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## Belonging: A Phenomenological Study of Systemic Racism Experienced Among Black Students in Occupational Therapy Programs

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# Belonging: A Phenomenological Study of Systemic Racism Experienced Among Black Students in Occupational Therapy Programs

## Abstract

Belonging, a crucial aspect of humanity and justice, is negated by racism. Formal analyses have shown that racial and ethnic minorities experience significantly higher rates of racial discrimination, with the greatest disparity being among Blacks. Incidences of racism toward healthcare professionals of color indicate that comprehensive and unbiased academic content is warranted in occupational therapy education. This study explored the lived experiences of systemic racism among Black occupational therapy students and their preparation to deal with racism and bias within didactic and clinical settings. This study featured a phenomenological design with data collection through semi-structured interviews and focus groups. Transcripts were coded and inductively analyzed using Qualitative Data Analysis (QDA) Miner software, and intercoder agreement was established. Themes were organized using *Wilcock's Occupational Perspective of Health (OPH)* framework (Doing, Being, Becoming, and Belonging). The results revealed that the prevailing themes that emerged were *Anxiety from Lack of Black Representation, Education through Lived Experience*, including family, media, and self-education, and *Initiating Change as the "Diversity Person."* Participants' sense of Belonging was most affected of all the constructs in the OPH. In conclusion, the tapestry of occupational therapy curricula may benefit from incorporating explicit threads addressing the lasting effects of historic and current systemic racism, thus severely limiting students' awareness and comprehension of occupational injustices. Recommendations are outlined to identify gaps in current occupational therapy curricula and to guide occupational therapy administrators (Chairs/Program Directors) in developing programs that acknowledge, educate, and combat the effects of systemic racism, thereby enhancing the sense of belonging for all.

## Keywords

Occupational therapy students, racism, lived experiences, qualitative research, Wilcock's Occupational Perspective of Health

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## **Belonging: A Phenomenological Study of Systemic Racism Experienced Among Black Students in Occupational Therapy Programs**

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### **ABSTRACT**

Belonging, a crucial aspect of humanity and justice, is negated by racism. Formal analyses have shown that racial and ethnic minorities experience significantly higher rates of racial discrimination, with the greatest disparity being among Blacks. Incidences of racism toward healthcare professionals of color indicate that comprehensive and unbiased academic content is warranted in occupational therapy education. This study explored the lived experiences of systemic racism among Black occupational therapy students and their preparation to deal with racism and bias within didactic and clinical settings. This study featured a phenomenological design with data collection through semi-structured interviews and focus groups. Transcripts were coded and inductively analyzed using Qualitative Data Analysis (QDA) Miner software, and intercoder agreement was established. Themes were organized using *Wilcock's Occupational Perspective of Health (OPH)* framework (Doing, Being, Becoming, and Belonging). The results revealed that the prevailing themes that emerged were *Anxiety from Lack of Black Representation*, *Education through Lived Experience*, including family, media, and self-education, and *Initiating Change as the "Diversity Person."* Participants' sense of Belonging was most affected of all the constructs in the OPH. In conclusion, the tapestry of occupational therapy curricula may benefit from incorporating explicit threads addressing the lasting effects of historic and current systemic racism, thus severely limiting students' awareness and comprehension of occupational injustices. Recommendations are outlined to identify gaps in current occupational therapy curricula and to guide occupational therapy administrators (Chairs/Program Directors) in developing programs that acknowledge, educate, and combat the effects of systemic racism, thereby enhancing the sense of belonging for all.

