THE DEVELOPMENT OF A CULTURALLY RESPONSIVE MODEL OF CARE FOR OCCUPATIONAL THERAPISTS IN THE UNITED ARAB EMIRATES

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ABSTRACT

This study determined the challenges met by the occupational therapist in pursuit of a culturally-responsive model for healthcare by examining the cultural factors that hinder patients' participation to OT interventions as assessed by the Clinical Supervisors and Occupational Therapists with respect to attitude towards healthcare, gender roles and clan-specific roles, religious custom and beliefs, and protection of modesty and dignity. The study also determined the differences in the assessments by the two groups of respondents. Through this data analysis, the researcher conceptualized the substantial preparation of a culturally responsive model of care in the practice of occupational therapy. Moreover, the study involved 61 occupational therapists in the 2 largest Cities offering Occupational Therapy services in the United Arab Emirates, Dubai and Abu Dhabi, regardless of their nationality and sexual orientation and 18 OT supervisors. This study utilized the developmental-descriptive method of research with a researcher's made questionnaire as the main data gathering instrument and complemented with interview and focused group discussion. On the other hand, the study delimited the participation of working occupational therapy professionals outside the border of Dubai and Abu Dhabi, UAE. This study was limited only to the responses generated by the concerned occupational therapists as the target respondents. Findings of the study revealed the occupational therapists in UAE have agreed to cultural factors influencing OT delivery with respect to attitude towards health care, gender roles and clan specific, religious customs and beliefs, protection of modesty and dignity. As concurred in the assessments, there is no significant difference in the assessments by supervisors and OT themselves. The proposed model of care aimed to integrate the findings of the paper and give substantial proof of support among occupational therapists in UAE in the context of therapy practice.

Keywords: Occupational Therapy, Cultural Factors, Model of Care

INTRODUCTION

The United Arab Emirates (UAE) is focusing on developing healthcare, leading to an influx of multicultural doctors. Occupational therapy (OT) is essential for promoting health and well-being, but cultural differences and misunderstandings can impact its effectiveness. Occupational therapists need to consider socio-cultural contexts and adapt their approaches in multicultural settings. It is important to address cultural influences in OT services. Occupational therapists work to help clients learn or relearn meaningful tasks and act as advocates for their clients to ensure they receive the resources they need. OT is also crucial in paediatric care, where therapists work with children to improve everyday skills through various techniques. Parent-

centered care plays a significant role in a child's recovery, and adherence to care is crucial for achieving the best outcomes. Regular communication between parents and therapists can improve treatment adherence, while negative experiences can hinder the therapeutic process. Cultural competence is essential in occupational therapy practice, especially in a multicultural society like the UAE. Therapists must be aware of cultural differences that affect their clients' work performance and outcomes. The concept of culture in occupational therapy is broad and includes learned patterns of values, beliefs, habits, and behaviors. Cultural competence is the ability to work effectively with clients from different cultural backgrounds. Developing cultural competence helps therapists recognize clients' experiences in a cultural context. OT educators have a responsibility to prepare future clinicians for culturally diverse encounters. Training in cultural awareness and sensitivity is necessary to provide quality care in diverse environments. Studies have shown that students perceive the impact of cultural differences on practice but feel they have limited knowledge and skills to meet the needs of clients from diverse backgrounds. Cultural training and fieldwork experience contribute to students' cultural awareness and competence. By adapting OT interventions to clients' cultural backgrounds and preferences, therapists can improve compliance, satisfaction, and effectiveness. Addressing unique cultural factors in healthcare utilization can help reduce disparities and promote health equity. Ultimately, culturally responsive care models in occupational therapy can improve the quality and effectiveness of services in the UAE for people from diverse cultural backgrounds.

