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## Teaching Critical Reflection in Occupational Therapy: A Quantitative Pre/Post Evaluation of Student Learning

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### Abstract

This study was designed to answer the question, “Does student recognition of the assumptions underlying occupational therapy practice increase after participation in guided exercises of critical reflection?” The project is grounded in critical occupational therapy (as first named by Whiteford and Townsend) to promote students to reflect actively on dominant disciplinary ideologies and self-reflect on how one’s social positionality impacts understandings of occupational participation. The concept of non-sanctioned occupations was drawn on as a means to facilitate changes in student recognition. A one group, quantitative pre/post design with six open-ended responses was undertaken with master’s-level students (N = 53) at two private universities. A learning module involving an interactive 90-min lecture with a pre-assigned reading and associated reflection guide was used to facilitate questioning of disciplinary ideologies. Even when introduced in small amounts, the use of critical occupational therapy in education shows benefits. Wilcoxon signed rank tests indicated the learning model increased student recognition of underlying personal assumptions. Thematic qualitative analysis confirmed these results and described patterns of change between pre/post surveys. This study demonstrates the potential for occupational therapy curricula to embed methods that instill critical self-reflection in emerging practitioners, with the promise of transforming clinical assessment and practice.

### Keywords

bias, critical occupational therapy, critical reflection, non-sanctioned occupations

### Cover Page Footnote

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

### Credentials Display

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Critical reflection is “a process of examining assumptions (i.e., individual and societal beliefs and values), [and] power relations, and how these assumptions and relations impact practice” (Ng et al., 2019, p. 1123). Critical occupational therapy (Townsend & Whiteford, 2005; Whiteford & Townsend, 2011) is a practice paradigm used to promote questioning of dominant disciplinary ideologies and thus prompt critical reflection about how one’s social positionality impacts understanding of occupational participation (Kiepek, 2021; Kinsella & Whiteford, 2008; Whiteford & Townsend, 2011). Features of critical occupational therapy are further delineated in Townsend and Whiteford’s (2005, 2011) Participatory Occupational Justice Framework (POJF). This paper does not provide detailed descriptions of the POJF; however, the term “critical” is employed throughout this paper to accentuate practices that align with the POJF and thus stimulate the personal or professional changes required to conceptualize and enable all aspects of occupational participation (Pereira & Whiteford, 2013).

Scholarship accentuating critical components of active reflection has proliferated in recent years (e.g., Aldrich et al., 2017; Hammell, 2020; Kiepek et al., 2014; Laliberte Rudman, 2021; Whiteford et al., 2017) and emergent research challenges occupational therapists to focus beyond the “individual” and assess social, political, economic, or cultural determinants impacting occupational participation (e.g., Gerlach et al., 2018; Malfitano et al., 2019). These perspectives promote ongoing inquisitive analysis that (re)imagines what is possible for individuals and communities (Hammell, 2017; Whiteford & Townsend, 2011).

Scholarship around non-sanctioned occupations is a form of critical occupational therapy. Kiepek and colleagues (2018) coined the term “non-sanctioned occupations” to refer to occupations positioned as illegal, immoral, unhealthy, or socially undesirable. There tends to be an espoused professional belief that individuals have a right to participate in all chosen occupations (World Federation of Occupational Therapists [WFOT], 2006), grounded on tacit assumptions that occupations invariably contribute positively to health, well-being, productivity, justice, and other such socially valued outcomes (Kiepek et al., 2014; Sakellariou & Pollard, 2013). Increasingly, professional documents are acknowledged to derive predominantly from Western worldviews of what is just and right, which risks (re-)producing potentially oppressive, marginalizing, and colonizing practices (Emery-Whittington, 2021; Ramugondo, 2015; Hammell, 2009; White & Began, 2020). Occupational therapists have increasingly contested exclusively positive framings of occupation, recognizing that people engage in a variety of occupations that may or may not conform to dominant social values (Kiepek et al., 2014; Laliberte Rudman et al., 2022; Ramugondo, 2015; Twinley, 2013). Potential consequences of idealizing Westernized notions of health-promoting or productive occupations and illuminating the reality of occupational engagement in complex and multifaceted environments have emerged in occupation-related literature (Aldrich et al., 2017; Kiepek et al., 2018; Sakellariou & Pollard, 2013; Whiteford et al., 2018).