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## **Introduction**

Defining racism and systemic racism is crucial in this article as it helps provide clarity and context and establishes a common foundation to avoid potential misunderstandings or misconceptions. Beagan, Sibbald et al. (2022) defined racism as “a system of social power relations rooted in history and operating at multiple levels through myriad intersecting social, political, and economic avenues” (p. 52). Paradies et al. (2013) defined racism as “phenomena that maintain or exacerbate avoidable and unfair inequalities in power, resources, or opportunities across racial, ethnic, cultural, or religious groups” (p. 364). Racism, oppression, and discrimination against racial minorities are currently and were historically commonplace among various institutions in the United States; therefore, Carmichael and Hamilton coined the term “institutional racism” in 1967 (as cited by Mirza, 2018). Furthermore, according to Nazroo et al. (2019), institutional racism refers to organizational operating systems that develop out of and reproduce racism through common practices, laws, and regulations. Moreover, Churchwell et al. (2020) maintained that “[s]tructural racism refers to the normalization and legitimization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage White people while producing cumulative and chronic adverse outcomes for people of color” (e455). Braveman et al. (2022) reported that systemic racism involves whole and all systems, such as legal, economic, political, educational, healthcare, and criminal justice systems, as well as the structures that support those systems. Many individuals may have different interpretations of the term systemic racism. By defining it in this article, we hope to increase awareness about the realities of racism beyond individual prejudice.

Systemic racism has been evident in academia for decades, especially concerning students of color and the unwelcoming culture in academia (Barber et al., 2020; Lea et al., 2022; Lee et al., 2019). Students, faculty, staff, and university leaders often perpetrate this racism (Evatt-Young & Bryson, 2021). However, racism is not limited to a specific group within the university. It can be observed across different roles and positions, including students, faculty members, staff, and even those in leadership positions. The effects of systemic racism are of utmost concern to the occupational therapy (OT) profession because it promotes occupational injustice within society and entry-level masters and doctoral programs.

Institutional racism, structural racism, or systemic racism includes discriminatory practices, unfair policies, and inequitable opportunities that impact outcomes and are produced and perpetuated by institutions based on race (Bravemen et al., 2022). Systemic racism occurs in many different systems like education, reinforcing anti-Black policies that negatively affect the health and wellness of Black individuals. Therefore, throughout this paper, systemic racism will be used to refer to both structural and institutional racism as “systemic racism includes structural racism” (Braveman et al., 2022, p.172). Notable repercussions of systemic racism include a lack of economic resources and educational opportunities, which was previously explicitly enforced by the infamous Jim Crow laws (Bravemen et al., 2022). Despite years of anti-racism legislation, research has indicated that systemic racism persists, robbing Black individuals of opportunities while perpetuating disparities (Bravemen et al., 2022). After

the untimely, unjust murder of George Floyd in the Summer of 2020, a national outcry ignited to dismantle the structures of society that continue to promote systemic racism, including prejudice, microaggressions, and discrimination. "Systemic racism is so thoroughly embedded into systems that it often is assumed to reflect the natural, inevitable order of things" (Bravemen et al., 2022, p.173). For example, the long-lasting institution of slavery, laden with insurmountable human suffering and the periods following, was supported by United States laws. Unfortunately, academia and healthcare settings are not immune to the perils of systemic racism. Therefore, the purpose of this study is to explore, understand, and elucidate the lived experiences of a sample of Black OT students with systemic racism.

Hocking (2017) posited that occupational justice bridges "the gap between people's well-being and harmful social conditions that restrict what they can do and be" (p. 29). Occupational injustice exemplifies how marginalization disrupts participation in meaningful activities of daily living, such as education and work, which showcases that restricting Black beings from the opportunity to live freely and without prejudice directly correlates to their quality of life and overall health (Durocher et al., 2013). Occupational justice and the discussion of racism intersect in significant ways. Occupational justice refers to the right to engage in meaningful and fulfilling occupations, regardless of one's social, economic, or cultural background, and emphasizes fairness and equality in accessing and participating in occupations necessary for well-being, identity, and social inclusion. Racism, on the other hand, involves systemic discrimination, prejudice, and oppression based on race or ethnicity. Thereby, creating barriers and disadvantages for individuals and communities of certain racial or ethnic backgrounds, limiting their opportunities and access to resources. The intersection of occupational justice and racism is evident in occupational opportunities, such as employment, education, and career advancement. Furthermore, occupational segregation towards certain racial or ethnic groups is disproportionately concentrated in low-wage and low-status occupation/social inequalities, discrimination and bias, and health disparities (Park et al., 2023; Zhavoronkova et al., 2022).

