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## Exploring Coloniality in Occupation-Based Education: Perspectives of Ghanaian Occupational Therapists

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## Abstract

The history, scope, and practice of occupational therapy are taught in many parts of the world using western perspectives. Recently, occupational scientists have explored occupation-based education, including the extent to which occupation is central in occupational therapy programs and the mechanisms of teaching occupation. This study explores how western ideologies have influenced occupation-based education in Ghana by examining the teaching and practice of occupational therapy. We conducted a qualitative study using purposive sampling to recruit four participants from the first four cohorts of practitioners. Data was analyzed using thematic analysis. Our analysis yielded three main themes: Power, participants described power dynamics inside and outside the field of occupational therapy that influenced how occupational therapy was taught and practiced in Ghana; Knowledge, participants described the focus of the foundational knowledge they received as largely theoretical, with limited practical knowledge of the Ghanaian context; Being, participants described how their experiences shaped their occupational identities. Additional themes included: Globalization and Cultural Assimilation, and Occupational Consciousness. Occupational therapists in Ghana are directly affected by the systemic injustices that have plagued their communities since the colonial era. Their existence in a formerly colonized country affects how much they can pursue personal and professional interests. Practitioners and scholars from formerly colonized and marginalized groups need to be empowered to embrace their identities and practice meaningfully. The 'burden' of decolonizing occupation-based education should not be left to the ex-colonized because coloniality goes beyond the scope of occupational science and occupational therapy.

## Keywords

Occupation, coloniality, culture

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## Exploring Coloniality in Occupation-Based Education: Perspectives of Ghanaian Occupational Therapists

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### ABSTRACT

The history, scope, and practice of occupational therapy are taught in many parts of the world using western perspectives. Recently, occupational scientists have explored occupation-based education, including the extent to which occupation is central in occupational therapy programs and the mechanisms of teaching occupation. This study explores how western ideologies have influenced occupation-based education in Ghana by examining the teaching and practice of occupational therapy. We conducted a qualitative study using purposive sampling to recruit four participants from the first four cohorts of practitioners. Data was analyzed using thematic analysis. Our analysis yielded three main themes: Power, participants described power dynamics inside and outside the field of occupational therapy that influenced how occupational therapy was taught and practiced in Ghana; Knowledge, participants described the focus of the foundational knowledge they received as largely theoretical, with limited practical knowledge of the Ghanaian context; Being, participants described how their experiences shaped their occupational identities. Additional themes included: Globalization and Cultural Assimilation, and Occupational Consciousness. Occupational therapists in Ghana are directly affected by the systemic injustices that have plagued their communities since the colonial era. Their existence in a formerly colonized country affects how much they can pursue personal and professional interests. Practitioners and scholars from formerly colonized and marginalized groups need to be empowered to embrace their identities and practice meaningfully. The 'burden' of decolonizing occupation-based education should not be left to the ex-colonized because coloniality goes beyond the scope of occupational science and occupational therapy.

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## **Introduction**

In recent years, occupational scientists have increasingly explored occupational therapy education, including the extent to which occupation is central in occupational therapy programs, and the mechanisms by which occupation is taught (Hooper et al., 2015; Price et al., 2017, 2021; Taff et al., 2018). Additionally, occupational science has a history of critical analyses of how Western hegemony has influenced occupational therapy practice globally. That is, how colonial influence is present in definitions of occupation and constructions of occupational therapy practice (Hammell, 2009; Demers et al., 2021; Dunbar-Smalley & Washington, 2022; Grenier, 2020; Mahoney & Kiraly-Alvarez, 2019; Pollard & Kronenberg, 2008; Sterman & Njelesani, 2021). Emerging scholarship has begun to investigate the colonial influence on occupational therapy education; for example, Joubert (2010) discussed how the birth of occupational therapy as a profession during the apartheid in South Africa led to flaws in its epistemology due to its origination from a Eurocentric health system. Grenier (2020) has also explored how anti-Blackness, anti-indigenous colonial relations, and orientalism continue to impact occupational therapy education and practice in Canada.