Fostering critical reflection on the social sanctioning of occupation among entry-level occupational therapy students presents an opportunity to think deeply about the assumptions that underlie the profession, which may contribute to nonjudgmental, inclusive clinical practices that align with client-centered philosophies and promote a client’s self-determination and autonomy. Deliberately questioning assumptions, such as inherent values or the beliefs that guide the discipline, may contribute to less stigmatizing and more culturally appropriate practices (Hammell, 2009). A goal of this project was to design a curriculum to teach critical occupational therapy practices to students. Students have the capacity to shape the future. This paper describes the design and evaluation of a teaching module intended to foster critical occupational therapy practice among emerging therapists, facilitated through reflections on

scholarship related to non-sanctioned occupations.

### **Theoretical Concepts**

The teaching module was designed to increase students' awareness of implicit meanings attributed to concepts in dominant ideologies. In this study, dominant ideologies are the shared beliefs that guide occupational therapy practice. The authors were most interested in assessing for the presence of ideologies deriving from the values and norms of Western societies (Hammell, 2009) that may prioritize occupations aimed at health promotion or productivity (Kiepek et al., 2014; Sakellariou & Pollard, 2013). Dominant ideologies impact how occupations are understood and categorized as legal/illegal, healthy/unhealthy, productive/unproductive, desired/undesired, appropriate/inappropriate, or moral/immoral (Kiepek et al., 2018; Twinley, 2013). Meaning and purpose are complexly experienced by individuals and influenced by personal experiences and normative social positionings (Kiepek et al., 2022; Nyman & Isaksson, 2020). The module introduced students to emerging literature surrounding non-sanctioned occupations. While a focus on non-sanctioned occupations has the potential to broaden one's clinical scope, the scholarship emphasizes active reflection on personal, professional, and societal values that underpin how occupations (and people who engage in them) are judged (Kiepek et al., 2018). A shift in students' awareness was expected to foster a stronger alignment between entry-level approaches and practical realities of clients' occupational engagement, namely, shifting focus beyond occupations framed as socially valued and sanctioned.

The module used simultaneous applications of the POJF processes (Whiteford & Townsend, 2011; Whiteford et al., 2017) and the four stages of hermeneutic interpretation (Ricoeur, 1981) to build systematic methods for guiding students' critical reflection and increasing recognition of bias. Ricoeur's (1981) four stages, explanation, understanding, appropriation, and distanciation, informed the pre-assignment and lecture processes as the stages facilitate the simultaneous acquisition of new information, expanded knowledge of self, and identification of gaps between knowledge and reality. If the fourth of Ricoeur's stages, distanciation (e.g., distancing oneself from a text in order to delineate a variety of objective and subjective meanings), is achieved, the individual will experience raised consciousness and have the ability to identify underlying assumptions (Taff et al., 2018).

Critical occupational therapy requires therapists to be acutely aware of how personal and professional experiences influence the interpretation of professional literature (McCorquodale & Kinsella, 2015). The purpose of guiding students through critical reflection while introducing emerging evidence on non-sanctioned occupations is twofold: (a) students are exposed to their own implicit bias while acquiring new information, and (b) student perceptions or responses can influence research. The research question was: Does student recognition of the assumptions underlying occupational therapy practice increase after participation in guided exercises of critical reflection? Outcomes assessed whether student engagement in guided exercises of critical reflection resulted in differences in student knowledge, beliefs, and/or attitudes.

