportunities for people of color in the US, including limited enrollment of minorities in medical and health professions schools. These inequities are evidenced in that medical educational institutions have not kept pace with the enrollment and subsequent graduation of practitioners from a variety of racial and ethnic backgrounds leading to increased disparities in access to healthcare (Bouye et al., 2016). These inequities in the healthcare training of minority groups mirror the limited access to quality healthcare for US minority groups and biases held by the healthcare professions throughout the history of healthcare (Mateo-& Williams, 2020). In 2015, the Kelly Report identified a need for increased diversity within healthcare practitioners and suggested a solution of increasing enrollment in healthcare workforce training programs that will also increase opportunities for racial and ethnic minorities (Black Caucus Health Braintrust, 2015; Bouye et al., 2016). For the past few decades, the US Census reported an increase in both racial and ethnic diversity (US Census, 2019). To meet the needs of this changing demographic, a few institutions of higher education have attempted to increase the number of racial and ethnic minorities enrolled in graduate degree programs (Wilbur et al., 2020). Over the last 40 years, increasing the number of medical professionals who identify as a racial or ethnic minority has been an objective of many US medical schools to better serve the changing demographics of the country (Campbell et al., 2020). Despite these efforts, the enrollment of certain racial minorities has not increased at the level needed to meet the needs of the population served.

Students who identify as Black or African American are often underrepresented in the enrolled student body at graduate institutions of higher education (Garces & Mickey-Pabello, 2015). This underrepresentation also affects enrollment in health professions programs. A 2013 qualitative study by Yeowell demonstrated that physical therapy (PT) students of color felt “out of place” and viewed PT as a “white” profession. In states like Texas, the ban on affirmative action has decreased enrollment of minority students in

medical institutions of higher education by almost 20% since the ban's inception in 2012 (Yeowell, 2013). Although Black/African Americans account for approximately 13% of the US population, these students only account for approximately 7% of the total US medical school enrollment in 2012 (Association of American Medical Colleges [AAMC], 2012; Garces & Mickey-Pabello, 2015; US Census, 2019). When examining these low numbers, the rehabilitation fields, including OT, yield fewer numbers still.

Emphasizing the lack of diversity in OT, a small number of Black/African American students are enrolled in entry-level OT and OTA programs. In 2019, the AOTA Salary and Workforce survey revealed that Black/African Americans accounted for 6.5% of students enrolled in entry-level OT and OTA programs. The lack of diversity at all levels of the profession became a recurring topic during a series of listening sessions held by AOTA in 2020 (AOTA, 2020a-d) and facilitated the development of this study. Despite the OT profession's attempts to seek racial and cultural diversity, equity, and inclusivity, research and anecdotal data reveal that racial and cultural diversity within the student and professional population is still lacking.

Limited research exists that offer insight into the experiences of Black/African American students enrolled in OT and OTA programs. According to Mateo and Williams (2020), one of the first steps to eliminate bias and discrimination is to identify these practices. Hence, this study aimed to assess and understand the experiences and perceptions of Black/African American students enrolled in OT and OTA programs with the following research question: what are the perceptions of the educational experiences among Black/African American students enrolled in entry-level OT and OTA programs? Since OT and OTA programs are the entry point into the profession, identifying and addressing issues that influence diversity, equity, and inclusion at this level can contribute to a more diverse healthcare workforce. The results of this study may inform educational programs on factors that impact the students' educational experience including areas where programs excel as well as opportunities to improve. Previous studies examined the lack of representation in higher education for people who identify as Black or African American (Bouye et al., 2016; Lett et al., 2019; Naylor et al., 2015). Both the lack of representation in the student body along with lack of representation in the faculty signify a need to examine this phenomenon further.

Common themes for the experiences of Black/African American students enrolled in higher education based on previous literature include feelings of isolation and loneliness, psychological distress, and insensitivities (Johnson-Bailey et al., 2006). Ford et al. (2021) found in their qualitative study that barriers existed in the enrollment of African American students in OT programs, including a lack of knowledge about the field, lack of financial resources, and feeling excluded. According to previous studies, African American graduate students pursuing degrees in the fields including science, technology, engineering, and math (STEM) have nearly a 50 percent attrition rate (Bethea, 2005; Ford et al., 2021; Joseph, 2012). A 2017 study found students in "pipeline" programs designed to interest and prepare undergraduate students for graduate health sciences programs often do not complete these pipeline programs due to enrollment in graduate programs being limited to more highly prepared and qualified

students (Upshur et al., 2018). Lack of mentorship, financial support, institutional environment, and lack of social support may also contribute to lack of diversity in OT. Our study attempted to offer insight into the experiences of Black/African American OT and OTA students and sought to identify tangible areas of improvement for educational programs to consider.