Aside from these few recent studies, there is little empirical or theoretical scholarship on the impact of colonial ideals on occupational therapy education, particularly in former European colonies in Africa. This qualitative study aims to fill this gap by providing a starting point in investigating the colonial influence on occupational therapy education in Ghana, particularly in the first few classes of occupational therapy practitioners to be educated in Ghana. We will review the colonial history of Ghana, followed by definitions of key concepts relating to colonialism. Then, we will review occupational science's contributions to interrogating colonial influence on occupational therapy practice and education to argue that there is a gap in occupational science scholarship in understanding the influence of colonialism on the education of occupational therapy practitioners. Finally, we will end with a brief history of the University of Ghana occupational therapy program in Accra, Ghana, to situate the local context of our study.

## **History of Colonization in Ghana**

Present-day Ghana was formerly colonized by the British from 1874 to 1957. Colonial schools mostly taught Africans European history and culture to "civilize" Africans and justify European colonialism. Most Western-educated Africans embraced a wholesale adoption of Eurocentric ideas, language, and ways of knowing (Sekyi, 2016); however, some Ghanaians strongly resisted the idea of Africa as the antithesis of Europe and in need of civilization. The rejection of European domination propelled Kwame Nkrumah, who would become the first president of Ghana, to demand immediate self-governance. Upon leading Ghana to independence, Nkrumah changed the European name "Gold Coast colony" to Ghana after a great African empire that existed long before the European colonization (Hadjor, 1988).

Adjei and Dei (2008) asserted that education bestows knowledge and, subsequently, power. While European anthropologists used African Studies to justify and advance the idea of the inferiority of Africans, some African scholars and nationalists reclaimed this field of study to debunk the former notion. Nkrumah envisioned using African studies to

decolonize knowledge about Africa and center African ways of knowing as equally valid (Allman, 2013; Gyamfi, 2021). The Institute of African Studies at the University of Ghana became a vehicle to study Africa in its full complexity, beginning with the pre-colonial period. However, the current teaching of history in Ghana tends to focus predominantly on the colonial period, neglecting the history of the pre-colonial era (Bonney, 2022). Consequently, the precolonial history that gives insight into different forms or systems of knowledge from healing practices, medicine, and well-being is lost (Feierman, 1999).

## Definition of Concepts

### **Colonialism, Coloniality, and Neocolonialism**

A simple definition of colonialism is “the conquest and control of other people’s land and goods” (Loomba, 2015, p. 20). While colonialism may be traced throughout human history, modern colonialism, which is believed to have been established alongside capitalism in Western Europe, was significant because it led to the formation of a complex exploitative relationship between the colonizers and the colonized, which significantly benefited the former (Loomba, 2015). Several anti-colonial scholars believed that at the end of colonialism, the relationship between the colonizers and the colonized evolved from political dominance to other forms of dominance and exists to undermine the sovereignty of formerly colonized people. This has been described by terms like “coloniality” (Maldonado-Torres, 2007) and “neocolonialism” (Uzoigwe, 2019). The words “coloniality” and “neocolonialism” may be used interchangeably in this article to mean the same thing. Nkrumah (1966) described the essence of neocolonialism to be when a State has all the outward trappings of international sovereignty, but its economic system and political policy are directed from outside. Researchers and historians have recounted how many formerly colonized people lost their histories and identities when they were forced to assume the culture and lifestyle of their colonizers (Kernan, 2013; Robinson et al., 2021; Snyder et al., 2003). Neocolonialism today is perpetuated by globalization and cultural assimilation towards the adaptation of a “universal”, yet Eurocentric culture fueled by the internalization of social scripts from the colonial era.

**Coloniality of Power.** Martinot described the hegemonic mind, a form of Eurocentric thought control, as the basic expression of the coloniality of power. Sociologists have described a colonial matrix of power that includes four interrelated domains; authority, economy, gender and sexuality, and subjectivity and knowledge (Martinot, n.d.; Mignolo, 2007).

**Coloniality of Knowledge.** This has been described as an epistemic hegemony where the knowledge of the global north is naturalized and perceived as universal and independent of context, carelessly silencing the knowledge of formerly colonized people (Åkesson, 2021). Richardson (2012) accentuated that social hierarchies are influenced by philosophical discourses that establish knowledge production.

**Coloniality of Being.** This can be referred to as the ‘violation of human otherness’ (Maldonado-Torres, 2007) and is revealed in the discrimination and harmful stereotypical labeling of different ways of being birthed from colonialism. Adams et al. (2018) referred to “hegemonic models of self, identity, health, well-being, motivation, emotion, cognition, and perception” (Adams et al., 2018, p.14) that exist today because of colonialism.

