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School of Occupational Therapy

Does Participation in an Occupational Justice Workshop change OT Practice in the Nursing Home? An Exploratory Pilot Study.

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Under the direction of the research advisor:

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A Research Project Entitled

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By

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Abstract

The purpose of our study is to examine occupational therapy practitioners' improved knowledge of issues of occupational justice and indication of intent to incorporate it into individual practice after completion of an educational workshop. Twelve occupational therapy practitioners participated in a pre-test post-test study that included a one-day 4-hour workshop. The workshop focused on the concept of occupational justice and how it can be facilitated into everyday practice. Prior to the workshop, participants were given the opportunity to complete a pre-workshop survey inquiring about their knowledge of occupational justice. Two post-tests were sent out one week and four weeks after the workshop to observe a change in understanding and an intent to implement into practice. The results indicated that occupational therapy practitioners who participated in a one-day workshop focused on occupational justice were more likely to facilitate these concepts into practice. A one-day intensive workshop focusing on the concepts of occupational justice can potentially improve knowledge and facilitation of these concepts into practice.

Keywords: Occupational Justice, Workshop, Skilled Nursing Facilities, Occupational Therapy

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Literature Review

Occupational justice is an important outcome measure of the occupational therapy process (American Occupational Therapy Association [AOTA], 2014). Occupational justice is defined as the ability to engage in the entire array of both meaningful and enriching occupations that are available to others, including social inclusion and those which satisfy personal, health, and societal desires (AOTA, 2014). Occupational injustice is described by Nilsson and Townsend (2010) as the deliberate or non-deliberate restriction of certain populations from engaging in occupational rights, responsibilities, or liberties that are typical of their community at any point in their lifespan. Three outcomes of occupational injustice include occupational marginalization, occupational deprivation, and occupational alienation (Townsend & Wilcock, 2014). The most recent definition of occupational marginalization is the restriction of "a population from experiencing autonomy through lack of choice in occupations" (Hammell & Beagan, 2016, p. 5). Occupational deprivation is defined as a "form of social exclusion resulting from restrictions on populations in diverse contexts to participate in occupations that would promote their health and well-being" (Hammell & Beagan, 2016, p. 3). Finally, occupational alienation is defined as "a form of social exclusion through restricting a population from experiencing meaningful and enriching occupations" (Hammell & Beagan, 2016, p. 4). The concept of occupational injustice can be seen in a multitude of contexts and environments, and therefore needs to be addressed (AOTA, 2014). Nilsson and Townsend (2010) also describe occupational injustice as the result of certain social policies or other governance exercising power in a way that therefore inhibits the participation in everyday occupations by individuals or

populations.

Occupational rights, a concept inherently associated with occupational justice, describes humans as a species that innately need and want to participate in "doing, being, becoming, and belonging," and thus have the right to do so (Nilsson & Townsend, 2010, p. 58). Older adults are one demographic experiencing occupational injustice, which can have negative effects on their well-being (AOTA, 2014). AOTA (2014) describes the need for therapists to ensure occupational justice is achieved with clients in order to "promote therapy outcomes that address empowerment and self-advocacy" (p. S9). The World Health Organization's 2001 perspective on health describes how one's health can be affected negatively by not being able to engage in meaningful activities and life situations (as cited in AOTA, 2014). Therefore, as an occupational therapy practitioner it is important to understand the concepts of occupational justice and the importance of assessing occupational justice with each client in order to improve health and well-being. Townsend (2012) states "all humans need and want to be occupied for purposes of health, quality of life, and the sustenance of families and communities" (p. 16). The purpose of our study was to examine occupational therapy practitioners' improved knowledge of issues of occupational justice and indication of intent to incorporate it into individual practice after completion of an educational workshop. Through participation in a one-day workshop focusing on issues of occupational justice, we hypothesized occupational therapy practitioners will show improved knowledge and intent to incorporate it into their individual practices.

Older Adults and Occupational Engagement

The number of adults living in long-term care facilities, including nursing homes, is expected to reach 27 million by the year 2050 (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013, p. 3). Many individuals who may be experiencing injustices are those in nursing homes

and long-term care (LTC) facilities (Nilsson & Townsend, 2010). Commonly seen by occupational therapists is the lack of engagement in occupations among older adults (Clark et al., 2012; Hersch et al., 2012). Furthermore, Nilsson and Townsend (2010) state that many healthcare professionals who work with older adults witness the occurrence of occupational injustice daily without being aware of the concept. Many older adults living in the nursing home setting are unable to choose their occupations due to the lack of ability or opportunity to do so, and therefore do not have the chance to participate in meaningful occupations, which promotes health and well-being (Nilsson & Townsend, 2010). Additionally, some individuals in the nursing home setting may experience cognitive deficits, and thus consulting family members or those close to them may be necessary to determine meaningful occupations for the individual (Hersch et al., 2012). There is increased evidence showing that occupational engagement can promote the health of the very old, which are those 80 years of age and older, indicating the positive influence occupational engagement can have no matter one's situation (Nilsson & Townsend, 2010).

Occupational Therapists' Knowledge of Occupational Justice

Nilsson and Townsend (2010) suggest the implementation of the theories of occupational justice into practice would have a positive result on targeted populations. According to Causey-Upton (2015), occupational therapists are qualified to ensure occupational justice, due to their knowledge of the importance of occupation. However, research has shown that occupational therapists have difficulty defining the concept of occupational justice, let alone determining how to translate it into practice (Hammell, 2008). Although there is an increasing amount of research on the topic of occupational justice available, there is a "lack of conceptual clarity," which, combined with the novelty of this topic, results in the lack of application into practice (Durocher,

Rappolt, & Gibson, 2014, p. 435). Durocher et al. (2014) also argue that in order for an effective influence on overall client health to be implemented through an occupational justice perspective, more occupational therapists and health care providers need to adopt and translate the concept into practice. However, doing this successfully is often impeded due to various barriers.

Barriers to Achieving Occupational Justice

Barriers exist for both the therapists' facilitation of occupational justice principles and the engagement in meaningful occupations by clients. Aside from lack of clarity about the topic, therapists' barriers include political, institutional, and financial barriers (Durocher, 2014). Riegel and Eglseder (2009) described clients' barriers having the most effect on well-being as societal, physical, and political. Societal barriers are those that prevent reintegration into society and can be addressed via occupational therapists observing clients' interactions with friends, family members, and staff, as well as providing support groups and encouraging peer relationships (Riegel & Eglseder, 2009). Physical barriers include accessibility in public places when using a wheelchair or other mobility device and access to public transportation. Political barriers refer to subjects such as disability policy. Riegel and Eglseder (2009) also found that some occupational therapists reported absence of programs that would address political barriers; reasons for this include lack of awareness of pertinent political issues, limited awareness of advocacy groups aimed at these issues, and clients' focus on their personal disabilities instead of political issues.

Facilitating Occupational Justice in Practice

With the increasing aging population, the facilitation of engagement in meaningful occupations is imperative in order to provide the best care for older adults. Nilsson and Townsend (2010) discussed increasing evidence supporting the promotion of health in very old adults due to occupational engagement. Furthermore, they described how health professionals,

such as occupational therapists, can unintentionally restrict client social inclusion and thereby prevent occupational justice by focusing on clients' personal activities of daily living (PADL) and instrumental activities of daily living (IADL) instead of meaningful activities (Nilsson & Townsend, 2010). It is important for occupational therapists to consider the preferences of clients and implement the engagement of meaningful activities into practice in order to prevent occupational marginalization. Additionally, therapists need to remember that engagement in occupation is just as important as basic human necessities, such as water and food, in older adults, especially for the very old (Nilsson & Townsend, 2010). Those without the facilitation of occupational justice have been shown to endure emotional trauma, occupational identity problems, and feelings of decreased power because of the lack of opportunities available to perform meaningful occupations (Du Toit, Böning, & Van Der Merwe, 2014). It is a commonly held belief that occupational therapists should focus on self-care in the very old, but lack of leisure participation can negatively affect their health and well-being (Nilsson & Townsend, 2010).