Methods

A survey research design was used for this study. This method was determined to be the most appropriate to explore the perceptions and experiences of the target demographic of this study.

Survey Development

The survey was developed by the authors using the SurveyMonkey software (SurveyMonkey Inc., San Mateo, CA). Questions were developed following a review of literature and focused on exploring the students' experiences in the classroom, with their OT or OTA program, with their peers, their instructors, and fieldwork experiences. Demographic information was also included. Forty-one questions were developed and contained Likert scale, multiple choice, and open-ended responses. Pre-testing of the survey was conducted prior to distribution using methods described by Fowler (2014). A group of five individuals who met the target demographic criteria volunteered to participate in a 1.5-hour focus group to review and provide feedback on the survey questions and content. This feedback was incorporated into the final draft of the survey prior to distribution.

Recruitment

Inclusion criteria for this study included individuals who self-identified as Black/African American and were enrolled in an entry-level OT or OTA program in the US between January 1, 2017- December 31, 2020. Individuals that did not meet these criteria were excluded from the study.

A recruitment email was drafted and sent to students and 200 accredited OT and OTA programs using the AOTA database to help identify students who met the inclusion criteria. The recruitment email included study information, principal investigator's contact information, and a flier that described the purpose, procedure, and eligibility criteria for this study. The email and flier also contained a QR code and survey link to access the survey. Recruitment information was also shared on professional OT organization listservs, discussion forums, and their respective social media outlets that have membership representative of the target population. Based on the available demographic data of the OT profession taken from the 2019 AOTA Workforce Salary Survey, we aimed to recruit 373 individuals in our study sample. Eligible participants who desired to complete the survey were asked to provide consent using a consent form located on the first page of the survey. All recruitment and study procedures were approved by the University of Texas Medical Branch Institutional Review Board #21-0136.

Survey Implementation

Eligible participants who intended to complete the survey were given a survey link or a QR code to access the survey. Prior to beginning the survey, the participants were provided with a consent form with a question to consent or decline participation. Data was collected for three weeks. The survey was completed anonymously, and no personal identifying information was collected. Participants had the option to provide an e-mail address at the end of the survey to be entered into a drawing for a gift card. Four participants were randomly selected to receive \$25 gift cards for completing the survey.

Analysis

A total of 553 responses were received. All responses were reviewed to determine the validity of response. Nearly 78% (n=429) of the responses were removed and not included in the analysis due to one or more the following reasons: respondent did not give consent (n=17), respondent self-identified as another racial/ethnic identification not included in the target demographic (n=169), IP address was identified as originating outside of the US (n=21), discrepancies in the responses (n=22), insufficient or excessive time to complete survey was taken (n=192), and incomplete responses (n=8). A total of 124 valid responses were included in the final data analyses. Microsoft Excel Data Analysis ToolPak was used to perform frequencies and chi square analysis of the quantitative data (Microsoft, 2021) and are included in the analysis. The open-ended questions were analyzed separately and will be included in a future manuscript. The respondents, on average, took seven minutes to complete the survey.

Results

Table 1 illustrates the demographics of the respondents. Although the number of responses were less than the targeted number, it is important to note that the survey yielded responses from all regions of the US and hence reasonably reflects the national OT/OTA student population. Further, the survey yielded more responses from the Southeastern states, where the Black/African American population is reported to be relatively larger (Black Demographics, n.d.).