### **An Occupational Science Perspective on Occupational Therapy Practice and Education: Colonialism and Western Hegemony**

Historically, formerly colonized people have unjustly been deprived of the power to name and define (Christenbury, 2018; Newell, 2013; Street, 2011). The history, scope, and practice of occupational therapy are taught in many parts of the world from the perspective of the Western world (Hammell, 2019; Núñez, 2019). Occupational therapists from different backgrounds learn about founders and renowned experts from whom they have different lived experiences and contexts. While we do not wish to undermine the work and contributions of these scholars, we cannot excuse the possibility that this may be a result of the naming power of the global north and not necessarily the absence of the practice and knowledge in other parts of the world. Hammell described existing theoretical imperialism in the discipline of occupational science and occupational therapy, where Western perspectives are assumed to be universal (Hammell, 2011). The absence of representation and contextualization in the foundational knowledge of occupational science and occupational therapy risks promoting and fostering a hegemonic mindset of the superiority of the global north (Hocking, 2012). Given the sociopolitical climate of many formerly colonized and indigenous groups due to coloniality, it may be worth exploring the occupational choice (Hammell, 2020) that occupational therapists and scientists have in these regions to explore occupation for themselves. It is imperative that occupational therapists, especially those identifying with formerly colonized and indigenous groups, explore their own history and define occupational therapy for themselves (Hall, 2013; Jansen-van Vuuren et al., 2021; Ramugondo, 2018).

### **Occupational Therapy Education in Ghana: A Unique Opportunity for Occupational Science Investigation**

In the previous sections, we have highlighted Ghana’s history with colonialism and how that has impacted the educational system in Ghana. We also reviewed the occupational science perspective in which we consider occupation-based education in Ghana. In this section, we describe how the Ghanaian context provides a unique vantage point from which this investigation can unfold, looking specifically at the occupational therapy program in Ghana. Occupational therapy education in Ghana only began ten years ago when two Ghanaian occupational therapists trained in Western countries started the program at the University of Ghana. As part of the program’s design, students must partake in fieldwork placements at various clinical settings throughout the duration of the program. While most of these settings are located in Ghana, students could opt for an external placement during their third year of the program. Therefore, a few students from the first three cohorts in the program participated in an external fieldwork placement in the United Kingdom. This was partly sponsored in collaboration with the

Northumbria Health Trust and therefore only students who had the financial means to pay in part were able to participate in this opportunity. For most of them, that was the first time they saw occupational therapy practitioners in practice. The first cohort was made up of 18 students, most of whom went on to become the first fieldwork supervisors for the program once they graduated, while others joined the faculty at the University of Ghana or chose to pursue other careers. The recent timeframe and foundations of this program, i.e., started by therapists trained in Western countries, who brought back their knowledge to a context in which very little occupational therapy practice existed, enabled us to explore coloniality in this local context of occupational therapy education.

### **Purpose of Study**

While scholars have established the need for decolonization, we know very little of the extent to which coloniality exists in the field of occupational therapy. Therefore, this study drew upon the lived experiences of practitioners from a formerly colonized country to explore if and how Western ideologies influenced occupational therapy practice and education in Ghana in recent years. The research question was: To what extent were locally trained Ghanaian occupational therapists from the first four cohorts of the Bachelor of Science in Occupational Therapy program at the University of Ghana influenced by Western ideologies in their education and practice?

### **Positionality Statement**

The first author is a Ghanaian who was part of the third cohort of students to gain her bachelor's degree in occupational therapy at the University of Ghana. She also practiced as a new graduate occupational therapist in Ghana before moving to the United States for postgraduate studies. She designed and carried out this study as part of a class project during one of her postgraduate classes.

### **Methods**

#### **Design**

We conducted an exploratory qualitative study to explore how Western ideologies have influenced Ghanaian occupational therapy education and practice from the perspectives of Ghanaian practitioners and educators. The university's Institutional Review Board approved this study.