LITERATURE REVIEW

The AOTA (2018) Occupational Therapy Ethics Guidelines emphasize the importance of promoting the involvement, participation, safety, and well-being of all recipients of occupational therapy services. The historical application of pragmatism in occupational therapy highlights the importance of considering contexts as relational variables that influence participation. Injustice in the workplace needs to be addressed to ensure professional justice and equal opportunities for all individuals. Cultural humility, which involves humble and empathetic interactions with clients, is a more useful approach in meeting the needs of a diverse population compared to cultural competence. Occupational therapy professionals must be prepared to serve diverse populations with cultural humility, openness to learning from others, and self-reflection. Addressing health disparities and inequalities among marginalized groups is crucial in occupational therapy research, education, and practice. The profession needs to reflect the current and projected US population to reduce health disparities and provide more equitable outcomes for all individuals. Initiatives to increase workforce diversity and promote diversity, equity, and inclusion in academic programs are essential for strengthening the occupational therapy profession. Occupational therapy professionals need to be culturally competent and equipped to provide culturally appropriate care to diverse populations, acknowledging the impact of racism, social prejudices, and inequalities in healthcare. Health disparities and occupational inequity among ethnic and racial minorities have important implications for occupational therapy, emphasizing the need for culturally competent care. Cultural competence plays a crucial role in healthcare providers delivering appropriate care and respect to individuals from different cultural backgrounds. Incorporating cultural competence into nursing education and healthcare practices can lead to better patient outcomes and satisfaction. Understanding cultural beliefs, practices, values, and attitudes that influence health outcomes among diverse populations is imperative in delivering effective care. Emphasizing mindfulness, wellness, and positive

attitudes can enhance well-being and promote self-awareness and clarity in life. Attitudes towards health care, disability, and diversity impact the quality of care individuals receive and their overall well-being. Negative attitudes towards disabled individuals can hinder their access to healthcare services, highlighting the importance of addressing discriminatory behaviors and promoting inclusivity in healthcare settings. Factors influencing attitudes, such as socio-demographic, political, economic, religious, and cultural dimensions, need to be considered in promoting positive attitudes towards diversity and disability in healthcare professionals. Enhancing awareness, well-being, and cultural competence among healthcare professionals is essential in providing optimal care to diverse populations and addressing health disparities.

Gender Roles and Specific Clan Roles

Gender in meetings with clients and their loved ones is a topic of interest in social science literature, but has not been directly studied in occupational therapy. Gender is seen as a social construction that is shaped by culture, society, and human interaction throughout a person's life. Women as a group have been less successful in negotiating their place in the gender hierarchy, with lower incomes, higher workloads, and exposure to stressful work environments. Family demands, social class, ethnicity, and age also play a role in gender relations and should be considered by occupational therapists when sharing family responsibilities as it can affect women's health. Occupational therapists may unconsciously bring expectations of differentiation into their treatment of men and women, which can reinforce traditional roles. It is important for occupational therapists to be aware of their biases and avoid stereotypical expectations, communication, and treatment. A gender-neutral position may give advantages to men over women and lead to unequal treatment. Occupational therapists should focus on a client-centered approach and consider the individual needs and behaviors of each client. The practice of occupational therapy becomes effective when it is consistent with the beliefs and values of the individual. In Canada, the Truth and Reconciliation Commission (TRC) has called for improvements in settler-indigenous relations, including in the healthcare system. Calls to action from the TRC report address systemic gaps and inequities experienced by Indigenous peoples in the Canadian healthcare system, with recommendations for occupational therapists in practice, research, and education.

The profession has been criticized for complicity in the ongoing marginalization and oppression of Indigenous peoples. The Canadian Association of Occupational Therapists has published a position statement in response to the TRC report. The review aims to map the historical and current engagement of the occupational therapy profession with Indigenous practices, research, and education in Canada, to identify gaps and clarify the future direction of collaboration and reconciliation. An integrative review in 2018 analyzed international literature on how occupational therapy practitioners can work with Indigenous peoples. Research and education are critical for preventing oppressive health practices for Indigenous peoples in Canada. The review expands on this work by including Canadian publications and evaluating empirical research on occupational therapy using adapted Indigenous Health Research Evaluation Criteria. The review aims to identify key areas for capital promotion activities and ensure cultural relevance and quality in Aboriginal empirical health studies.

Religious Customs and Belief

Religious and spiritual beliefs have a significant impact on people's lives, influencing their voting practices, charitable giving, environmental views, and lifestyles. Research shows that religious activities such as prayer, church attendance, and reading religious texts can improve mental health, reduce depression, and enhance coping mechanisms for stress. Studies have also shown that religious beliefs and practices have benefits such as lowering suicide rates, reducing drug use, improving well-being, optimism, marital satisfaction, and social support. Clients in healthcare settings often desire their religious and spiritual needs to be addressed as part of their care, and meeting these needs can lead to higher quality of life scores. The Occupational Therapy Practice Framework recognizes religious adherence as an instrumental activity of daily living, emphasizing the importance of incorporating religious and spiritual components into occupational therapy practice. Therapists play a crucial role in understanding and meeting the spiritual needs of their clients, which can enhance the effectiveness of interventions and promote overall well-being. While spirituality has long been integrated into occupational therapy practice, there is a lack of standardized assessment tools and formal training related to addressing religious observance in clinical settings.