Table 1*Respondent Demographics*

| Characteristics | Number | Percentage |
|---|---------------|-------------------|
| Gender | | |
| Female | 85 | 68.55 |
| Male | 39 | 31.45 |
| Type of Program | | |
| Occupational Therapy | 89 | 71.77 |
| Occupational Therapy Assistant | 35 | 28.23 |
| Historically Black College or University (HBCU) | | |
| Yes | 44 | 35.48 |
| No | 80 | 64.52 |
| Age Range | | |
| 18-25 years | 38 | 30.65 |
| 26-30 years | 62 | 50.00 |
| 31-39 years | 19 | 15.32 |
| 40 years or older | 5 | 4.03 |
| First Generation Student | | |
| Yes | 61 | 49.19 |
| No | 63 | 50.81 |
| Geographical Region | | |
| Midwest | 24 | 19.35 |
| Northeast | 19 | 15.32 |
| Southeast | 46 | 37.10 |
| Southwest | 23 | 18.55 |
| West | 12 | 9.68 |

A majority of respondents (55%; n=68) stated they were introduced to OT while in college. Twenty-eight (23%) respondents reported learning about OT during their high school years, and another 20 (16%) respondents reported learning during adulthood. As expected, only a small percentage (6%; n=8) reported becoming aware of OT during middle school. Interestingly, 19 of the 20 respondents who reported learning about OT during adulthood were females. It appears that females tend to learn about OT later in their life despite OT being a female dominated profession. A chi-square test of association found no notable association between the time of exposure to OT and demographic variables such as geographical region and age range.

Nearly two-third of the respondents (67%; n=83) reported applying for 1-5 educational programs to seek admission to an OT/OTA program. Thirty-two (26%) respondents reported applying for 6-10 programs and nine (7%) respondents reported applying for 11-15 programs. Data suggests that men tended to apply to more programs compared to women as 21 of the 39 men in the respondents reported applying for 6-10 programs and another six reported applying for 11-15 programs.

The top three factors that influenced respondents' decision to attend OT/OTA programs were location, cost, and school reputation. Table 2 presents the ranking of various factors by the respondents. Other responses included vicinity, hybrid program, holistic approach to medical care, resources, accessibility, vibe at the interview, financial package and scholarship, family reasons, number of fieldwork opportunities, housing arrangements available, accreditation status, and student life and leadership.

Table 2

Respondents Ranking of Factors Influencing their Decision to Attend OT/OTA Programs

| Variable | Weightage | Rank |
|--------------------------------|------------------|-------------|
| Location | 772 | 1 |
| Cost | 736 | 2 |
| School reputation | 642 | 3 |
| Length of program | 640 | 4 |
| Program admission requirements | 593 | 5 |
| Faculty diversity | 405 | 6 |
| Student body diversity | 390 | 7 |
| Other | 162 | 8 |

Respondents were presented with a series of statements and asked to express their level of agreement to each of them. The statements explored respondents' views regarding feeling supported and included in the educational program, diversity of the program, and sense of belonging in the program. Table 3 presents the respondents level of agreement to each.

Table 3*Respondent Level of Agreement to Statements Expressing Different Views*

| Statements | Strongly Agree | | Agree | | Disagree | | Strongly Disagree | |
|---|----------------|--------------|-----------|--------------|-----------|--------------|-------------------|-------|
| | N | % | N | % | N | % | N | % |
| *I feel supported by a majority of peers in my class. | 26 | 20.97 | 57 | 45.97 | 29 | 23.39 | 12 | 9.68 |
| *I feel supported by a majority of faculty in my OT/OTA program. | 37 | 29.84 | 56 | 45.16 | 20 | 16.13 | 11 | 8.87 |
| *I feel included in activities that will enhance my learning (e.g., study groups, group meetings, etc.). | 22 | 17.74 | 68 | 54.84 | 25 | 20.16 | 9 | 7.26 |
| *I feel excluded from activities that will enhance my learning. | 20 | 16.13 | 39 | 31.45 | 52 | 41.94 | 13 | 10.48 |
| *I feel comfortable sharing my life and cultural experiences/perspectives with my classmates. | 31 | 25.00 | 48 | 38.71 | 24 | 19.35 | 21 | 16.94 |
| *The OT/OTA faculty and staff reflect the racial/ethnic makeup of the class. | 23 | 18.55 | 56 | 45.16 | 22 | 17.74 | 23 | 18.55 |
| *My OT/OTA program provided learning materials, activities, and assignments that are inclusive of diverse authors and perspectives. | 14 | 11.29 | 46 | 37.10 | 42 | 33.87 | 22 | 17.74 |
| *I feel a sense of belonging in my OT/OTA educational program. | 28 | 22.58 | 62 | 50.00 | 20 | 16.13 | 14 | 11.29 |
| *My OT/OTA program has taken active steps to support diversity in the classroom. | 18 | 14.52 | 61 | 49.19 | 27 | 21.77 | 18 | 14.52 |
| *My clinical fieldwork experiences provided a supportive learning environment. | 39 | 31.45 | 55 | 44.35 | 10 | 8.06 | 4 | 3.23 |
| *I feel comfortable asking questions to my clinical instructor during clinical fieldwork experiences. | 55 | 44.35 | 41 | 33.06 | 9 | 7.26 | 3 | 2.42 |