#### **Recruitment and Participants**

At the time of recruitment and data collection, there were 43 graduates from the first four cohorts of the program; most of them were working as practitioners, while a few were working as educators. The first author used purposive and convenience sampling to recruit four participants (two practicing occupational therapists and two occupational therapy educators) for the study through personal contacts in the Ghana occupational therapy program. The purpose of recruiting both practitioners and educators was to add to the credibility of the study by having multiple perspectives (Tracy, 2010). This exploratory research was initially designed as part of a class project of the first author, and therefore, recruitment was capped at four participants due to the limited resources

needed to collect and analyze data. However, we determined, based on the exploratory nature of this study and the complete dearth of empirical evidence or scholarship around it, that four participants could provide a richness of lived experience as a starting point for this critical area of scholarship.

All participants were occupational therapy practitioners who had been educated in Ghana, practicing OT in Ghana, 18 years old or older, fluent in English, and provided verbal consent.

### **Data Collection**

We developed a semi-structured interview guide to elicit the experiences of participants relating to their occupational therapy education and practice. The educators were additionally asked about the focus of their teaching curriculum. We used a HIPAA-compliant Zoom platform to conduct semi-structured interviews lasting approximately 45 minutes each in April 2021. Audio-recorded interviews were transcribed verbatim for analysis and pseudonyms were used for all identifiers. During the interviews, participants were given the opportunity to select the pseudonym that has been used in this article to de-identify them.

### **Table 1**

#### *Interview Questions for Study Participants*

#### **Decolonization of occupational therapy – A Ghanaian perspective.**

[Approximately 90 mins semi-structured interview with participants]

#### **Interview Guideline**

When and why did you decide to pursue occupational therapy?

Tell me about your education and training.

What stands out as focus of curriculum and training?

If you can remember, who were the major theorists and what were the major theories?

Who were the major researchers you learned about?

Tell me about a time you noticed an approach wasn't relevant? Have you had the experience where something you learned didn't apply?

How have Western ideologies influenced your education and practice, if at all?

Have these Western ideologies impacted your education and practice in any way?

Is there anything you are doing to push back against ideologies that haven't been contextual or relevant?

.Where do you see the future of occupational therapy in Ghana?

Additional questions for those in academia:

What would you describe as your focus in training and educating occupational therapists?

Do you make any efforts at contextualizing theories or models?



### Data Analysis

We used Braun and Clarke's (2006) thematic analysis, specifically with 1) an a-priori theoretical thematic approach, i.e., based on coloniality as a historical event and ideology with a longstanding societal impact); 2) at the latent level, i.e., investigating underlying assumptions and ideologies; and 3) a constructionist perspective, i.e., meaning and experience are viewed as socially constructed. The first author read through all the transcripts, familiarizing herself with the data, then independently coded the data using the above thematic approach. Then, the first and last authors worked with the initial codebook, discussing, and refining the codes, and grouping them into themes until a consensus was reached.

### Data Credibility

The first author drew on her own experience and positionality throughout the iterative analytic process. Her discussions with colleagues from Ghana and other non-Western societies, occupational science professors, and reflections on her own education and practice in Ghana contributed to her interpretation and understanding of this data. Other measures taken to ensure trustworthiness in this study included: obtaining data from multiple perspectives, member checking done through informal discussions with participants on key findings (Tracy, 2010), and data analysis with co-authors from different lived experiences (co-authors for this paper include a Ghanaian historian and academician, an African-American occupational therapy professor, and a White occupational therapy professor, in addition to the first author who is a Ghanaian occupational therapist).

### Results

All the participants in this study were Ghanaian citizens who had studied as part of the first four cohorts of the University of Ghana's Occupational Therapy undergraduate degree program.

**Table 2**

#### *Participant Demographics*

<b>Pseudonym</b>	<b>Sex</b>	<b>Primary practice area</b>	<b>Participated in Northumbria Elective Placement</b>
Dzidzor	Female	Practitioner	No
Mr. A	Male	Practitioner	No
Kwadwo	Male	Educator	No
Adwoa	Female	Educator	Yes

We derived three main themes from our analysis: Power, Knowledge, and Being. Additional themes that were yielded included: Globalization and Cultural Assimilation and Occupational Consciousness. We describe each theme in the sections that follow.

## **Power**

Participants described power dynamics inside and outside the field of occupational therapy that influenced how occupational therapy was taught and practiced in Ghana.