While it is true that adequate health is necessary to engage in meaningful occupations, the relationship between the two is actually seen as bidirectional, in that participation in occupations is associated with achieving health (Durocher et al., 2014). Durocher et al. (2014) stated that occupational participation promotes the fulfillment of personal aspirations, enables needs to be met, and aids in the ability to adjust to changes more seamlessly, all of which collaborate to improve health as well as preserve it. Researchers have found that by giving individuals independence, involvement, accessibility, and the freedom of choice, two key elements of facilitation of occupational justice, "meaningful engagement and respect", can therefore be implemented (Du Toit, Böning, & Van Der Merwe, 2014, p. 134). It is also important to note

that occupational engagement is not limited to physical improvement, such as cardiovascular and physical fitness, but that social and productive occupations have been shown to have nearly equal benefits in decreasing mortality rates (Durocher et al., 2014). Moreover, studies have shown the relationship between occupations of a spiritual, cognitive, and emotional nature – namely, creative arts occupations – increased participants' health in the areas of self-confidence, social interactions, and sense of hope (as cited in Durocher et al., 2014).

Occupational therapists' therapeutic use of self. AOTA (2014) emphasizes the need for therapists' use of the therapeutic use of self, which is a defined as "using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery" (p. S12). Taylor, Lee, Kielhofner and Ketkar (2009) found that 80% of participants—all practicing occupational therapists—described the therapeutic relationship with their client as the most important outcome determinant, although only 50% felt sufficiently trained in the topic upon graduation of occupational therapy school. Furthermore, only nine percent of participants said they had taken continuing education courses on this topic. A study focusing on occupational therapists' education of interpersonal relationships with clients found that post-workshop, all participants reported increased content knowledge of the concept and a changed perception of clients who are particularly interpersonally challenging; most reported improved knowledge of skill (Gorenberg, 2013). One participant mentioned that the workshop helped her "focus on the interpersonal side of the clinical reasoning process in order to help a client feel more successful" (Gorenberg, 2013, p. 397).

Another workshop was used as an educational tool to reflect on past experiences that correlated to client relationships, present a new framework that supports interpersonal reasoning, and show support to the therapists during implementation of their improved clinical reasoning

process with clients into their practice (Gorenberg, 2013). Through the use of transformative learning, which is the use of face-to-face activities, small focus groups, and online discussions, there was an outcome of increased knowledge of therapeutic use of self and a change in how the therapists perceived the quality of their client-therapist relationship. Because of the knowledge gained from the educational workshop, the participants of the workshop gained a different perspective and focused on the importance of the relationship between the therapist and client (Gorenberg, 2013). Lastly, educational workshops allow for more communication and reflection among occupational therapists (Gorenberg, 2013).

Advocacy. The concepts of advocacy and client-centered practice are closely associated with a therapist's therapeutic use of self. Although older adults express interest in meaningful occupations, advocating for clients is often overlooked by occupational therapists in the nursing home setting because the older adults often do not ask for additional help engaging in these activities (Borell, Lilja, Sviden, & Sadlo, 2001). Borell et al. (2001) also found that instead of therapists taking initiative in helping engage their clients in meaningful occupations, therapists tended to wait for the client to express his or her interest in an activity, thus producing a cycle of unfulfilled clients and unsatisfied therapists. Occupational therapists also need to advocate for clients to be able to participate in meaningful occupations to colleagues in order to best provide client-centered care and achieve occupational justice (Egan, Dubouloz, Leonard, Paquet, & Carter, 2014). As Hansen (2013) stated, "with one united voice for justice, the lives of all may be transformed into a more just, fair and inclusive community" (p. 57).

Client-centered practice. Occupational therapy is a client-centered practice, wherein the therapist determines what is important and meaningful to a client by gathering information via the client identifying priorities and targeted outcomes, leading to participation in life and

occupational engagement (AOTA, 2014). Involving clients' desires and opinions in intervention strategies is a key concept of both client-centered care and the facilitation of occupational justice, directly associating the two. Gagne and Hoppes (2003) found that clients are more likely to improve overall if their opinions and ideas are a key component of treatment. Furthermore, implementation of this type of practice is known to have positive outcomes, including increased satisfaction for the client, increased client participation in treatment, decreased time at rehabilitation facilities, and improvement of functional outcomes (Maitra & Erway, 2006). Researchers have observed positive outcomes in self-care skills and upper-body dressing to occur due to the occupational therapist asking for far more than the client's goals (Gagné & Hoppes, 2003). Overall, clients are more likely to improve if their opinions and ideas are a key component of treatment (Gagne & Hoppes, 2003).

Assessments for client-centered practice. As occupational therapists, client-centeredness is a major aspect of therapy. In order to maintain client-centeredness, it is imperative that the therapist discusses with the client his/her meaningful occupations. One way to assess a client's meaningful occupations is through the use of the Interest Checklist. This tool is used to determine the individual's interests which allows the therapist to create a personalized treatment plan (Klyczek, Bauer-Yox, & Fiedler, 1997). The Activity Card Sort (ACS) is an extensive tool to assess participation in various occupations. The ACS is considered a reliable and valid tool to assess occupational performance in regards to instrumental, social-cultural, and leisure activities (Katz, Karpin, Lak, Furman, Hartman-Maeir, 2003). Another common assessment tool is the Canadian Occupational Performance Measure (COPM). This tool focuses on what is important to the client through a series of questions. The client is asked about his/her perception of performance and the importance of occupations regarding self-care, productivity,

and leisure (Dedding et al., 2004). This tool allows therapist to focus on the client's perspective and personal goals throughout the therapy process (Law et al., 1990). Analysis of the COPM has shown that it has multiple benefits when implemented into practice. Some of these benefits include: enabling the therapist to create more realistic goals (Chen et al., 2002), enabling the therapist to keep therapy occupation-focused, and allowing the therapist to see from the client's viewpoint (Colquhoun, Letts, Law, MacDermid, & Edwards, 2010). These types of assessment tools are valid ways to ensure a client's rights to achieving occupational justice are implemented into therapy sessions.

Client empowerment. In order for a therapist to participate in client-centered practice, the therapist must empower the client. According to Townsend (2003), some occupational therapists may be limited in regards to their ability to empower their client. Some occupational therapists feel that their profession does not have enough respect to empower them to make a difference in long-term care (Duggan, 2005). According to Morgan (1996), disempowerment of clients can be seen through the areas of others, attitudes, and inability. Clients identified that they can be empowered through ability, control, and feelings (Morgan, 1996). The clients also listed some criteria of an empowering individual and those included: being understanding, supportive, accepting, sharing, and having a positive attitude (Morgan 1996). Clients are to identify and choose personal goals, as well as eventually perform the goals after intervention (Townsend, 2003). Promoting empowerment for clients allows them to overcome difficult situations in life as well as increase their societal contributions (Cowger, 1994). Clark and colleagues (2012) found that therapists who encourage clients to engage in occupations that are specifically meaningful to each individual, have found that through their interventions the clients' quality of life greatly improves. Clients' mental and physical well-being also improved throughout the length of the

intervention by simply being encouraged to participate in occupations they felt were significant (Clark et al., 2012).

Quality of life. Quality of life (QOL) refers to how satisfied an individual is in life in association with "self- concept, health, and socioeconomic factors" (AOTA, 2014, p. S45). It is one of the main outcomes that occupational therapists strive to accomplish through intervention (AOTA, 2014). Researchers found occupational therapists can be unaware that a client's perception of QOL is different than their own perception of the client's QOL (Leone, Moja, & Vegni, 2013). Often times this misconception can lead to a large turnover of employees, which could negatively influence the residents' quality of life as well (Palacios-Cena et al., 2012). The more dependent an individual is in long-term care generally correlates with that person having a lower quality of life. This can be attributed to the fact more dependence leads to increased costs that decrease opportunities of leisure activities outside of the nursing home (Palacios-Cena et al., 2013). Having the ability to participate in leisure activities is integral to achieving occupational justice and has been known to decrease depression and increase quality of life by enhancing one's sense of identity as well as healthy interactions (Causey-Upton, 2015). Over 50% of the resident population are prescribed anti-depressant medication (Rosen, 2014). According to Causey-Upton (2015), only about 48.7% of residents participate in leisure interests, whereas 92% of adults in the community participate in leisure interests. Being able to choose meaningful activities would result in increased occupational participation, quality of life, and overall health and well-being, all of which are aspects of occupational justice (Causey-Upton, 2015).