### **Background**

Serafini et al. (2020) explored the experiences of healthcare professionals of color and found that most participants experienced systemic racism from patients and colleagues. The study further illuminated the presence of race-based assumptions that participants were not qualified physicians, inappropriate comments about race, and structural biases that led to substantially fewer advancement opportunities (Serafini et al., 2020). Additionally, the study revealed that the pressure to fit into the majority group's mold poses a dilemma for Black employees. The need to fit in hinders their authenticity and the value of uniqueness, which leads to feelings of isolation in the workplace (McCluney & Rabelo, 2019). Additionally, Black individuals are disproportionately represented in academic institutions (Garces & Mickey-Pabello, 2015). Printz (2020) reported that approximately 3% of faculty members at medical schools in the United States are Black. Similarly, studies have shown that medical textbooks and materials overrepresent Whites and under-represent people of color (Brown et al., 2021; Feagin, 2017; Kitchens, 2022). The overwhelming data signifies an ongoing need for not only equal opportunity

in the healthcare, workforce, and educational fields but also a need for increased representation of Black professionals. Garcia and Sharif (2015) insisted that to enhance the understanding of race, racism, and health, more support for racism-related research is needed. Further research will strengthen the knowledge of systemic racism and how it affects the Black community in the educational system and workforce compared to their White counterparts.

The adverse effects of racism on various aspects of the human experience are numerous (Abdullah et al., 2021; Cooper Brathwaite et al., 2023) and are increasingly manifested by anxiety-related problems. A correlational cross-sectional study (Abdullah et al., 2021) exploring the association of racial microaggression and trauma found that the most common traumatic symptoms were racial and that those who experienced these incidents were most likely to suffer from posttraumatic stress disorder (PTSD). Furthermore, multiple regression analyses revealed that racial microaggressions at school and the workplace were most commonly associated with experiencing PTSD (Nadal et al., 2019). Cooper Brathwaite et al. (2023), in their mixed-methods study of the lived experiences of Black nurses and nursing students, found that 88% of study participants experienced racism, and 63% reported that racism negatively affected their mental health.

Although research is available regarding the effect of systemic racism on Black individuals in various settings, including many health professions (Beagan, Sibbald et al., 2022; Beagan & Chacala, 2012; Cooper Brathwaite et al., 2023; McCluney & Rabelo, 2019; Serafini et al., 2020), a gap in the research on the experiences of Black OT students and practitioners with systemic racism exists. According to Kitchens et al. (2022), there is a dearth of research that provides information about the experiences of minority students in OT and occupational therapy assistant (OTA) programs. This scarcity of research on racism was also highlighted by Beagan, Bizzette et al., 2022, Beagan, Sibbald et al., (2022), Grenier (2020), Johnson et al. (2022), and Salvant et al. (2021).

An extensive, university reference librarian-facilitated literature review was conducted at the study's inception in the Fall of 2020 using *CINAHL Complete*, *Nursing & Allied Health Collection: Comprehensive*, *Medline (Ovid)*, and *Web of Science*. It yielded no research-based literature that explicitly addressed systemic racism experienced by Black OT students. However, since 2020, the American Occupational Therapy Association (AOTA) and the *American Journal of Occupational Therapy* published six articles (AOTA, 2021; AOTA, 2020a; AOTA, 2020b; Ford et al., 2020; Grenier et al., 2020; Johnson et al., 2022; Salvant et al., 2021), including a series of listening sessions that included Black, Indigenous, People of Color (BIPOC) students' and practitioners' experiences.

A lack of research is often synonymous with a lack of awareness; however, it has been substantially documented that racial disparities exist in OT. Harvison (2021) stated in his *Higher Education Updates Report* for AOTA that Black OT students comprised 6% of doctoral programs, 7% of master's programs, and 11% of OTA programs. This data

can be further supported by the studies presented in the literature review that Black students in OT programs are under stressors being among the minority and that compensating for these stressors is a lifelong undertaking for this population (Beagan, Sibbald et al., 2022; Grenier, 2020; Johnson et al., 2022; Salvant et al., 2021; Steed, 2014a; Steed, 2014b). Literature within the OT profession has generally focused on the awareness of cultural diversity and cultural competence to promote client-centered care (Beagan & Chacala, 2012; Beagan, Sibbald et al., 2022; Lavalley & Johnson, 2020). However, despite the various racial and ethnic backgrounds served by occupational therapists, the profession remains with over 92% of its practitioners identifying as White for the past forty years (AOTA, 2020c; Brown et al., 2021; Kitchens et al., 2022).