## **Method**

### **Research Design**

This one group, quantitative pre/post design study with six open-ended responses was approved by the institutional review board from both participating institutions. The participants completed the informed written consent process before any study-related procedures, and the voluntary nature of participation was explicitly stated. The study intervention (the learning module) was conducted as a single, 90-min interactive lecture delivered to 153 occupational therapy students enrolled in master's-level curricula. To

enhance intervention fidelity, the first author implemented the learning module at both institutions.

### **Participation**

Convenience sampling was used to recruit participants from two distinct private universities in the Midwestern United States. The universities were chosen because two authors were lead instructors for student participants at the time of the study. University A recruitment targeted students with an occupational science undergraduate degree in their second semester of Masters of Occupational Therapy (MOT) program curricula. University B recruitment targeted students in their fourth semester of a combined Master of Science in Occupational Therapy (MSOT) or entry-level Occupational Therapy Doctorate (eOTD) program with varying post-baccalaureate undergraduate degrees. Students at University B had not begun their doctoral program; thus, all of the participants were enrolled in master's-level curricula at the time of the study. The participants created a unique identifier to protect anonymity and allow for comparison of pre/post survey responses. No additional demographics were gathered.

In this pilot study, the authors were interested in comparing data between a group of students with varying undergraduate degrees from University B and a group of Bachelor of Science in Occupational Science from University A. Therefore, the same learning module was presented at each academic institution, and there were no exclusion criteria based on prior degrees. Inclusion criteria required that the students were enrolled in the practice course instructed by the authors at each respective university. Exclusion criteria did include the students working on the team of researchers piloting and validating an emerging assessment tool: The Activity Card Sort: Advancing Inclusive Participation (ACS: AIP). These students had greater knowledge about non-sanctioned occupations and could create data outliers on pre survey responses.

Surveys were distributed electronically through Qualtrics and posted on the students' respective online learning management systems. The pre survey was available to students 1 week before their assigned lecture time (intervention). The post survey was posted immediately following the lecture and remained open for 10 days to permit increased time for reflection.

### **Learning Module Implementation**

Before engaging in any components of the learning module, the students were invited to participate in a pre survey that collected data regarding existing beliefs about occupational engagement. Following pre survey completion and before a 90-min lecture, the students were assigned to complete a worksheet informed by the four stages of Ricoeur's (1981) theory of interpretive analysis while reading a professional publication (either Aldrich et al. [2017] or Kiepek et al. [2018]). The purpose of the worksheet and reading activity was to engage students in critical self-reflection as they were exposed to unfamiliar evidence regarding occupational engagement. The lecture reviewed key concepts from these professional publications and facilitated additional critical reflection through brief writing exercises, scale visuals, think-pair-share discussions, case studies, and real-time assessment methods (Atewologun et al., 2018; Nilson, 2010). Critical occupational therapy and the predominant alignment of professional constructs with Western ideologies were also discussed in the lecture, drawing on Aldrich et al. (2017), Hammel (2009), and Kiepek et al. (2014). Threaded throughout the lecture were relevant POJF guiding questions (see Table 18-3 of Whiteford et al. (2017)). Because of time constraints, these questions or foci served as additional resources rather than real-time discussion facilitators. Finally, data from a concurrent study by Tyminski et al. (2020) about the standardization of an assessment that included non-sanctioned occupational assessment were presented at the end of the lecture.

## Instrumentation

The first author designed the pre/post surveys, the measurement tool used to assess changes in student bias recognition. Occupational science literature, specifically the POJF, informed the measurement tool. To mediate the absence of established psychometric properties, three content experts (offering experiences in survey development, knowledge of occupational science, and application of non-sanctioned occupation assessment [see Tyminski et al., 2020]) assessed for face validity and modified readability. These changes increased focus on the topics of interest, as evidenced when the survey questions were piloted with a small sample of students not eligible for the study and no further edits were indicated. All quantitative questions used a Likert scale, 1 = *strongly disagree*, 5 = *strongly agree*, with an internal consistency coefficient (Cronbach's alpha) of 0.45. Survey measures included the following constructs:

1. Recognition of Assumptions: Quantitative survey data were collected to demonstrate changes in student recognition of their own underlying personal/professional assumptions (three items) and embedded social values (two items). Two open-ended questions collected the students' perceptions; (a) "List 7–10 reasons people engage in occupations"; (b) "In 3–4 sentences, articulate the purpose of occupational therapy."
2. Knowledge, Beliefs, and Attitudes: Quantitative data were collected to demonstrate any observable differences in student knowledge of non-sanctioned occupations and to demonstrate differences in student beliefs or attitudes toward non-sanctioned occupations. Example of beliefs item: "I recognize how my personal beliefs and attitudes about occupations that oppose dominant social values could influence my future clinical practice."
3. Intervention fidelity / Quality of pedagogy: Four questions to assess the quality of the learning module components and obtain general feedback from students were included in the post survey only.

## Data Analysis

### *Quantitative Analysis*

Priori power analysis (with parameters of alpha level 0.05 and power level 0.80) indicated that a sample size of 53 students was adequate for avoiding Type I errors. Comparative statistical analysis was completed for all Likert scale questions using JASP (version 0.10.2) statistics program. Findings were summarized using Wilcoxon signed rank test, appropriate for the non-normally distributed dependent variables.

### *Qualitative Analysis*

A thematic analysis approach (Braun & Clarke, 2006) was used to identify patterns and meanings in open-ended responses. An inductive approach was used for the first cycle of analysis to generate 221 initial codes with a description or definition based on the student responses. Latent thematic analysis was used in the second coding cycle as the first author identified 48 themes within code descriptions. Intercoder reliability between two authors was established for all 48 themes, and results were determined by comparing theme prevalence in student responses across pre/post survey data sets.

## Results

From a pool of 153 students (56 from University A and 97 from University B), 142 were eligible to participate in the study (54 at University A; 88 at University B). There was an overall response rate for pre surveys of 79.58% (113/142), with an institutional response rate of 64.8% (35/54) for University A and 88.6% (78/88) for University B. Overall response rate for the post survey was 46.9% (N = 53), with an institutional response rate of 33.3% (n = 18) from University A and 39.8% (n = 35) from University B.

The authors only analyzed results from the student participants who completed both the pre and post surveys; all other data were discarded.

The students were asked the extent to which they agreed with two categories of assumptions: (a) personal/professional assumptions or biases that may influence one's clinical practice and (b) broader assumptions that occur when social values become embedded in professional theories, frameworks, and standardized assessments. Findings in Table 1 reveal that student agreement with personally/professionally held assumptions decreased. The negative difference in effect size was desired for only these three assumptions. Statistical analysis associated with embedded social values revealed no observable changes in student recognition between pre/post surveys, even when unsystematic variation sought to identify unique qualities among the student responses at each academic institution.

**Table 1**  
*Changes in Student Recognition of Underlying Assumptions (N = 53)*

Survey Question <sup>a</sup>	Pre Survey Median	Post Survey Median	Wilcoxon W-Statistic	P-Value Biserial <sup>b</sup>	Rank
<i>Personal/Professional Assumptions</i>					
The purpose of occupational engagement is to improve one's health and well-being.	5	4	236	<.001*	-0.87
The ability to choose the occupations one engages in resides primarily in an individual's self-control and willpower.	3	3	273	0.011*	-0.56
Humans have the ability to become masters of their own environment.	4	3	308	0.002*	-0.63
<i>Embedded Social Values</i>					
The theories, frameworks, and standardized assessments that guide occupational therapy practice align with dominant social values.	4	4	156	0.095	0.33
There is a gap in holistic occupational therapy practice as indicated by the exclusion of occupations that do not align with dominant social values in standardized assessments.	4	4	45	0.052	0.47

Notes. \*Significance ( $p < 0.05$ ) <sup>a</sup>Students asked to indicate the extent to which they agreed with the statement. <sup>b</sup>Size of the effect measured according to values of  $\pm 0.1$  represents a small effect,  $\pm 0.3$  is a medium effect, and  $\pm 0.5$  is a large effect.