Socialization. The incorporation of meaningful activity allows older adults to participate in occupations they find enjoyable and to also make social connections with other residents living in the nursing home. Social groups may also be important for older adults who feel

depressed or alienated due to living in a setting they are not used to or do not feel they belong in (Hersch et al., 2012). Although the older adult population often goes unnoticed, social inclusion through occupation is important for a high quality of life (Riegel & Eglseder, 2009). Carrier et al. (2010) noted that social roles contributed more to older adults' quality of life than ADL participation did. Furthermore, it was noted that "being with" a client proved more beneficial than "doing to" a client (Hammell, 2013, p. 144). Overall socialization, including listening to clients, can simultaneously improve the client-therapist relationship and promote a client's expression of interests, plans, hopes, and goals (Hammell, 2013).

Continuing education on occupational justice. The need for education on the topic of occupational justice for practicing therapists is evident. Townsend and Wilcock (2004) describe advocacy for the concept, as well as its translation into practice, as a necessity and suggest that if therapists are not advocating for occupational justice, they are thereby participating in occupational injustice via inaction. It is described as an implicit issue, regardless of choice, due to the innate philosophy of occupational therapy, including client-centeredness, social inclusion, and professionalism as well as others (Townsend & Wilcock, 2004).

Continuing education for occupational therapists is necessary in order to "develop and maintain the knowledge, performance skills, interpersonal abilities, critical reasoning, and ethical reasoning skills" that are needed to perform at current and future levels within the profession and sustain professional competence (AOTA, 2006, p. 1-2). Educational workshops have been proven as an effective form of educating and improving competencies in health care providers (Elminowski, 2015). While there have been previous workshops on the topic of occupational justice presented in Australia, Britain, Canada, Portugal, Sweden, and the United States, the need for advocacy and education is still present (Townsend & Wilcock, 2004).

Participants in these workshops have produced questions post-workshop about the difference between social and occupational justice, seeking to learn more about the concept, and commenting that they have already been practicing occupational justice without knowing the term existed (Townsend & Wilcock, 2004). A workshop targeting occupational therapists' knowledge of occupational justice and ensuring translation of the concept into practice will have beneficial results for older adults. Translation of knowledge to practice cannot simply be done by reading about new methods of practice. For example, the Knowledge-To-Action Process may be utilized when attempting to implement learned knowledge (Metzler & Metz, 2010). There are also benefits observed from workshops using facilitated discussion between colleagues, which resulted in increased implementation of knowledge (Gorenberg, 2013). The implementation of new knowledge promotes utilizing a client-centered practice, which results in increased satisfaction to the client (Maitra & Erway, 2006).

A pilot study was completed on students' knowledge of occupational justice through a single case study (Aldrich, White, & Conners, 2016). This exploratory study focused on how one student used her passion about the topic of occupational justice to advocate for the rights of clients through protests. Researchers found the need for occupational therapy students and practitioners to learn how to promote the ideas of occupational justice throughout the community. Aldrich, White, and Connors, (2016), found that limited resources and lack of knowledge about occupational justice led to many clinicians being unaware of this issue and they simply accepted it. Aldrich, White and Conners, (2016), stated the importance of "modeling how to engage with, reflect on, and apply the concept of occupational justice rather than unquestioningly accept it" (p.231).

It is the therapist's responsibility to address injustices that their clients face (Townsend &

Wilcock, 2004). Townsend and Wilcock (2004) stated that therapists' primary concern is the population vulnerable to injustices because of restricted access to occupational engagement. Furthermore, it is a common goal for the field of occupational therapy to exercise client-centered practice, enabling clients to be active in their own decision-making and promoting overall health and well-being (Townsend & Wilcock, 2004). Aldrich, Boston, & Daaleman (2017) explained the importance of integrating the values of occupational justice into education for occupational therapy students and practitioners. Researchers reiterated the original values of what occupational therapy practice was created on and how the lack of incorporation of occupational justice in practice inhibits practitioners from fully fulfilling these values created by AOTA (Aldrich, Boston, & Daaleman, 2017). Overall, occupational therapists have the power and responsibilities to promote occupational justice within their practice settings in order to increase health, well-being, social inclusion, and quality of life of clients.

Berger (2012) conveyed an important message: "knowledge of occupational justice can guide our ethical reasoning and actions on behalf of our clients" (Berger, 2012, p. 3). Previous dialogue has suggested that gained knowledge about occupational justice may inspire and motivate health professionals to encourage and facilitate occupational justice into their practice (Nilsson & Townsend, 2010). Aldrich, Boston, & Daaleman (2017) pointed out that the mission of occupational therapists is to aid clients in living life to the fullest by being able to participate in occupations they need and want to do. A valuable part of being able to fulfill this mission to clients is by incorporating the ideas and the importance of occupational justice into professional practice. By integrating the concepts of occupational justice into everyday practice, this ensures occupational therapists are withholding the original intentions of occupational therapy practice (Aldrich, Boston, & Daaleman, 2017). The purpose of our study was to examine occupational

therapy practitioners' improved knowledge of issues of occupational justice and indication of intent to incorporate it into individual practice after completion of an educational workshop. Through participation in a one-day workshop focusing on issues of occupational justice, we hypothesized occupational therapy practitioners would show improved knowledge and intent to incorporate it into their individual practices.

Methods

Research Design

This study was an exploratory quantitative quasi-experimental pre-test post-test design. The study was given approval and classified as an exempt study by the Institutional Review Board (IRB) at the University of Indianapolis. Informed consent was obtained from participants at the beginning of the pre- and post-workshop surveys.

Participants

Researchers recruited 14 occupational therapy practitioners who, at the time of the workshop, worked in a nursing home in the Indianapolis area (Doyle & Bennett 2014; Elminowski, 2015). Occupational therapy practitioners are defined by AOTA as occupational therapists and occupational therapy assistants (2014). Previous research has shown that a minimum number of 13 participants yield statistically significant results (Steed, 2010). Participants were sent information via email, detailing the purpose of the free workshop, including information regarding continuing education units (CEUs) . Emails were sent to the University of Indianapolis's fieldwork contacts in the nursing home settings. The workshop took place in October 2016 before licensure requirements were due for the state of Indiana. Participants interested in the workshop registered online.

Procedure

A workshop to educate occupational therapy practitioners on the concepts of occupational justice and how to facilitate within the nursing home setting took place at the University of Indianapolis. An Associate Professor with an extensive background in occupational justice in the School of Occupational Therapy at the University of Indianapolis led the workshop and served as the primary investigator of the study. Once registered for the workshop, participants were offered the opportunity to participate in the research study through completion of a pre-workshop online survey. Occupational therapy practitioners who attended the workshop were not required to participate in the research study. Participants consented to the workshop via a link to an online Qualtrics survey (see Appendix A). If consent was given, participants then completed the pre-workshop survey regarding their current knowledge and opinions on the concept of occupational justice (see Appendix B). Twelve occupational therapy practitioners participated in the workshop, and eleven chose to consent to participate in the research and thus completed the pre-workshop survey. Participants then attended an on-site workshop at the University of Indianapolis campus. The workshop included lecture material, videos, interactive discussion, and reflection. Throughout the workshop, participants shared their input on the topics presented with the other occupational therapy practitioners at their tables. One week after the workshop, participants completed an initial post-workshop survey after a reminder email was sent by the primary investigator regarding their knowledge on occupational justice and their plan to implement the concept into practice (see Appendix C). The email also informed participants that a second and final post-workshop survey would be sent via email to them 4-6 weeks following the workshop for completion (see Appendix D).

Intervention

Workshop design. A 4-hour workshop using lecture material, videos, interactive discussion, and reflection was designed by the primary investigator to improve occupational therapy practitioners' knowledge and awareness of issues regarding occupational justice (see Appendix E). The goal of this workshop was to educate occupational therapy practitioners on the importance of occupational justice along with enabling them to find ways to incorporate this concept into their everyday practice. The workshop intervention was based on allowing occupational therapy practitioners to adapt an occupational justice frame of reference. Wolf, Ripat, Davis, Becker, and MacSwiggan (2010) analyzed the occupational justice frame of reference by stating the importance of teaching therapists to readjust their own viewpoint regarding a patient's occupational engagement level. In order to do this, occupational therapy practitioners must be able to identify barriers that inhibit their clients from engaging in desired occupations (Wolf et al, 2010, p.15). This intervention plan was designed to teach occupational therapy practitioners the constructs of occupational justice and to educate occupational therapy practitioners on how to use those constructs to reduce barriers the client may have from engaging in meaningful activities.