The persistent lack of racial diversity among OT students, faculty, and educators illuminates the critical need for guidelines for navigating systemic racism in the classroom and the workforce as it leads to increased disparities in healthcare (Bouye et al., 2016; Colaianni et al., 2022; Johnson et al., 2022; Kitchens et al., 2022; Mateo & Williams, 2020; Naylor et al., 2015). Moreover, this lack of representation results in sentiments of insensitivity, psychological anguish, and loneliness among students of color (Johnson-Bailey, 2006). However, no established guidelines exist to guide Black practitioners to navigate racism in practice; current guidelines only discuss how to interact with diverse patient populations (Beagan & Chacala, 2012; Beagan, Bizzette et al., 2022; Johnson & Lavalley, 2020). The lack of acknowledgment of these stressors by OT program leaders makes it difficult for Black students to progress, prosper, and flourish (Johnson-Bailey et al., 2006; Kitchens et al., 2022). This disregard contradicts the AOTA's 2025 vision for a profession that welcomes diverse, inclusive, and equitable opportunities for clients, communities, and populations (AOTA, 2017). This research aims to narrow the gap by exploring Black OT students' lived experiences with systemic racism during their academic programs.

### **Theoretical Framework**

This study's theoretical framework was based on Wilcock's *Occupational Perspective of Health* (Wilcock & Hocking, 2015), which focuses on the constructs of *Doing, Being, Becoming, and Belonging*. The theory's constructs and connection to Black OT students were examined throughout the study. *Doing* involves individuals' occupations and occupational engagement and is essential in forming identities and interactions with others (Wilcock & Hocking, 2015). Connecting experiences with systemic racism and education on systemic racism and how it affects *Doing* as a Black OT student was essential. *Being* involves the inner person and being true to self (Wilcock & Hocking, 2015). This aspect illustrates how systemic racism shapes the ability to be true to oneself and impacts personal reflections, self-efficacy, and confidence. *Becoming* exemplifies how individuals redefine their values and priorities to prepare for their new roles (Wilcock & Hocking, 2015). *Belonging* is vital to this study because it gives an idea of whom the individual will become and shows the transition from student to practitioner. The concept entails joining a group and an established place within the community. According to Wilcock and Hocking (2015), "Belonging" is a relatively new addition to the theory and is centered around an individual's interpersonal relationships with the contexts impacting them. Aspects of belonging may include the physical environment,

culture of the environment, social interactions or interpersonal challenges, experiences, personal views on feelings of belonging, environmental barriers and supports, and fulfillment of roles (Hitch et al., 2014). Ennals et al. (2016) found that each concept of *doing*, *being*, *becoming*, and *belonging* was interrelated and often influenced each other. Thus, doing, being, becoming, and belonging equate to a person's survival and health (Wilcock & Hocking, 2015). See Figure 1.

### Research Questions

1. What are the lived experiences of Black OT students with Belonging and systemic racism during their academic programs?
2. How has the OT curriculum prepared Black OT students to potentially deal with systemic racism in the classroom environment?
3. How has the OT curriculum prepared Black OT students to potentially deal with systemic racism in the work environment?

### Method

#### Study Design

A phenomenological research design was used for this study as it allowed the researchers to gather first-person experiences from Black students regarding systemic racism in entry-level OT programs. This approach is supported by Yüksel and Yildirim (2015), who posited that phenomenology is used to understand and describe a specific phenomenon through participants' common lived experiences. Furthermore, according to Neubauer et al. (2019), phenomenological research methodologies in health professions allow researchers to learn from one another. In 2021, fifteen one-to-one semi-structured interviews and five focus groups were conducted using a phenomenological approach, which allowed the researcher control over the direction of the inquiry. These sessions were done using the Zoom platform. Fifteen Black students attending OT school in the United States participated in the study with approval from an eastern private university institutional review board (IRB). The research explored Black OT students' lived experiences with systemic racism.