### ***Within Occupational Therapy***

Participants described the power dynamics within the field of occupational therapy as resulting from inadequate preparation to assimilate occupational therapy as it was being introduced into the Ghanaian context from the Western world. Participants recounted heavy reliance on Western knowledge, resources, and expertise within the scope of occupational therapy practice. Mr. A said:

...[occupational therapy is] something that is mostly practiced and then was introduced by these Westerners to us, and we having very little OTs at that time when we started practicing and then not having even enough human resources at the department to equip us with what we were supposed to know when we in school, going out to the field after school and then practicing as an OT one way or the other.... I mean, there was a lot of influence by these Westerners and well, how I go by my stuff, what I'm supposed to do... for example, when it comes to you looking at these milestones in the kids... you just don't consider the child even being African or how the mom goes by handling this particular child, you just go by what that the theory is saying, you go by what it has been written and then what these Westerners have said and then most at times you just go by that and then you start approaching the child in that manner...

Participants talked about the challenge of receiving an education with few lecturers and clinical supervisors with occupational therapy qualifications. Dzidzor described how “daunting” the task of educating cohorts of occupational therapy students was for the occupational therapy educators who began the training program and did not have the requisite resources (including manpower) to meet the requirements of the task, when she said:

... the school was struggling with lecturers for the occupational therapy course. So, for a whole occupational therapy course... Four-year course, there was only one person who had qualifications in occupational therapy. And so, you can imagine how daunting the task could be.

### ***Outside Occupational Therapy – “Ghana is colonized, everything here is colonized” - Dzidzor.***

Outside the scope of occupational therapy practice, participants mentioned the reality of neocolonialism and how Western ideology permeated every aspect of Ghanaian society, even affecting advances in healthcare. Kwadwo said,

...I think there are no foundations set for some of these things not only in OT, but I think even in other professions... well, in Africa as a whole... our issue has been that we really rely on these Western people to bring stuff to us... like books like knowledge, everything, like bring everything to us... it's the mindset and ideology of people... but we have to start from somewhere. But it will take time because their stuff would keep on coming, and they have some of the best schools in the Western world, definitely, those that would go and study there would still learn Western stuff and bring to us, so it's difficult...

## **Knowledge**

Participants talked about the foundational knowledge they received as occupational therapists and described the focus of their curriculum as largely theoretical, with limited practical knowledge of the Ghanaian context.

### ***Occupational Therapy Foundational Knowledge***

Participants shared that the foundational knowledge they received in occupational therapy originated mainly from Western countries, right from the history of occupational therapy to its practice. They mentioned learning about models like the Model of Human Occupation, the Person Environment Occupation (PEO) Model, and the Canadian Occupational Performance Measure. The frames of reference participants used, including the Neurodevelopmental, Biomechanical, and Behavioral frameworks, were also primarily based on research data from Western populations. Participants further explained that they could contextualize models and theories to apply knowledge to their context. However, the frameworks used were still highly biased toward Western populations.

I think I was teaching about the PEO model when we got to the environment that we have to modify, adapt, or alter; we were talking about ADL[Activities of Daily Living], bathing and toileting, we talked about Western scenarios, and we realized that Western bathhouses are different from our local bath houses... what if we get a CVA [Cerebrovascular accident] patient who has to fetch and carry water with a bucket to the bathhouse, and the patient is living in a compound house with like seven, six, five, tenants all using this bathhouse, adapting the bathhouse would be an issue. So, I was telling them that they should be very creative and think outside the box with some of these things... if the person can't carry a bucket to the bathhouse, someone else can do part of the occupation... - Kwadwo.

In terms of developmental milestones, African children might develop faster as compared to the children in the Western world when it comes to something like crawling, sitting some [inaudible] because of how these children are carried and how their moms handle them when they are young, they develop these milestones earlier as compared to children in the Western world. But I think when they come to the hospital, we don't usually look at that. We just go according to what the theory says and what we think the child should be able to do by the age of the child.... Most of these theories and these milestones and what the child has to do at that particular age were developed by people in the Western world. So, I think we just roughly go by that without really taking into consideration the context of a child or where the child is actually coming from and how the mom is handling their child. - Mr. A

### **Foundational Knowledge Versus Practical Knowledge**

Participants shared that their education was largely theory-based, with limited practical and clinical experience.

Ok, so the content that I received personally was more of a theoretical-based content, so I think we were doing more of principles and the theories underpinning occupational therapy, but not clinical situations, not what to do when you have a child with this condition... we did a little bit here and there. But when you go into the clinical setting, that's not what you see. You see different cases where, I mean, the strategies are there, everything is there, you've just not been taught. That's it. – Dzidzor

This led them to do more individually as new graduates to navigate working life as occupational therapists. One of the participants recounted communicating with her lecturer feelings of imposter syndrome.