A survey of occupational therapists revealed that while a large percentage believed spirituality should be addressed in therapy, fewer actually incorporated religious practices into their treatment plans. Challenges in addressing religious adherence and spirituality in therapy include a lack of training, fear of discussing emotionally charged topics, and concerns about the appropriateness of addressing religious beliefs in therapy. However, studies have shown that religion and spirituality can provide clients with coping mechanisms and a sense of strength and resilience in the face of mental health challenges. Occupational therapists need to be equipped with the knowledge and skills to address their clients' religious and spiritual needs effectively, as these components play a significant role in overall well-being and quality of life. By understanding the importance of religious observance and spirituality in therapy, occupational therapists can improve the outcomes of their interventions and better meet the holistic needs of their clients. As the field of occupational therapy continues to evolve, incorporating religious and spiritual aspects into practice will become increasingly important in providing comprehensive and effective care to clients.

Protection of Modesty and Dignity

The Charter of Patients, first published by a conservative government, set patient rights and expectations, including privacy, dignity, and respect. The NHS Constitution later gave patients the right to be treated with dignity and respect. National NHS strategies have often referred to human dignity, with a focus on improving care for older people. Person-centered care, rooted in the humanistic theory of Rogeria, has been promoted as a way to ensure individuals are treated as such. The National Service Framework for the Elderly aimed to improve the quality of care for the elderly, with dignity being a central theme. The nursing profession played a key role in addressing dignity concerns in care for the elderly. A new model developed by Schim and Doorenbos aims to provide culturally congruent care by focusing on cultural awareness, sensitivity, competence, and diversity of both providers and clients. The model also includes

stages such as appreciation, accommodation, negotiation, and explanation to guide interventions based on specific cultural circumstances.

METHODOLOGY

This study utilized descriptive-developmental survey to establish the need for the proposed culturally-responsive health care model. The study has primary source of data which include the cultural factors that hinder patients' participation to OT interventions including attitude towards healthcare, gender roles and clan specific roles, religious custom and beliefs, and protection of modesty and dignity. Further, the thematic results of the unstructured interview and the focused group discussion were also part of the primary sources of data. The population of the study were 18 supervisors in Occupational therapy services and the 61 occupational therapists. Raosoft Calculator with 5% margin of error and 95% level of confidence was utilized to help the researcher obtain the desired number of OT supervisors and occupational therapists as mentioned below.

RESULTS

Table 1/Cultural Factors Hindering Participation to OT Interventions as to Attitude Towards Healthcare

Indicators	**OTS**	**Verbal Interpretation**	**Supervisors**	**Verbal Interpretation**
1. Are influenced by a multitude of factors including their past, their society, economic status, and religious influences	3.28	A	3.08	A
2. Include herbal remedies, spiritual healing, or other alternative medicine	2.44	A	2.42	A
3. Is a blend of traditional healing practices and modern Western medicine.	2.83	A	2.33	A
4. Are shaped by interdependence to family members or house help	3.31	A	3.17	A
5. Believe in faith healing	2.91	A	2.67	A
6. View certain medical interventions, such as blood transfusions or organ transplants, as religiously prohibited	2.63	A	2.33	A
7. Prioritize preventive measures as a means of maintaining health and well-being	2.84	A	2.83	A
Overall Weighted Mean	**2.89**	**A**	**2.69**	**A**

Legend: ***SA – Strongly Agree*** ***A – Agree***

Table 2/Cultural Factors Hindering Participation to OT Interventions as to Gender Roles and Clan Specific Roles

Indicators	**OTS**	**Verbal**	**Supervisors**	**Verbal**

		Interpretation		**Interpretation**
1. Influence attitudes toward OT intervention	3.41	A	3.08	A
2. Dictate responsibilities and decision-making authority	3.28	A	3.17	A
3. Impact participation to healthcare services	3.13	A	2.67	A
4. Create barriers to healthcare access	2.94	A	2.83	A
5. Prevent from seeking reproductive health services or discussing certain health issues openly	2.56	A	2.42	A
6. Play a significant role in decision-making processes	3.34	A	3.00	A
Overall Weighted Mean	**3.11**	**A**	**2.86**	**A**

Legend: ***SA – Strongly Agree*** ***A – Agree***

Table 3/Cultural Factors Hindering Participation to OT Interventions as to Religious Customs and Beliefs