Paired qualitative findings are summarized in Table 2. This table reflects changes in themes that appeared at least ten times on both pre/post surveys. For example, 40 students identified enjoyment could be a reason for occupational engagement in the pre survey, and this theme decreased by two student responses in the post survey. The students identified health as a reason for occupational engagement but not a purpose of occupational therapy. The phrase “need and want to do” (in reference to prioritizing occupations people need and want to do) appears in a majority of the students’ responses, reflected in the themes “necessity” and “want.” However, even the prevalence of these codes decreases on the post survey, along with descriptions of restoring one’s function or independence.

Findings presented in Table 3 contribute to intervention fidelity as shifts in knowledge, beliefs, or attitudes theoretically have the potential to change behavior, thus impacting on longer-term outcomes. Wilcoxon signed-rank tests indicate that the learning module changed students’ thoughts regarding non-sanctioned occupations and was more effective in disseminating knowledge than shifting students’ attitudes or beliefs. The study participants consisted of two subgroups: those with a Bachelor of Science in Occupational Science at University A and those with varied undergraduate degrees at University B. The authors compared the quantitative and qualitative results of both subgroups for each survey question, finding only one statistically significant difference between responses from the two groups. Students at the university with a required occupational science degree felt less responsible to assess for occupations

that oppose dominant social values on the pre survey than they did on the post survey, while perceived responsibility did not change between pre/post survey for students at the other academic institution.

**Table 2**  
*Summary of Pre Survey and Post Survey Qualitative Themes (N = 53)*

Theme		Pre Survey Prevalence	Post Survey Prevalence
Reasons why people engage in occupations <sup>a</sup>	Enjoyment	40	38
	Health	31	12
	Monetary Gain	28	30
	Decrease Boredom	18	12
	Social Participation	17	13
	Survival	16	22
	Necessity	15	34
	Relief	12	18
Themes articulating the purpose of occupational therapy <sup>b</sup>	Necessity	36	32
	Want	35	29
	Restore Function	26	18
	Meaningful	23	22
	Independence	19	13
	Client-Centered	17	20

Notes. <sup>a</sup>Survey Question: List 7–10 reasons people engage in occupations. <sup>b</sup> Survey Question: In 3–4 sentences, articulate the purpose of occupational therapy.

**Table 3**  
*Observable Differences in Student Knowledge, Beliefs, or Attitudes (N = 53)*

Survey Question <sup>a</sup>	Pre Survey Median	Post Survey Median	Wilcoxon W-Statistic	P-Value	Rank Biserial <sup>b</sup>
I could define the term “covert occupations” or “non-sanctioned occupations” to someone outside the occupational therapy profession.	3	4	36	<.001*	0.89
I recognize how my personal beliefs and attitudes about occupations that oppose dominant social values could influence my future clinical practice.	4	4	36	0.017*	0.58
It is the occupational therapy practitioner’s responsibility to assess for participation in occupations that oppose dominant social values.	4	4	63	0.286	0.26
University A <sup>c</sup>	4	5	18	0.82	0.11
University B	4	4	16.50	0.23	0.40

Notes. \*Significance ( $p < .05$ ) <sup>a</sup>Students asked to indicate the extent to which they agreed with the statement. <sup>b</sup>Size of the effect measured according to values of  $\pm 0.1$  represent a small effect,  $\pm 0.3$  is a medium effect, and  $\pm 0.5$  is a large effect. <sup>c</sup>Students at University A had a Bachelor of Science in Occupational Science ( $n = 18$ ). Students at University B did not have a required degree in occupational science ( $n = 35$ ).