### **Being**

Participants described how their experiences shaped their occupational identities.

### **Experiences Within Education and Practice**

Participants described the process of practicing without ample practical knowledge as challenging as they had to innovate and improvise to meet their clients' needs continuously. Kwadwo said, "I just think I'm just trying my best to do what I can to help my clients... what bothers me is maybe my best might not be enough". Some participants saw this process as fostering resilience to build occupational therapy practice in Ghana.

Yes, I think it [limited practical experience as a student] made us tougher. It made us tougher and comparing, let's say, some few years to come, there'll be a lot of occupational therapists around, the students might not even do so much like, I mean, put in so much effort because they go to the field, and they see occupational therapists already doing it. - Adwoa

Participants described the challenge of navigating a system where there was little awareness of occupational therapy, even by some of their educators and other health professionals.

"But then here comes the problem where there are no occupational therapists in the system. So, you are just thrown into the hospital to go and then find your way, most of the time, you're even thrown in the direction of the physiotherapists they are not obliged to teach you. They don't understand your course; they don't know what occupational therapy is. You know, they know what they what physio is, and they can teach you that, but they cannot teach you what you do" - Dzidzor.

### **Encountering Non-Ghanaian Occupational Therapy Practitioners**

Participants described encounters with Western occupational therapists as rewarding and empowering because the Westerners they met showed cultural humility and created an atmosphere of equality and respect, which facilitated mutual learning. Mr. A,

who had not had an external clinical placement outside Ghana, expressed how he would have appreciated more involvement from the practice of experienced occupational therapists outside Ghana.

“The truth is that I've always felt in a way that if I had the chance to travel outside the country and had occupational therapists teach me right from the onset or right from the scratch or see them practice and all of that, I would have become a better occupational therapist than I am now” Mr. A.

### ***Globalization And Cultural Assimilation***

Participants expressed the role of globalization in the evolution of the cultural identity of the people they worked with. Kwadwo mentioned how cultural assimilation due to globalization led to the loss of identity.

It looks like we're even leaving the African way to now the Western way... so I think it starts from that colonization or the colonial era up till now we still have that issue. It's a mindset that they sowed into us...

However, Adwoa shared that the Western ideologies in her occupational therapy training helped her meet the needs of Ghanaians who had adopted the Western way of life.

I realize that we live in a middle-income country, but there are classes and there are some people who live like in the Western world, and there are some people who are also very low resourced... So, my practice has really been influenced by ideology in a positive way. So, I'm able to handle those clients who live like they're in the Western world. And then, I modify interventions and assessments to suit those who are low resourced...

### ***Occupational Consciousness***

Adwoa pointed out that despite being educated outside Ghana, her educators understood the dangers of imposing Western cultural values and allowed students to be innovative and draw on the resources available to them.

It is not about the person teaching; it is about the reality they taught in... And so, it's not about the people lecturing; it's about the environment they lectured in. They had no option than to let us think for ourselves.

Participants showed awareness of Western hegemonic dominance and assumed responsibility for decolonization. Kwadwo said,

Occupational therapy is a new course. And so, the introduction of it alone.... came out from that Western culture, and it is being assimilated into our culture now, and so we now have to find some ways and means in dealing with the way things are with respect to our culture, or with respect to our context...

Adwoa also said,

If we are thinking of decolonizing certain things, then we should redefine our levels of independence because this is what we have. We are [more] low-resourced than the Western culture. OK, so I think we should redefine our terms then; if we are using a Western rating tool to define independence, then we have

we may have to do research and then change those ratings... Because resource determines your independence. So, if we think their independence is not working, which, of course, is not working in most instances, it's because they are more resourced.

### **Discussion**

From our study, occupational therapy practitioners described how they continuously adapted and contextualized the knowledge they learned in school to suit their practices. A more contextualized occupational therapy educational program, where the curriculum incorporates the indigenous knowledge and ways of being of the population receiving the service, will reduce the need for contextualization by practitioners and allow practitioners to focus their limited time and resources on providing contextually relevant care. We assert that the existing influence of the colonial administrative power in schools, which allowed Western practices to come to the forefront and pushed indigenous knowledge to the margins, made way for a Westernized occupation-based education to be accepted in the Ghanaian community without much consideration of the traditional healing practices that already existed. The absence of theories or practice frameworks developed in Africa or from other indigenous regions in the education of the Ghanaian occupational therapists in this study supports Bonney's (2022) claim that Western ideals are still centered in education in formerly colonized regions.