Except for the statements related to fieldwork experiences, less than 30% of the respondents expressed strong agreement to the statements. Nearly half of the respondents expressed agreement to most of the statements. The disagreement was high for the statements regarding feeling excluded in class activities, feeling comfortable sharing life experiences with classmates, faculty and staff reflecting the ethnic makeup of the class, and program providing learning materials representing diverse authors and perspectives.

The survey also presented a series of statements for the respondents to identify their perceived level of importance on a scale of 'not important' – 'somewhat important' - 'very important'. Table 4 shows respondents' perceived level of importance to different statements.

Table 4

Respondents Perceived Level of Importance to Different Aspects of the Learning Experience

| | Very Important | | Somewhat Important | | Not Important | |
|---|----------------|-------|--------------------|-------|---------------|------|
| | N | % | N | % | N | % |
| *How important is it for you to feel supported by peers in your class? | 49 | 39.52 | 70 | 56.45 | 5 | 4.03 |
| *How important is it for you to feel supported by the faculty in your OT/OTA program? | 91 | 73.39 | 30 | 24.19 | 3 | 2.42 |
| *How important is it for you to feel included in activities that will enhance your learning? | 73 | 58.87 | 46 | 37.10 | 5 | 4.03 |
| *How important is it for you to not feel excluded from activities that will enhance your learning? | 77 | 62.10 | 46 | 37.10 | 1 | 0.81 |
| *How important is it for your OT/OTA program to provide learning materials, activities, and assignments that are inclusive of diverse authors and perspectives? | 88 | 70.97 | 36 | 29.03 | 0 | 0.00 |
| *How important is it for you to feel a sense of belonging in your OT/OTA program? | 79 | 63.71 | 41 | 33.06 | 4 | 3.23 |
| *How important is it for you to have fieldwork experiences that are provided in a supportive learning environment? | 100 | 80.65 | 23 | 18.55 | 1 | 0.81 |
| *How important is it for you to feel comfortable asking questions to your clinical instructor during clinical fieldwork experiences? | 95 | 76.61 | 28 | 22.58 | 1 | 0.81 |
| *How important is it for your OT/OTA program to take active steps to support diversity in the classroom? | 93 | 75.00 | 30 | 24.19 | 1 | 0.81 |

Generally, respondents felt it was very important to feel supported by the faculty, receive learning materials that represent diverse authors and perspectives, have fieldwork experiences in a supportive learning environment, and feel comfortable asking questions to clinical instructors during fieldwork. Further, they also believed it was very important for OT/OTA programs to take active steps to support diversity in the classroom. Interestingly, more than half of the respondents reported that peer support was only somewhat important for them.

The following items were ranked as being important to our respondents: 100 respondents (80.6%) indicated a social network (family and friends); 71 respondents (57.2%) cited availability of learning resources (library, study spaces, technology, etc.); 60 respondents (48.3%) indicated financial support (scholarships, grants, loans, etc.); and 59 respondents (47.5%) identified faculty and staff were the top supports identified that helped them matriculate the OT/OTA program. The top three barriers encountered by respondents when matriculating in their OT/OTA program were financial (n=56; 45.1%), peers/classmates (n=50; 40.3%), and faculty and staff (n=46; 37%). It is interesting to note that financial and faculty/staff were identified as both supports and barriers to matriculate the program by the respondents. Seventy-five (60%) respondents believed that they had access to resources that supported their educational experience as a Black/African American student.

Seventy-three respondents (59%) reported experiencing some form of discrimination by their peers or instructors during their education. Chi-square analyses did not reveal any association between experiencing discrimination and demographic variables such as age group, gender, geographical region, program type, and institution type (Predominately White Institution [PWI] or Historically Black College or University [HBCU]). This suggests that a notable percentage of Black/African American OT and OTA students experience discrimination by their peers and instructors across program types and across the nation regardless of these factors.