The first segment of the workshop involved defining occupational justice and how it pertains to practice in the nursing home setting based on the research by Townsend and Wilcock (2004). The primary investigator differentiated occupational justice from social justice and three subcategories of occupational justice—occupational deprivation, occupational marginalization, and occupational alienation—were described as defined by Hammell (2008). Participants then broke into groups of 2-4 to discuss how these subcategories directly related to their clients, followed by a full group discussion. The primary investigator emphasized the importance of

occupation to one's health, supported by evidence from Wilcock (2004) and followed by further small-group discussions. The primary investigator refreshed participants on the importance of client-centeredness in the practice of occupational therapy. Three second-year Doctorate of Occupational Therapy students at the University of Indianapolis each discussed a client-centered assessment the practitioners could use in practice: the Canadian Occupational Performance Measure, Interest Checklist, and Activity Card Sort. The students educated participants on assessment content, administration of the tools, application to practice, and how to obtain them. Finally, the primary investigator educated participants on the importance of therapeutic use of self in practice, client empowerment, and advocacy, ending with participants creating and discussing action plans to utilize knowledge learned from the workshop in practice.

Outcomes

Survey. Pre- and post-workshop surveys containing Likert-scale questions and one-to-two open-ended questions were utilized to collect data. Survey questions were obtained and adapted from a previous study based on occupational justice through occupational storytelling and story making (Bednarski, 2016). Bednarski (2016) found that a similar workshop produced an improvement in the knowledge of occupational justice of students in an occupational therapy program. Using this study as a reference, similar questions were developed in order to detect change in knowledge of OT practitioners. The survey was designed to determine whether the objectives from the study had been met.

Course evaluation. The primary investigator distributed a course evaluation to all twelve occupational therapy practitioners at the end of the workshop to assess whether the learning objectives were met. The occupational therapy practitioners rated their experiences from the workshop as "not satisfied," "somewhat satisfied," "satisfied," or "very satisfied" based on the

objectives listed in Table F3.

Data Analysis

The University of Indianapolis Qualtrics program was utilized to collect and analyze data. Descriptive quantitative data was obtained from the Qualtrics Program and analyzed. Three sets of data were obtained from the pre-workshop survey and the two post-workshop surveys. Data was analyzed to identify the means for responses to questions within the survey. Further analysis utilized percentages derived from answers using the Likert-scale to identify changes in participant responses between survey periods.

Results

Eleven participants completed the pre-workshop survey; nine completed the first post-workshop survey, and five completed the second post-workshop survey. A scale of 1-5 was established correlating a number with corresponding answers with 1 indicating strongly agree and 5 indicating strongly disagree (see Table F1). Means were calculated in accordance with the scale for each individual question (see Table F2). Results of the data analysis indicated greatest differences in questions six and seven. Question six stated "I feel I can clearly state the definition of occupational justice" in which the pre-workshop mean was an average of 3.3 compared to a post-workshop mean of 1.44. Question seven stated "I feel I can clearly state the definitions of occupational injustices (occupational marginalization, occupational deprivation, and occupational alienation)" in which the pre-workshop mean was 3.2 compared to the post-workshop mean of 1.33. These means indicated a change from "neither agree nor disagree" towards "agree" or "strongly agree." Quantitative data from the second post-workshop survey was not analyzed or used for this study due to limited participant responses showing no significance.

Eleven out of the twelve occupational therapy practitioners who attended the workshop also completed course evaluations and 100% of the participants reported that they were "very satisfied" or "satisfied" that their learning objectives were met. The course evaluation aligned with the learning objectives of the workshop (see Table F3).

Intent to Implement

Qualitative data was analyzed by assessing an open-ended question included in the first post-workshop survey regarding the occupational therapy practitioners' plan to implement gained knowledge after the workshop (see Table F4). All participant responses indicated intent to implement the concept of occupational justice into their practice. The second post-workshop survey data was used to assess participants' implementation after the conclusion of the workshop. This data is shown in Table F5. The open-ended question for the second post-workshop survey produced a theme of advocating for clients amongst the four out of five participants who answered.

Increased Knowledge

Analyzed data assessed the workshop participants' increased knowledge by comparing self-perceived knowledge on occupational justice before and after the workshop. When assessing the "strongly agree" responses from pre-workshop to the first post-workshop survey, questions eight, nine, and twelve each displayed at least a 70 percent increase (see Table F6). The differences in the percentage of respondents selecting "strongly agree" on various questions from the pre-workshop survey to the first post-workshop survey are shown in Figure F1. Questions 1 and 2 were omitted from Figure F1 because they inquire about demographics that remained unchanged. Additional analysis showed that when comparing the occupational therapy practitioners' ages and years of practice, there was no significant impact on how they answered

the survey questions.

Discussion

The results indicated participation in an occupational justice workshop increased occupational therapy practitioners' knowledge on occupational justice and the intent to implement into practice, and therefore supported our hypothesized outcome. By means of the educational intervention strategy, the workshop demonstrated effectiveness as evidenced by all participants indicating the intent to implement occupational justice practice in the nursing home setting. Elminowski (2015) acknowledged educational workshops as a proven way to inform others through an informative workshop held to improve competencies in health care providers. The workshop intervention had a positive impact on the participants as observed through improved knowledge and intent to incorporate occupational justice into their individual practices. Similar results of increased knowledge post-workshop were seen from a pilot study on individuals' knowledge of occupational justice (Aldrich, White, & Conners, 2016). This indicates that older adults living in the nursing home setting will have better outcomes and a higher quality of life if occupational therapists are educated on ways to advocate for occupational justice in their practices. Egan, Dubouloz, Leonard, Paquet, & Carter (2014) similarly found that advocacy must occur for clients to have an increased quality of life through the engagement of meaningful activities. Overall, this study provides preliminary results supporting the use of an educational workshop to increase occupational therapy practitioners' knowledge and intent to implement occupational justice into practice.

Limitations

The primary limitation of this study was the small sample size, in addition to decreased participation in each subsequent survey. If all participants would have completed the first and

second post-workshop surveys, then the outcomes would have been analyzed with greater significance. Another limitation was using a survey that was not standardized. Thus, the survey was not validated. A significant change with occupational therapy implementation of occupational justice within the nursing home setting could not be obtained due to the limitations previously stated.

Conclusion

Future replications of this study should include a larger sample size in order to produce significant results. The preliminary results indicate the usefulness for the field of occupational therapy to use this workshop, or one similar, as a foundation for future educational workshops on occupational justice or similar topics. To ensure follow-through, it is recommended that future studies consider implementing an initial educational workshop followed by a collaborative workshop on a different date detailing how to incorporate these ideas into everyday practice. A second workshop could yield more consistent results and increased participant participation.

Further studies are crucial not only to raise awareness of occupational justice but to provide ideas and information on how to implement occupational justice into practice. There is limited research on the topic of occupational justice in the nursing home setting, resulting in uninformed OT practitioners. Occupational injustice is an ongoing issue amongst older adults that can be detrimental to their quality of life, and occupational therapists have a responsibility to advocate for and help improve the quality of life of this population through occupational justice.

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Appendix A

Occupational Justice in the Skilled Care Environment: Informed Consent

EXEMPT UIndy Study# 0783
Study Version: 1.0
Study Version Date: August 9, 2016
ONLINE Informed Consent Document (ICD) Version: 1.0
ONLINE ICD Version Date: August 9, 2016

Principal Investigator: Julie Bednarski, OTD
School of Occupational Therapy
Email: jbednarski@uindy.edu
Telephone: 317-788-3577

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Study Title: *Does Participation in an Occupational Justice Workshop Change OT Practice in the Nursing Home Setting?*

WHAT IS THE PURPOSE OF THIS RESEARCH STUDY?

Thank you for accessing the "Participation in an Occupational Justice Workshop: Does it Change OT Practice in the Nursing Home?" questionnaire. The purpose of this study is to investigate OTRs' knowledge of issues of occupational justice and indication of intent to incorporate it into individual practice after completion of an educational workshop. You have been asked to participate in this research project because you are a registered occupational therapist working in a nursing home setting in the Indianapolis area AND you have registered to participate in the Occupational Justice Workshop. The anticipated number of participants for this study is 20.

WHAT WILL I DO IF I PARTICIPATE IN THIS RESEARCH STUDY?