We found that occupational therapists in Ghana are not immune to the systemic injustices that have plagued their communities since the colonial era; rather, their existence in a formerly colonized country directly affects the extent to which they can pursue personal and professional interests. Participants in this study described bearing for themselves the cost in time and resources to contextualize knowledge and efficiently utilize local resources in their practice, whereas in some Western and developed parts of the world, there are funding sources and experts who are specifically committed to these tasks. This aligns with previous research that has found that many formerly colonized groups experience marginalization (Motala et al., 2000; Taniguchi, 1998) and may lack necessary resources and expertise for decolonization (Ginio & Schler, 2010).

We also found that the ability of the participants in this study to contextualize their knowledge of occupation had a significant influence on how they perceived themselves to be qualified practitioners. When they perceived the scope of practice as highly Westernized, these occupational therapists felt limited in their practice as they lacked the necessary resources to practice within the "outlined scope." This fed imposter syndrome and the idealization of Western culture and threatened the ability to provide contextually relevant care. Hence, we endorse Ramugondo's assertion that decolonizing (healing work) needs to involve supporting individuals in reclaiming their humanness and mobilizing their capabilities of self-determination and collective self-reliance (Ramugondo, 2018). All occupational therapy practitioners, regardless of their identities and sociodemographic and economic status, should feel confident in their identity and ability to provide care to their clientele. Despite the existing structural and economic limitations, the resilience of the Ghanaian occupational therapy practitioners in this study was evident as they individually sought out ways to engage in decolonizing acts.

### **Implications For Occupational Therapy Education**

We strongly assert that the burden of decolonizing occupation-based education not be left solely to the formerly colonized because coloniality is embedded in social structure and goes beyond the scope of occupational science and occupational therapy. Practitioners and scholars from formerly colonized communities who engage in decolonization form a hegemonic resistance (Ramugondo, 2015) due to the plethora of structural and system barriers that plague formerly colonized communities. Therefore, they must be empowered and given the agency to embrace their identities and practice meaningfully. Scholars from historically privileged backgrounds can show solidarity with this cause by embodying cultural humility as they actively collaborate with colleagues from formerly colonized and indigenous communities. It is essential that both parties in these collaborations are aware of the existing power dynamics and acknowledge and make space for the different knowledge systems that come into play (Sterman et al., 2022; Wilder et al., 2016).

### **Recommendations**

We recommend there be an exploration of the indigenous significance of occupation wherever occupation is taught. We believe that when the occupation is taught through the understanding of the people, there would be more innovation and assimilation of indigenous knowledge and practices, which may expand the profession's scope of practice. When this happens, practitioners in a region may be less frustrated by the lack of tools and resources required to practice in other parts of the world and would rely on their own resources. If occupational scientists and therapists from different parts of the world saw their history and culture in the profession, this would significantly improve their professional identity and ability to provide high-quality care.

### **Limitations**

We have identified the small sample size and the absence of the perspectives of the educators and administrators who began the Bachelor of Science in Occupational Therapy program at the University of Ghana as limitations of this study. Future research should include multiple perspectives and larger sample sizes to understand more broadly the various factors that influence occupation-based education in formerly colonized communities. Further research on coloniality in occupation-based education should also explore barriers to the inclusion of indigenous knowledge and care practices in the education of occupational therapy practitioners.

### **Conclusion**

In this study, we have shown how Western ideologies have influenced occupation-based education from the perspectives of Ghanaian occupational therapists. Occupation-based educational programs, which are customized and strategically structured to tap into the wealth of various indigenous and non-Western knowledge systems, will go a long way to ensure that occupational therapy practitioners are competent in contextually relevant practice to meet the holistic needs of diverse populations. Non-Western occupational therapy scholars and occupational scientists will

significantly benefit from being empowered and provided resources to develop theories and frameworks from their indigenous knowledge. We envision that the information in this study would inform the global development of occupation-based programs, especially in formerly colonized countries.

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