Post survey responses to the question “The lecture and associated learning tools provided opportunities for me to reflect on the underlying assumptions in the professional literature (theories, frameworks, and assessments)” also provided qualitative data on intervention fidelity. One student stated, “The discussion questions and responses in class were great because I never thought about questioning where the theories we use came from (I’m ashamed to say).” Another student stated,

Sometimes, I just take the theories and frameworks as they are and don’t think about where they came from or how they could be adapted to fit someone from a different culture. This allowed me to understand that I need to see the viewpoint of the authors, recognize that it may not fit every person, and then adapt as needed.

### Discussion

The extent to which guided exercises in critical reflection changed student recognition of underlying assumptions inherent in the profession is promising. This single module, integrated into

existing educational programs, introduced the students to ideas that diverged from implicit values, assumptions, and perspectives that historically inform much of the occupational therapy literature. Naturally, occupational therapy is a social, culturally, and historically situated profession, and ideas shift and change alongside broader social transformations. Critical occupational therapy is emerging in social contexts of heightened recognition of white privilege (Nixon, 2019), institutional racism (Kendi, 2019), oppression (Emery-Whittington, 2021), and the importance of decolonizing knowledge (Smith, 2021), with social movements, such as Black Lives Matter in the United States and Idle No More in Canada. Critical occupational therapy offers an opportunity to understand the underlying tenets of the profession and historically situated knowledge while providing opportunities to reflect on contemporary values and imagine new ways of thinking, being, and acting.

The quantitative findings from this study (see Table 1) support using a critical reflection learning module to increase student recognition of inherent bias. This project involved a relatively brief educational module. However, there is evidence of at least a temporary shift in personally held assumptions, which students may retain and bring into their professional practice. The students' assumptions changed about their roles as occupational therapists related to health promotion, client choice, and mastery of one's environment. However, they did not question the long-standing stance of the profession and its biases. Qualitative data analysis (see Table 2) supports quantitative findings by documenting a shift from health promotion as a reason for occupational engagement to occupational engagement derived from necessity or survival.

Knowing that students are immersed in daily discussions about how occupations are defined and how they are understood in the profession makes the study findings even more opportune. Introducing new knowledge alongside guided exercises of critical reflection may contribute to a broader understanding of why individuals engage in all types of occupations. The students reproduce what they are taught, and the pre survey qualitative themes indicated predominant understandings of occupation. It can be unsettling for students to challenge or be encouraged to challenge dominant professional knowledge; however, post survey qualitative themes demonstrated students' marked flexibility in shifting their perspectives when given reflective exercises to guide their interpretations of new, and even contradictory, literature and lecture content. Future research could extrapolate reasons for these knowledge shifts and further define the purpose of occupational therapy in the context of non-sanctioned occupations.

The effectiveness of the simultaneous application of critical reflection and introduction to non-sanctioned occupations was not scientifically evaluated, and only one of the six key features of the POJF was explicitly emphasized. Despite this limited scope, informal student feedback reflected a desire for intervention techniques that bring critical reflection to the forefront of practice and thus prioritize occupations of value for the individual rather than those valued by broader social contexts.

In Table 1, the pre survey median values (Med = 4) for embedded social values indicate that the students held the desired level of recognition of the presence of dominant worldviews in the professional literature. These scores indicate an openness and acknowledgment of how dominant worldviews might become embedded as taken-for-granted truths in theories, frameworks, or standardized assessments. The learning module did not shift student agreement, and it is impossible to know if an openness toward embedded social values in professional documents can be sustained.

It is worth acknowledging the unlikelihood of extremes (e.g., 1, 5) in Likert-type scales to be chosen (Bishop & Herron, 2015), thus reducing room for change with students already rating recognition at 4/5. Relating the two categories of assumptions from Table 1 reveals that while students only maintained

recognition that social values influence them, they may be thinking differently about what those values are. Future research could create processes to articulate what those differences are and how they impact student understanding. In addition, further research should ensure opportunities for qualitative data collection, with open-ended survey questions, at a minimum. When Likert scales are used, ten- or twenty-point scales may capture more nuanced learning. This research could add weight to the close-ended questions, assessing whether or not it is best practice to align professional philosophy with dominant social values.