Participation in the workshop is NOT a research activity. If you choose to participate in the study, you will complete an online pre-workshop questionnaire, an initial online post-workshop questionnaire and an online post-workshop questionnaire approximately 4-6 weeks after the conclusion of the workshop. You will receive email notifications for both post-workshop questionnaires. The questionnaires are expected to take 5-10 minutes to complete. This pre-workshop questionnaire will consist of three demographic multiple choice type question and 11 Likert-scale questions. The post-workshop questionnaires will consist of 12 Likert questions and 1 open-ended question. We are asking you to please be truthful when answering these questions so that the study yields optimal results. You may skip any question if you feel uncomfortable answering a question. If you feel uncomfortable at any time, you may stop at any point during the questionnaire and discontinue the questionnaire. You may still participate in the workshop

being offered if you choose not complete our online pre- and post-workshop questionnaires.

WHAT ARE THE RISKS OF PARTICIPATING IN THIS RESEARCH STUDY?

The risks of participating in this research study are few and minimal. You may experience some emotional discomfort when thinking about matters of occupational injustice. The most important risk is loss of confidentiality and privacy.

HOW WILL MY PRIVACY BE PROTECTED?

The questionnaires will NOT collect any individually identifiable information about you. You should not add any individually identifiable information about yourself when you answer the questions. The investigators will not collect the internet protocol (IP) address of the device you use to answer the questionnaires. To further protect your privacy, you should complete the questionnaires in a private location using a private device with a secure internet connection. The investigators will NOT connect your contact information—name and email address—to questionnaire results. Should the research from this study be published, no participant will be individually identified because the questionnaire results are anonymous.

WHAT IF I HAVE QUESTIONS BEFORE PARTICIPATING IN THE RESEARCH STUDY?

Questions regarding the survey can be answered by emailing Julie Bednarski at jbednarski@uindy.edu or calling (317)788-3577 or (800) 232-8634 x3577.

The study was reviewed and approved by the University of Indianapolis Human Protections Administrator (HPA). The HPA has the responsibility of protecting the rights and welfare of people who participate in research that is exempt from Institutional Review Board (IRB) review because the research poses little to no risks to participants. If you have questions or concerns about your rights and welfare as a research participant, then you should contact the HPA, Dr. Greg E. Manship at (317) 781-5774 or (800) 232-8634 x5774.

If you choose to participate in this research study, then you should print and/or save a copy of this informed consent page for your personal records.

- I have read and understand the above information and I consent to participate in this study.
- I do not consent to participate in this study.

Appendix B

Occupational Justice in the Skilled Care Environment: Pre-Workshop Survey

What is your current age?

- 21-30
- 31-40
- 41-50
- 51-60
- 61+

What is your primary work setting?

- Skilled Nursing Center/Nursing home
- Inpatient Acute Hospital
- Outpatient: Adults
- School System
- Rehabilitation Hospital
- Outpatient: Pediatrics
- Other

How long have you worked in the nursing home setting?

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

I feel I understand the concept of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definition of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definitions of occupational injustices (occupational marginalization, occupational deprivation, and occupational alienation).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational justice is an important outcome of occupational therapy.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree

I believe an OT has a role in the promotion of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational injustices may occur with clients in the setting in which I currently work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel understanding the concepts of occupational justice assists me to create a more client-centered practice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in promotion of occupational justice in the nursing home environment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in advocating for their client's occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in assisting a person residing in the nursing home environment to advocate for their occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel confident in my efforts to promote occupational justice in my current work setting.

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

Appendix C

Occupational Justice in the Skilled Care Environment: First Post-Workshop Survey

What is your current age?

- 21-30
- 31-40
- 41-50
- 51-60
- 61+

What is your primary work setting?

- Skilled Nursing Center/Nursing home
- Inpatient Acute Hospital
- Outpatient: Adults
- School System
- Rehabilitation Hospital
- Outpatient: Pediatrics
- Other

How long have you worked in the nursing home setting?

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

I feel I understand the concept of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definition of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definitions of occupational injustices (occupational marginalization, occupational deprivation, and occupational alienation).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational justice is an important outcome of occupational therapy.

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

I believe an OT has a role in the promotion of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational injustices may occur with clients in the setting in which I currently work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel understanding the concepts of occupational justice assists me to create a more client-centered practice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in promotion of occupational justice in the nursing home environment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in advocating for their client's occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in assisting a person residing in the nursing home environment to advocate for their occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel confident in my efforts to promote occupational justice in my current work setting.

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I intend to implement the concept of occupational justice into my current practice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

How do you intend to implement the concept of occupational justice into your practice?

(Please give specific examples.)

`

Appendix D

Occupational Justice in the Skilled Care Environment: Second Post-Workshop Survey

What is your current age?

- 21-30
- 31-40
- 41-50
- 51-60
- 61+

What is your primary work setting?

- Skilled Nursing Center/Nursing home
- Inpatient Acute Hospital
- Outpatient: Adults
- School System
- Rehabilitation Hospital
- Outpatient: Pediatrics
- Other

How long have you worked in the nursing home setting?

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

I feel I understand the concept of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definition of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel I can clearly state the definitions of occupational injustices (occupational marginalization, occupational deprivation, and occupational alienation).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational justice is an important outcome of occupational therapy.

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree

I believe an OT has a role in the promotion of occupational justice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel occupational injustices may occur with clients in the setting in which I currently work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel understanding the concepts of occupational justice assists me to create a more client-centered practice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in promotion of occupational justice in the

nursing home environment.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in advocating for their client's occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe an occupational therapist has a role in assisting a person residing in the nursing home environment to advocate for their occupational needs.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I feel confident in my efforts to promote occupational justice in my current work setting.

- Strongly agree
- Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree

I have implemented the concept of occupational justice into my current practice.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

How have you implemented the concept of occupational justice into your practice? (Give specific examples.)

Appendix E

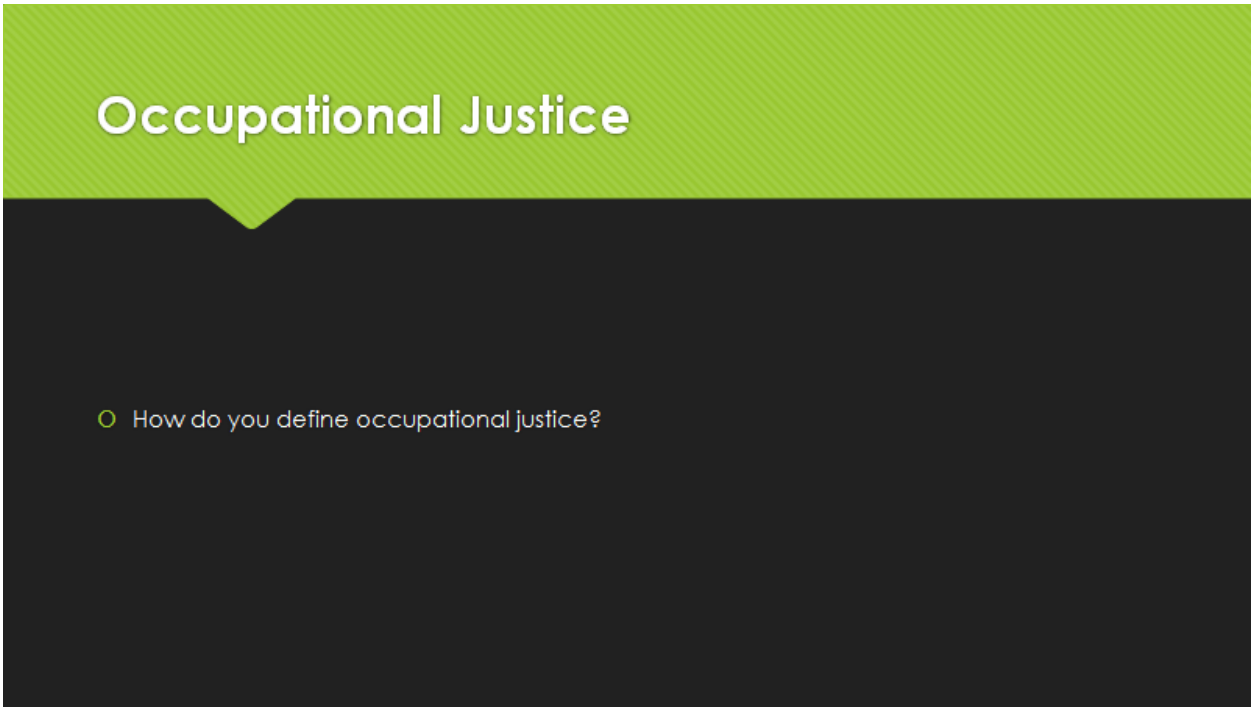
Learning Objectives

- After participation in the one-day workshop OTRs working with older adults in the nursing home setting will be able to:
  - Define occupational justice and assess issues of occupational justice within his/her current setting
  - Describe his/her perceived knowledge of occupational justice and ways to empower clients to improve quality of life and wellness
  - Implement knowledge learned in order to improve occupational justice for those living in the nursing home setting
  - Identify ways to improve client centeredness in order to facilitate client participation in meaningful occupations
  - Determine barriers to occupational justice in his/her setting and ways to remove barriers

Introduction to Occupational Justice

- https://www.youtube.com/watch?v=_yEbbSvsZ5Q


Evolution of Occupational Justice
Discussions on "how an occupationally just world could enhance the health of all citizens (p. 76) "
Townsend and Wilcock first described as complementary to social justice
Townsend's work
Wilcock's work


Occupational Justice
How do you define occupational justice?