Indicators	**OTS**	**Verbal Interpretation**	**Supervisors**	**Verbal Interpretation**
1. View illness as a punishment, a natural part of life or a result of spiritual imbalance	2.25	D	1.92	D
2. Promote prayer, meditation, rituals, or the use of specific herbs and remedies	2.56	A	2.75	A
3. Guide individuals and families in making decisions that align with faith's principles	3.06	A	3.00	A
4. Provide social support networks that can impact healthcare access	3.13	A	2.92	A
5. Influence attitudes towards death and dying as well as preferences for end-of-life care.	2.97	A	3.17	A
6. Help healthcare professionals understand how religious beliefs may impact healthcare decisions, communication, and treatment adherence	3.13	A	3.08	A
Overall Weighted Mean	**2.85**	**A**	**2.81**	**A**

Legend: ***SA – Strongly Agree*** ***A – Agree***

Table 4/Cultural Factors Hindering Participation to OT Interventions as to Protection of Modesty and Dignity

Indicators	OTS	Verbal Interpretation	Supervisors	Verbal Interpretation
1. Promote trust, comfort, and respect between healthcare providers and patients	3.50	SA	3.42	A
2. Ensure consultations and examinations are conducted in rooms with doors that can be closed and with appropriate barriers to prevent unauthorized access	3.75	SA	3.58	SA
3. Respect a patient's autonomy and right to make informed decisions about care	3.53	SA	3.42	A
4. Explain procedures, treatments, and examinations in detail, including any potential impacts on modesty or dignity, and obtain informed consent before proceeding	3.63	SA	3.42	A
5. Strive to accommodate patients' preferences regarding the gender of their healthcare providers, especially during intimate examinations or procedures	3.69	SA	3.58	SA
6. Offer patients with the option to have a chaperone (family member) during intimate examinations or procedures that helps alleviate anxiety	3.50	SA	3.33	A
7. Communicate with patients in a respectful and sensitive manner, using language that acknowledges and respects their dignity and autonomy.	3.72	SA	3.33	A
8. Recognize cultural differences regarding modesty and privacy	3.75	SA	3.58	SA
9. Receive training and education on the importance of protecting patients' modesty and dignity	3.56	SA	3.33	A
Overall Weighted Mean	**3.63**	**SA**	**3.44**	**A**

Legend: ***SA – Strongly Agree*** ***A – Agree***

Table 5/Difference in the Assessment of the Cultural Factors Hindering Participation to OT Interventions as Assessed by OTS and Supervisors

Groups	Mean	Inferential Statistics	p-value	Decision	Interpretation

Attitude towards healthcare	OTS	2.89	t=.952	.357	H_0 not rejected	Not Significant
	Supervisors	2.69				
Gender roles and clan specific roles	OTS	3.11	t=1.056	.307	H_0 not rejected	Not Significant
	Supervisors	2.86				
Religious customs and beliefs	OTS	2.85	t=.272	.789	H_0 not rejected	Not Significant
	Supervisors	2.80				
Protection of modesty and dignity	OTS	3.63	t=.854	.408	H_0 not rejected	Not Significant
	Supervisors	3.44				

*Significant @.05

DISCUSSION

Supervisors and occupational therapists agree on cultural barriers hindering occupational therapy interventions, such as family interdependence, societal influences, economic status, and religious beliefs. OT aims to help individuals participate in meaningful activities, considering past experiences and personal factors. Patient-centered approaches are vital in overcoming barriers, including faith healing and traditional practices. Healthcare providers must respect religious beliefs affecting medical interventions. Cultural competence in OT treatments, including traditional practices and spiritual healing, can improve client engagement and outcomes.

Gender Roles and Clan Specific Roles

Occupational therapy interventions in the UAE are influenced by cultural norms and gender roles, with men traditionally seen as providers and women as caretakers. These roles impact attitudes towards OT interventions, as certain occupations are seen as gender-specific. Empowering individuals in decision-making can improve participation in treatment. Family demands and gender inequality can affect women's access to healthcare. Cultural beliefs and taboos can hinder participation in OT interventions, making it important for therapists to consider cultural values to provide effective care.

Religious Customs and Beliefs

Religious customs and beliefs in the UAE significantly impact daily life, including occupational therapy. Therapists need to understand and respect these influences to effectively engage with patients. Incorporating cultural and religious beliefs into therapy can improve participation and effectiveness. Therapists in the UAE are familiar with Islamic practices that often influence healthcare decisions. Family and social support networks are crucial in healthcare choices. Religious beliefs can guide healthcare decisions and influence attitudes towards death and coping strategies. Therapists should create client-centered treatments that align with patients' beliefs to promote active participation in recovery.