What remains a question is whether or not critical reflection surrounding occupation is transferable to other contexts or how enduring changes in perspective may be. In the classroom context, short introductions to critical occupational therapy in curricula can lead to critical reflection on personal and professional worldviews, yet more research is needed regarding the impact on practice. Furthermore, these ideas are complex and may take time to be assimilated, as they relate not just to clinical practice but to one's worldview. Over time, the ideas may become more salient based on ongoing critical reflection, but they also may become less salient related to immersion in dominant ideology. The use of critical occupational therapy learning modules holds the potential to contribute to more complex understandings of occupations, the people who engage in them, and the systems or underlying social values that perpetuate them.

While there was no evidence of reported changes in perception for many of the indicators (see Table 3), the students were exposed to a limited range of ideas as time permitted. Since the modules were designed in 2018, there has been a proliferation of literature that focuses even more explicitly on the ideas introduced in early works (for instance, see Emery-Whittington, 2021; Farias & Rudman, 2019; Fijal & Beagan, 2019; Gerlach et al., 2018; Hammell, 2020; Huff et al., 2018; Kiepek, 2021; Lopes & Malfitano, 2021; Murthi & Hammell, 2020; Ramugondo, 2018). The fourth revision of the Occupational Therapy Practice Framework (OTPF-4) also followed this study, and the document emphasizes occupational science concepts such as time use, satisfaction, and engagement (AOTA, 2020). Such availability of resources may further facilitate critical reflection and transformation of worldviews that inform the profession and clinical practices.

### **Limitations**

Study limitations include participant attrition between pre/post surveys, which may impact validity; it is possible that the students who tend to engage in critical reflection were more likely to participate in a study about this topic. Repeated-measures statistical analysis provides powerful results, despite a smaller sample size, but a control group might strengthen future studies. Qualitative data collected through open-ended survey questions provided rich information not captured on the 5-point scale. It is likely that interviews, focus groups, or other methodologies would have contributed to a deeper understanding.

Although the survey responses remained anonymous and participation was voluntary, another limitation is that the students may have felt inhibited from expressing their true feelings knowing two of the data collectors were their instructors. While social desirability bias may have skewed data, it was observed by the first author that the students expressed disagreement with the lecture content and verbalized challenges in changing their worldview. The timing of the lecture (just 4 weeks before the Level II fieldwork placements of students at University B) and the short duration of the training may have made it more challenging for these students to integrate the knowledge and reconceptualize common assessment methods, resulting in no change in pre/post survey median scores when asked about an

occupational therapist's responsibility for assessing for non-sanctioned occupational engagement.

### Implications for Occupational Therapy Education

Student occupational therapists are taught to engage in practice according to particular models, theories, frameworks, and assessments, which are influenced by the underlying worldviews of scholars and researchers. Forming habits of reflecting on broader social conditions while interpreting professional literature or evidence can better illuminate the personal or professional assumptions underlying practice (Townsend & Marvel, 2013; Whiteford & Townsend, 2011). Based on this research paper, considerations for educating occupational therapists may include:

- Increasing opportunities for reflection about personally held beliefs and attitudes, with a specific focus on how occupations come to be defined as “healthy.”
- Teaching students to review professional literature or philosophies critically to improve prioritization of occupations that are of value to the individual, including but not limited to occupations derived from necessity or survival purposes.
- Using transdisciplinary approaches, such as hermeneutic interpretation, to expand student awareness of underlying biases, especially as students are exposed to new occupational science and occupational therapy frameworks.

### Conclusion

Critical occupational therapy can be successfully integrated into existing curricula to enhance student recognition of personal assumptions, values, perspectives, and positionality. These understandings can broaden student knowledge about non-sanctioned occupations or other lived experiences that are complexly socially situated. Students may be effectively supported to reflect critically on how (dominant) worldviews, assumptions, and values are embedded in the professional literature.

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