Justice

Social

- Social justice
  - Ethical distribution and sharing of resources
  - People have the right to be active, participants in society

Occupational

- Occupational Justice
  - Rights, equity, fairness specific to the individual engagement in diverse and meaningful occupations
  - Individuals right to have equal opportunities to meet basic needs

Stadnyk, Townsend & Wilcock, 2010

7

Occupational Justice

- Humans are occupational beings
- Participation in culturally defined occupations determine the health and quality of life of humans
- Person have the right to participate in meaningful occupations
- Lens through which to look at local and world struggles through occupation

(Stadnyk, Townsend & Wilcock, 2010)

8

Hammel (2008) "the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of communities (p. 61)"

Occupational Rights

Hammel, 2008

9

Occupational Injustice

- (Hammell, 2008)
  - "individuals, groups, communities, and nations experiencing a lack of meaningful occupation for its members in their daily lives (p.62) "

Hammel, 2008

10


Occupational Injustices
Occupational:
• Deprivation
• Marginalization
• Alienation


Occupational Deprivation
Loss of rights to develop health and wellness through meaningful occupations through denial of ability to participate in occupations
https://www.youtube.com/watch?v=ftk3EVeSKsc
Townsend & Wilcock, 2004; Whiteford, 2010
12

Occupational Marginalization

- Inability to **exert choice** and decision making power for participation in meaningful occupations
- https://www.youtube.com/watch?v=EA4z2sd3fOI

Stadnyk, Townsend & Wilcock, 2010

13

Occupational Alienation

- Loss of the right to **experience** meaningful occupations

Townsend & Wilcock, 2004

14

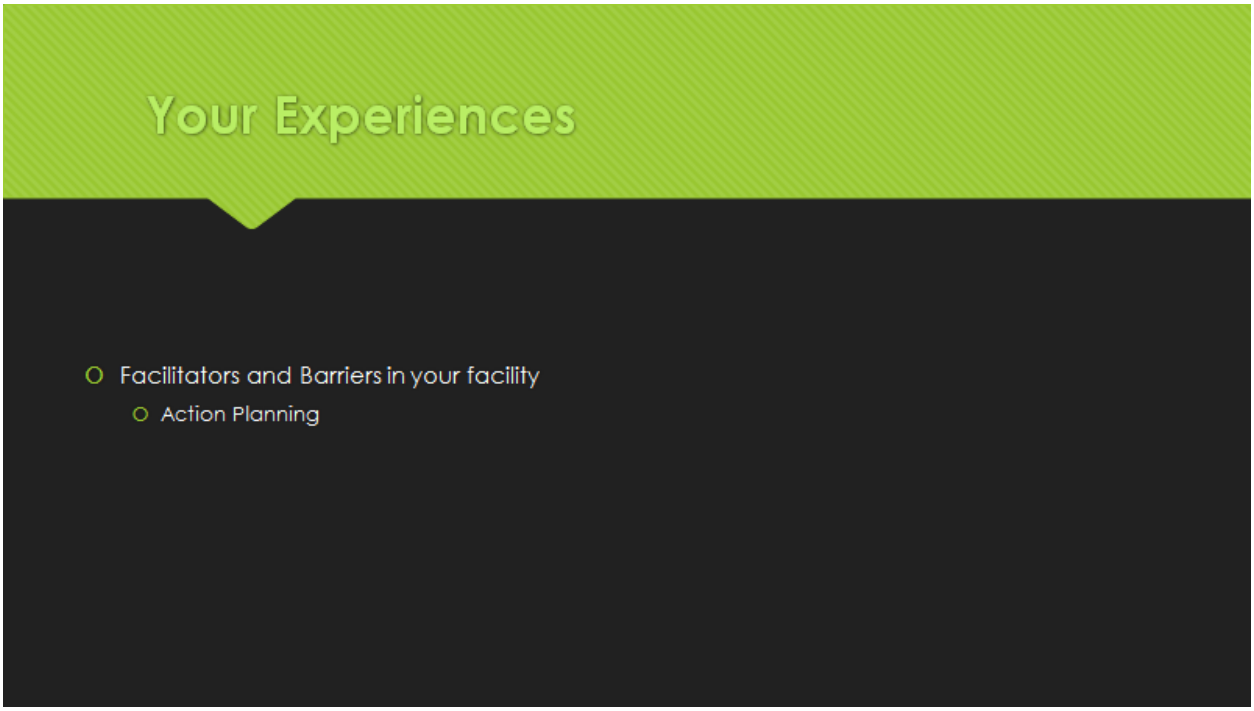
Break Out Session

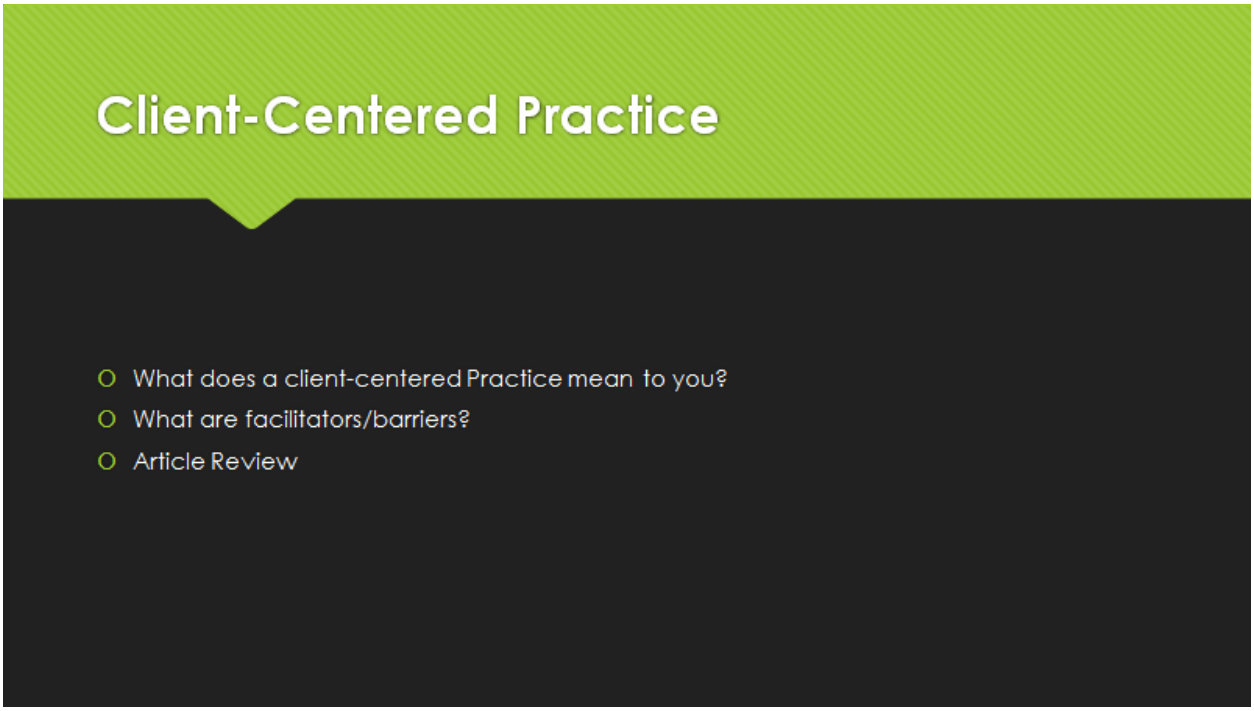
- Work in groups of 4 to discuss these terms and ***how they might relate to your client population***