One survey item asked respondents to report the number of Black/African American students in their cohort. For this item, 24 respondents (19.3%) reported they were the only one, 50 (40.3%) reported 2-5 other students, 37 (29.8%) reported 5-9 other students, and 13 (10.4%) reported 10 and above. There appeared to be no connection between the cohort size and the number of Black/African American students in it as three programs with 51 or more students reported to have only one Black/African American student and 25 programs with 36-50 students reported to have only 2-4 Black/African American OT students. Table 5 presents the data as reported by the respondents.

Table 5*Number of Black African American Students and Cohort Size of OT/OTA Programs*

| Number of Black African American Students Enrolled | OT/OTA Program Cohort Size | | | |
|---|-----------------------------------|--------------|--------------|-------------------|
| | Less than 20 | 20-35 | 36-50 | 51 or more |
| 1 | 8 | 9 | 4 | 3 |
| 2-4 | 7 | 13 | 25 | 5 |
| 5-9 | 1 | 20 | 13 | 3 |
| 10+ | 0 | 7 | 4 | 2 |

The final item in the survey asked about respondents' involvement in professional membership/advocacy organizations that help to connect or support Black and African American students. Sixty-three respondents (48.3%) reported they were involved with AOTA, 56 (45.1%) reported involvement with the National Black Occupational Therapy Caucus (NBOTC), 44 (35.4%) reported involvement with Coalition of Occupational Therapy Advocates for Diversity (COTAD), and 24 (19.3%) reported involvement with their state OT associations. Six respondents (4.8%) reported involvement with all four organizations while 11 respondents (8.8%) reported involvement with all national level organizations (AOTA, COTAD, and NBOTC). Few respondents who selected the 'other' option identified their state OT association, local groups of OT practitioners/students, or student OT association as their responses.

Discussion

The purpose of this study was to explore the experiences and perceptions of Black/African American students enrolled in entry-level OT and OTA programs in the US. The results of this survey provide insight to factors that may influence positive or negative experiences of Black/African American students enrolled in these programs. This study, to the authors' knowledge, is the first to explore the experiences of Black/African American students in OT and OTA program at a nationwide level. This survey data, coupled with the state and national statistics for matriculation in accredited OT and OTA programs, are consistent with diversity literature examining the lived experiences of Black/African Americans training in related health care professions (Ford et al., 2021; Yeowell, 2013). One-hundred-twenty-four valid responses were received after sampling nationwide. Despite the low number of responses to our survey, the information gleaned can serve as a starting point to inform future recruitment and admissions practices for entry-level OT and OTA programs throughout the US.

Understanding the perceptions and lived experiences of the Black/African American students matriculating in OT and OTA programs involves understanding the barriers and facilitating factors in seeking higher education initially. For many in the US, education is seen as a proverbial leveling of the playing field (Naylor et al., 2015). However, significant differences exist within the degree enrollment and completion

among racial and ethnic groups. Factors influencing matriculation and completion of OT and OTA programs for those who identified as Black or African American included lack of awareness about the OT profession, financial hindrances, and the need for support.

Lack of Awareness and Access to Occupational Therapy

Most respondents to our study reported learning of the profession after high school. Lack of knowledge about the profession may be due to lack of representation or even the existence of OT in communities of color (Ford et al., 2021). As people tend to explore careers to which they have access or have some knowledge of, the lack of exposure to OT hinders those who identify as Black or African American from exploring the profession. As a result, those who identify as Black or African American continue to enroll at far lower rates than their White counterparts in OT programs (Naylor et al., 2015). Financial resources may also hinder access to OT. Respondents to our survey noted that financial aid packages including scholarships were a factor in determining matriculation into OT and OTA programs. Mettler (2014) wrote that the US system of higher education supports increased inequality as it uses a caste-like system influenced by socioeconomic status rather than through equal opportunities. According to the American Council of Education (ACE) report from 2019, racial and ethnic disparities continue in those who complete a post-secondary degree (ACE, 2019; Nietzel, 2019;). Lack of funds can hinder those seeking OT degrees. The ACE report noted that African American students fare much worse than any other ethnic or racial groups in completion of post-secondary education with a six-year completion rate of only 46% for Black students at public schools and 57% at private colleges. These statistics are shocking when compared to Asian and white students with completion rates greater than 80%. Lower graduation rates are coupled with higher student loan debt as over 80% of those who identify as Black or African American borrowed money to complete their post-secondary education (Nietzel, 2019). Despite those who identify as Black or African American as accounting for a larger number of students completing advanced degrees (master and doctorate level), this group remains underrepresented in healthcare (ACE, 2019; Nietzel, 2019).