Protection of Modesty and Dignity

The core value of "decency and the protection of human dignity" in occupational therapy focuses on autonomy, privacy, and dignity for patients. Occupational therapists strive to create a therapeutic environment that respects clients' modesty and dignity, ensuring privacy and seeking informed consent. Cultural factors can impact participation in therapy, emphasizing the need to acknowledge and respect differences in modesty and privacy. Effective communication, gender preferences, and cultural sensitivity are essential in promoting patient engagement. Prioritizing respect for patients' modesty and dignity can build trust and empower patients to actively participate in their treatment, leading to better outcomes and nurturing a positive relationship between patients and healthcare providers.

2. Difference in the Assessment of the Cultural Factors Hindering Participation to OT Interventions

For the difference in the respondents' assessment of the cultural factors hindering participation to OT interventions in terms of attitude towards healthcare (t=.952),gender roles and clan specific roles (t=1.056), religious customs and beliefs (t=.272) and protection of modesty and dignity (t=.854), p-values of .357, .307, .789 and .408 were obtained respectively. All these probability values were higher than the test of significance at .05 leading to the non-rejection of the null hypothesis, suggesting no significant difference. This means that there is no significant difference in the assessment of OTS and supervisors on the factors hindering participation to OT interventions. Supervisors and occupational therapy assessments may also differ depending on the cultural competence and sensitivity of the practitioners involved. Cultural competence requires understanding and addressing the factors affecting human health. Lack of cultural competence can lead to miscommunication, misunderstandings, and dissatisfaction with both supervision and therapy. Different cultures prioritize different areas of work and health in different ways. For example, cultures that prioritize individual achievement and efficiency may value leaders who focus on productivity, while collectivism and harmony are preferred by leaders who prioritize team cohesion and well-being over productivity. Similarly, the goals of occupational therapy must be in line with cultural values such as independence, family dynamics or community integration. Overall, these factors contribute to different ratings of supervisors and occupational therapy in different cultures, highlighting the importance of cultural competence and sensitivity in both domains. Understanding and addressing cultural factors can lead to more effective supervision and therapy that better meets the needs and expectations of diverse individuals and communities.

3. Proposed Culturally-Responsive Model of Care

The United Arab Emirates is a multicultural country that requires occupational therapists to be culturally sensitive in their practice. By understanding and respecting the beliefs and values of patients from different cultural backgrounds, therapists can improve communication, trust, and treatment outcomes. Culturally responsive care places the patient at the center of the healthcare process, taking into account their cultural beliefs and practices. This approach promotes inclusion, respect for diversity, and strives to reduce health disparities by providing equitable access to culturally appropriate care. Healthcare providers in the UAE have legal and ethical

obligations to provide culturally competent care, as ignoring patients' cultural backgrounds can lead to misunderstandings or harm. Therefore, adopting a culturally responsive care model is crucial for occupational therapists to effectively respond to the needs of diverse patient populations and improve overall healthcare outcomes. Additionally, occupational therapists play a key role in developing creativity, critical thinking, and innovation to meet the needs of future patients. The proposed model focuses on four thematic areas: identify, harness, intensify, and transform patients/individuals, with the goal of providing effective and culturally-responsive physical therapy services in the UAE.

CONCLUSIONS

The occupational therapists in UAE have agreed to cultural factors influencing OT delivery with respect to attitude towards health care, gender roles and clan specific, religious customs and beliefs, protection of modesty and dignity. As concurred in the assessments, there is no significant difference in the assessments by supervisors and OT themselves. The proposed model of care aimed to integrate the findings of the paper and give substantial proof of support among occupational therapists in UAE in the context of therapy practice.

ACKNOWLEDGEMENTS

The researcher expresses deep gratitude to various individuals for their support during the research process. This includes her adviser, program director, and encourager Karen L.B. Tamayo OTR MD, EdD, as well as research panelists Antonio D. Yango, Marilou C. Urbina, and Dr. Noel R. San Antonio DPT, MSCPD. She also thanks Dean Susana C. Bautista for her unwavering support, her research respondents for their participation, and her family for their constant support and motivation. The researcher acknowledges the support of her classmates, Provita family, batch mates, and ultimately credits Jesus Christ for His guidance and love throughout the research study. These individuals played crucial roles in helping the researcher complete her work and develop her skills to their fullest. Their support and encouragement were instrumental in reaching the finish line of this research project.

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