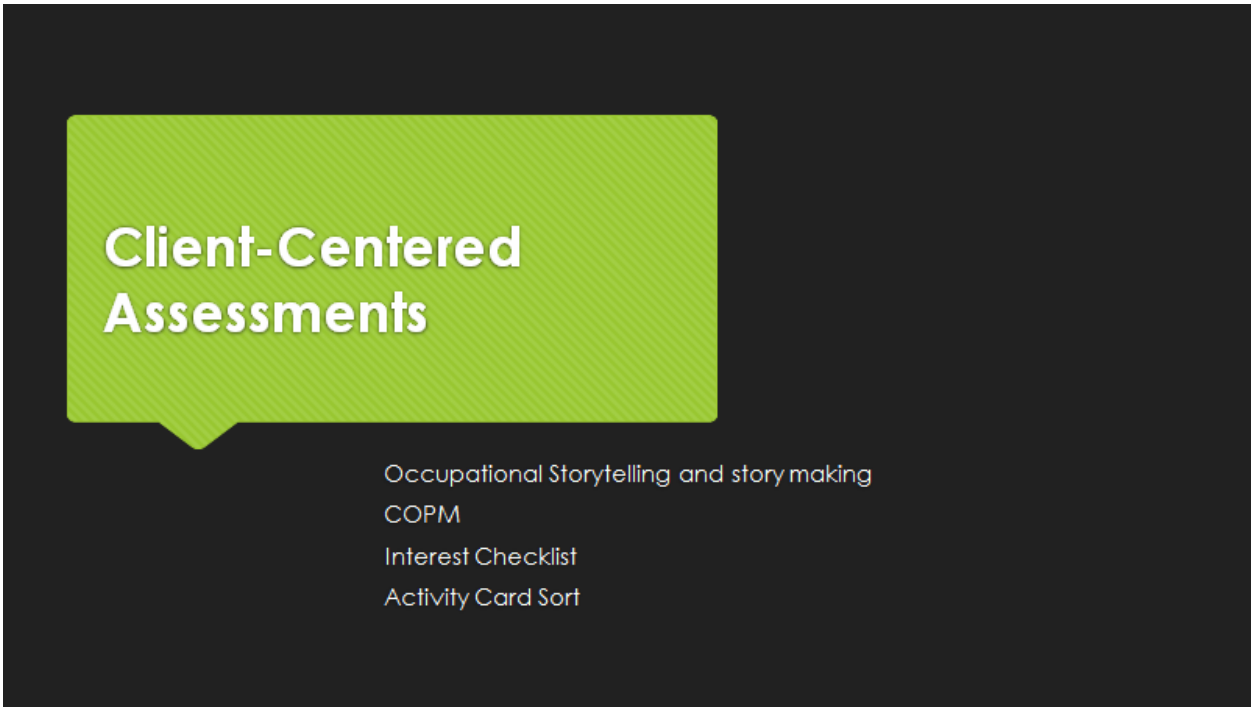
Importance of Occupation to Health

- Active participation in occupation
  - Individual choice and control
  - A supportive environment
  - A means-rather than ends emphasis
  - Challenge that matches skill
  - When accomplished – a sense of mastery

Wilcock, 2004


Your Experiences
Facilitators and Barriers in your facility
Action Planning


Client-Centered Practice
What does a client-centered Practice mean to you?
What are facilitators/barriers?
Article Review


Client-Centered Assessments
Occupational Storytelling and story making
COPM
Interest Checklist
Activity Card Sort


Occupational Storytelling
Understand past occupations
Make sense of the experience
Investigate human motives
Linking outward world of actions and events to the inner world of human intention and motivation
Looking beyond disease

Occupational Story making

- Help create new life occupations, new future self
- Structure therapy as an unfolding story
- Therapy is a short story within the clients larger life story
- Disability/disease interruption in a persons life story is irreversible

Occupational Storytelling and making

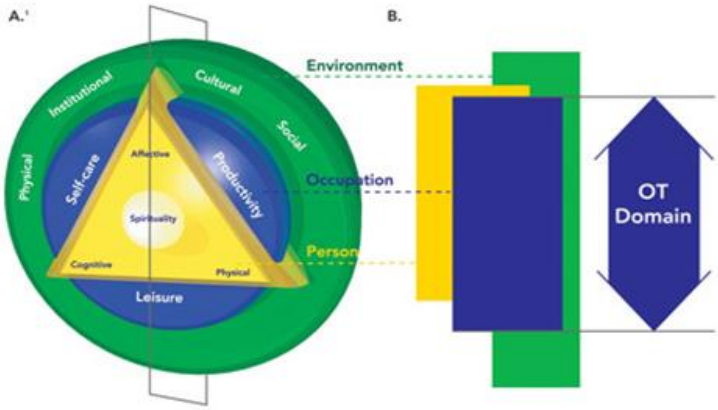
- https://www.youtube.com/watch?v=AR9EDA0fO68

Canadian Model of Occupational Performance (CMOP)

- This model was created to focus on how occupational performance and occupations can affect the person and their environment
- The focus of this model is the human spirit
- Created from this model: COPM assessment tool

(Cole & Tufano, 2008)

Figure 1.3 The CMOP-E[1]: Specifying our domain of concern



A.[1] Referred to as the CMOP in *Enabling Occupation* (1997a, 2002) and CMOP-E as of this edition
B. Trans-sectional view

Polatajko, H. J., Townsend, E. A., Craik, J. (2007). *Canadian Model of Occupational Performance and Engagement* (CMOP-E). In E. A. Townsend and H. J. Polatajko, *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation*. p.23 Ottawa, ON: CAOT Publications ACE.

Visual of the model showing what areas the CMOP assesses along with areas addressed in the COPM.
The categories include:

- Person
  - Spiritualty
- Occupation
  - Self- care
- Environment
  - Social

http://www.ergo-alpha.de/cmop-e-copm/

(Cole & Tufano, 2008)

Canadian Occupational Performance Measure

- The COPM is an assessment tool commonly used during the occupational profile to establish a therapeutic relationship along with discovering client's motivations for change
  - Interview- based rating scale
  - Assesses areas from Occupational Therapy Practice Framework - Third Edition (OTPF-III) such as: self-care, productivity, and leisure
  - Client then identifies their top 5 most important occupational issues to address in therapy
  - Client rates self on their performance and level of satisfaction for each area addressed
    - 1-10 rating scale

(Cole & Tufano, 2008)

COPM

- Canadian Occupational Performance Measure website
  - Includes the assessment tool, web app, learning modules, and different language translations
  - COPM Assessment Tool
  - Available for purchase on AOTA website (wwwaota.org)
  - Manual:
    - AOTA Members: $49.00
    - Non-members: $69.50
  - Forms:
    - 1 package of 100 forms: $18.50 AOTA members/$26.25 non-members

Interest Checklist

- Used to gather information relative to a client's interests
- Grouped into 5 categories:
  - ADLs
  - Manual skills
  - Cultural/education
  - Physical sports
  - Social recreation

(Klyczek, Bauer-Yox, & Fiedler, 1997)

Interest Checklist

- Purpose of the Interest Checklist:
  - Classify intensity of interest for each item
  - Classify types of interest for each item: no interest, casual interest, strong interest
  - Determine whether the client can express preferences
  - Determine whether the client can discriminate between choices

(Klyczek, Bauer-Yox, & Fiedler, 1997)

Interest Checklist

- Free!
- Modified Interest Checklist (68 activities):
  - http://www.cade.uic.edu/moho/productDetails.aspx?aid=38
- UK Modified Interest Checklist (74 activities):
  - http://www.cade.uic.edu/moho/productDetails.aspx?aid=39

Activity Card Sort (ACS)

- 20-60 min to complete
- Designed to record activity participation in leisure, social and instrumental activities
- 4 categories
  - Instrumental activities necessary to maintain self and property
  - Leisure activities that do not demand high physical strength or endurance
  - Leisure activities that require physical endurance
  - Social activities
- 3 versions: institutional, recovering, community-living

(Asher, 2014)

ACS

- Separate 89 cards into 4 categories
  - Not done prior
  - Given up
  - Done previously
  - Do less
- Scores range from 0-100
- How to buy
  - Online through AOTA
  - $99 for members
  - $140 for non-members

(Asher, 2014)

https://i.ytimg.com/vi/fXQD8b1BnC4/hqdefault.jpg

Break Out Sessions

- Break into 3 groups/rotate through assessment stations
  - COPM
  - Interest Checklist
  - ACS

Therapeutic Use of Self

- "using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery" (AOTA, 2014, p. S12)
- "The quality of any therapeutic relationship is linked to the extent to which a therapist can objectively recognize, understand, and respond to the client's communication style" (Taylor, 2008, p. 102)
- "Communication is considered therapeutic when it is characterized by leadership, responsibility taking, empathy, and intentionality on the part of the therapist" (Taylor, 2008, p. 157)

Client Empowerment

- How as OTs can we empower clients?
- Engagement in meaningful occupations increases QOL, mental and physical well-being (Clark et al., 2012)

Advocacy

- Advocacy for participation in meaningful occupation
  - How can this be done?