Student Support

Many respondents reported feeling supported throughout their academic journeys and rated this high on their list of needs to succeed. However, some respondents reported feeling uncomfortable sharing their lives and cultural experiences with classmates, while others reported feeling excluded from activities that may enhance learning. Similarly, a qualitative study found that students of color reported discrimination and absence of support as impediments to success (Odom et al., 2007). More research is recommended to determine what types of behavior or practices may be perceived as discriminatory among this population. Representation matters to the respondents of this study. Studies show that understanding the need for diverse student groups through more holistic recruitment measures, diverse faculty, and staff so students can feel seen and heard and offering support mechanisms including mentorship, support groups, and safe spaces can assist greatly in the matriculation and completion of OT and OTA

programs for students who identify as Black or African American (Alicea-Planas, 2017; McCarthy et al., 2014; Valentine et al., 2016; Wilbur et al., 2020). Lack of support can create unnecessary challenges and disrupt student academic performance leading to attrition (Brown et al., 2021).

Limitations

One of the limitations of this study is the sample size. The target sample size was not achieved. However, the 124 responses were representative of different geographical areas and experiences. While broad generalizations of the results may not be applicable, these responses can provide valuable insight on areas of need for Black/African American students enrolled in OT and OTA educational programs. Secondly, a large number of responses were excluded from the study due to a survey security breach at the end of data collection. While the authors were thorough in their review and examination of the data, the stringent effort made cannot guarantee that some meaningful responses might have been removed or some valid responses were not included. For future studies, it would be important to utilize additional security features on the survey to ensure the validity of the survey responses. Also, our study was only available online for three weeks, and an extended length of time for future studies may yield a larger number of responses.

Future Directions

Several potential opportunities have been identified through this study. Respondents indicated that feeling supported by their faculty is of high priority. Future studies can explore what specific, actionable measures can be employed that would create a more supportive learning environment for the students. Additionally, respondents placed high importance on educational programs that promote diversity. Studies examining what areas support or hinder diversity in educational programs would inform which practices can be implemented to support the students. Finally, a majority of respondents reported learning about the profession post high school. This suggests that additional education and recruitment opportunities may be necessary and beneficial during middle and high school years to increase the potential pool of diverse candidates into the profession.

Implications for Occupational Therapy Education

The effort to increase diversity within the profession has become a priority at the national level of the profession and in OT and OTA programs. The results of this study offer recruitment committees information to identify opportunities to recruit and retain Black/African American students. Additionally, efforts by programs to move towards holistic admissions practices should identify and consider criteria that would permit a larger pool of diverse candidates in the admissions class. Lastly, the Black/African American students indicate a need to have a learning environment that is safe and inclusive of diverse learning materials, diverse perspectives, and diverse faculty. The impact of the student interaction with faculty members and peers may influence the student's perception of belonging in the educational space. Programs can evaluate their educational materials, processes, and program culture to determine if these areas reflect a diverse, inclusive learning environment.

Conclusion

This study explored the experiences of students who identify as Black/African American and were enrolled in OT or OTA educational programs. This study is one of the first to examine Black/African American student experiences using a nationwide sample. The findings of this work are consistent with findings described in healthcare education literature and qualitative studies that have explored this topic within the OT profession. Further, this study bridges the gap in determining how to acknowledge the experiences of Black/African American students and address the concerns raised. The ability to identify common experiences can lead to changes in curriculum and shifts in attitudes to make the environment of occupational therapy programs more supportive of Black/African American students. To best support students who identify as Black or African American, the results of this study should drive the creation of more holistic and inclusive recruitment, admission, and educational practices to create a more diverse profession that is better equipped to meet the healthcare needs of an increasingly diverse population in the US.

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