Action Plan

- What is your action plan moving forward?
  - How will you facilitate occupational justice for those in your facility-what can you do to promote occupational justice for your residents?
  - Can you translate this new knowledge into practice?

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Appendix F

Table F1

Answers corresponding to a numerical value

Answer	Numerical Value
Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5

Table F2

Individual and Total Mean Values for the Pre and Post Workshop Surveys

Question	Pre-Workshop Mean	Post-Workshop Mean
5	2.6	1.11
6	3.3	1.44
7	3.2	1.33
8	1.9	1
9	2.1	1
10	2.1	1.55
11	2.2	1.11
12	2.3	1
13	1.5	1.11
14	1.5	1.22

15	2.6	1.44
Average	2.3	1.21

Table F3

Learning Objectives met after Occupational Justice Workshop

1.	Define occupational justice and assess issues of occupational justice within his/her current setting.
2.	Describe his/her perceived knowledge of occupational justice and ways to empower clients to improve quality of life and wellness.
3.	Implement knowledge learned in order to improve occupational justice for those living in the nursing home setting.
4.	Identify ways to improve client-centeredness in order to facilitate client participation in meaningful occupations.
5.	Determine barriers to occupational justice in his/her setting and ways to remove barriers.

Table F4

Participants' Responses to Question 18 of the Post-Workshop Survey 1

"How did you intend to implement the concept of occupational justice into your practice? (please give specific examples.)"
"I have integrated the completion of the interest checklist in the treatment of many of my clients in order to understand their individual interests. Once I understand what their interests are, I am trying to find ways to get them involved in these activities in therapy and hopefully upon discharge. I have met with the activity coordinator to find ways to work together to help our residents."
"Use assessment tools to determine occupational injustice and develop a plan of care to promote occupational justice."
"As I evaluate each person to write their prior occupation and their hobbies."
"Implementing an interest checklist on all of my patients to establish goals that are centered on occupation as well as the patients specific daily routines."
"I plan to increase education to staff, specifically activities and nursing, to increase patient's opportunities to participate in meaningful occupations."
"Involved every discipline in the building to work as a team to promote and provide opportunity for participation in meaningful and individualized occupations."
"I have begun a program in which I correlate my assessments of patients with dementia with the activities department to better improve their department and improve our patients occupational justice. By improving their program with our assistance and expertise we can decrease the likelihood that our patients are marginalized, isolated and/or deprived of their occupational needs."
"Using more client centered assessment tools."
"Assess the patient's current roles/participation in desired occupations and client factors that affect participation. Provide OT services to facilitate appropriate skills required to participate, and advocate for the patient's needs if required."

Table F5

Participants' responses to question 17 of the second post-workshop survey

How have you implemented the concept of occupational justice into your practice?
"Advocating for pts."
"Determining occupational injustices and advocating for the client's highest level of participation in occupational needs."
"During routine screenings, I look to see if there is anything that OT can do to make their life more pleasurable or meaningful by better meeting their occupational needs"
"Increased advocating efforts in combination with other departments within the setting I reside in."

Table F6

Largest percentage increases of "strongly agree" responses from pre-workshop survey and first post-workshop survey

<table>
<tr><td>Question Number</td><td colspan="3">Question</td></tr>
<tr><td rowspan="2">5</td><td colspan="3">"I feel I understand the concept of occupational justice"</td></tr>
<tr><td>Pre-Workshop Survey:
20%</td><td>First Post-Workshop Survey:
88.89%</td><td>Difference:
68.89%</td></tr>
<tr><td rowspan="2">6</td><td colspan="3">"I feel I can clearly state the definition of occupational justice"</td></tr>
<tr><td>Pre-Workshop Survey:
0%</td><td>First Post-Workshop Survey:
55.56%</td><td>Difference:
55.56%</td></tr>
<tr><td rowspan="2">7</td><td colspan="3">"I feel I can clearly state the definitions of occupational injustices (occupational marginalization, occupational deprivation, and occupational alienation)"</td></tr>
<tr><td>Pre-Workshop Survey:</td><td>First Post-Workshop Survey:</td><td>Difference:
66.67%</td></tr>
</table>

	0%	66.67%	
8	"I feel occupational justice is an important outcome of occupational therapy"		
	Pre-Workshop Survey: 30%	**First Post-Workshop Survey:** 100%	**Difference:** 70%
9	"I believe an OT has a role in the promotion of occupational justice"		
	Pre-Workshop Survey: 30%	**First Post-Workshop Survey:** 100%	**Difference:** 70%
11	"I feel understanding the concepts of occupational justice assists me to create a more client-centered practice."		
	Pre-Workshop Survey: 20%	**First Post-Workshop Survey:** 88.89%	**Difference:** 68.89%
12	"I believe an occupational therapist has a role in promotion of occupational justice in the nursing home environment"		
	Pre-Workshop Survey: 20%	**First Post-Workshop Survey:** 100%	**Difference:** 80%

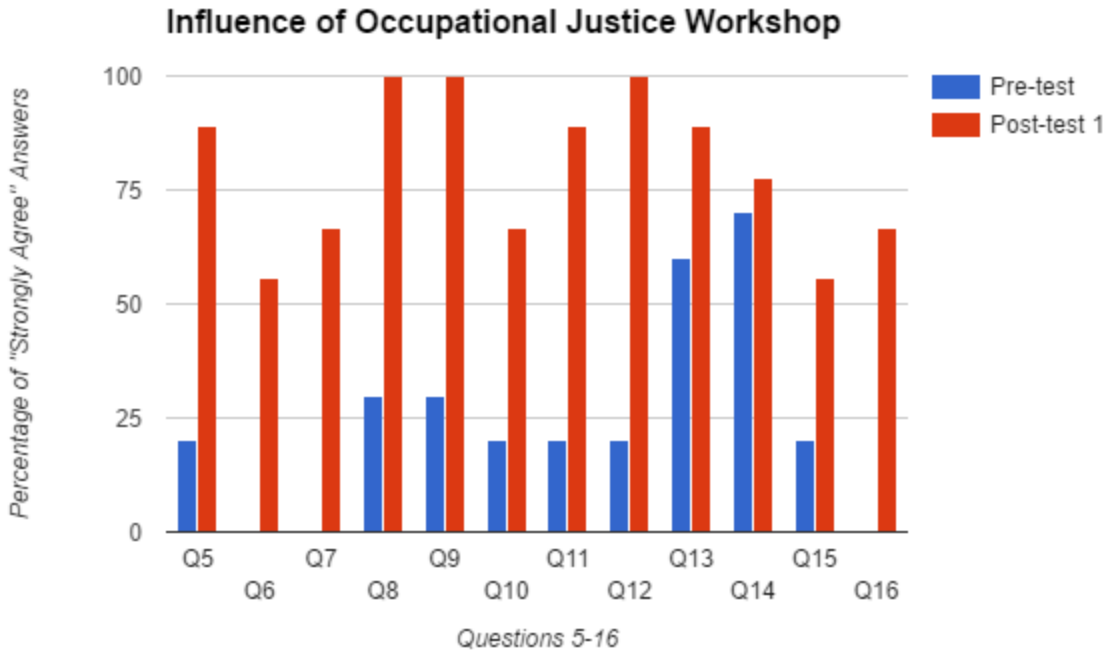

Figure F1. Comparison of pre- and post-workshop survey percentage of "strongly agree" answers. There is an increase in "Strongly Agree" answers with every question- except question 14 where there is only a slight increase. Questions 1-4 asked for consent, age, setting, and years in practice, which were not relevant for this graph since the answers remained the same. These results indicate that there was a change in the participant's perception on occupational justice as a result of the workshop. Through participating in the workshop, the participants strongly agree that occupational justice is important, that occupational justice should be incorporated more into skilled nursing facilities, and that they have better knowledge about the concept of occupational justice.