#### Participants and Recruitment

The participants were recruited through purposeful sampling. Inclusion criteria were as follows: Students enrolled in accredited, entry-level OT programs who self-identified as Black and have completed at least one semester. Exclusion criteria included educators, OT students enrolled at the author's institution, OT bridge program students, OTA students, non-Black participants, certified OTAs, and post-professional OT students. Potential participants were contacted using an IRB-approved flier emailed to the accredited OT programs listed on the Accreditation Council for Occupational Therapy Education (ACOTE) website in all 50 states and posted on Facebook, Instagram, and LinkedIn. Facebook pages included the *National Black Occupational Therapy Caucus*, *Black Allied Health Therapists (PT, OT, SLP)*, *Occupational Therapy Entrepreneurs of Color*, and *OT Practitioners and Students of Colour/Color*. Informed consent was obtained from all participants via electronic signatures. Ethnicity was verified by self-report and via observation at the time of the interview. Enrollment in the OT program



was self-reported. Information on participant gender was not gathered. As it could differ from sex, researchers avoided assuming genders and participants are referred to throughout the text with singular they/them pronouns. Sixteen potential participants responded, but one participant was removed from the study for failure to meet the inclusion criteria. The final sample was  $N=15$ , including 14 females, one male; age range 22-36; 11 entry-level doctorate students, and four master's students (see Table 1).

**Table 1**

*Participant Demographics*

Characteristics	Total Number	Percentage
<b>Sex</b>		
Female	14	93.33
Male	1	6.67
<b>Type of Program</b>		
MOT	4	26.67
OTD	11	73.33
<b>Year in Program</b>		
Y1 (Participants: 3, 4, 7, 8)	4	26.67
Y2 (Participants: 1, 2, 5, 9, 10, 11, 12, 14)	8	53.33
Y3 (Participants: 6, 13, 15)	3	20.00
<b>Age Range</b>		
22-25	9	60.00
26-30	5	33.33
31 years or older	1	6.67
<b>Geographical Region</b>		
Northeast	3	20.00
Midwest	5	33.33
South	5	33.33
West	2	13.33

*Note.* Table 1 depicts sample demographics: predominantly female OT students in entry-level masters and doctoral programs across four regions in the United States.

**Table 2***Number of Black Students and Their Cohort Size of MOT/OTD Programs*

Number of Black Students Enrolled	MOT/OTD Program Cohort Size			
	Less than 20	20-35	36-50	51 or more
1	1	1	2	2
2-4	2	4	2	0
5-9	0	1	0	0
10+	0	0	0	0

*Note.* Table 2 depicts the ratio of Black students in each participant's cohort.

### **Procedures and Data Analysis**

Due to the COVID-19 pandemic, data was collected virtually using the Zoom platform. The researchers assigned to conduct the interviews took notes during the Zoom meetings to gather more information about the participants' responses and any other significant observations. In the case of internet failure, the participants' data was collected through phone interviews. The Zoom recordings were only accessible to the researchers and required a password to safeguard the participants' confidentiality. Interviews lasted 30-60 minutes. The interview questions included *"What is your experience with systemic racism/implicit bias as a student? (Have you experienced systemic racism in school or the workplace (Fieldwork)?"* Additional interview questions can be found in the Appendix. All interviews were recorded and transcribed verbatim using Zoom transcription and a recorder to ensure accuracy. Data will be kept for at least three years (36 months) or as required by the university.

A phenomenological approach allows researchers to analyze significant statements, generate the meaning of units/codes, and develop themes and descriptions (Creswell & Creswell, 2023). Intercoder agreement was established by all the researchers reviewing the first transcript separately and then cross-checking with each other and the external auditor to ensure consistency and reliability. Using the QDA Miner software, researchers developed codes from transcripts to identify significant statements in the interviews. The software tagged the incidents, highlighting the significant quotes (horizontalization). The common codes were analyzed and grouped into "clusters of meaning" (Creswell & Poth, 2018, p. 79) by eliminating overlapping and repetitive statements to determine common themes. From this analysis, three common themes emerged among all the participants. Wilcock's *Occupational Perspective of Health* (Wilcock & Hocking, 2015) framework was utilized to facilitate the discussion of findings after the codes and themes were developed in accordance with the key constructs of the framework.

### Trustworthiness

The research team consisted of six researchers. Three of the researchers were students who identified as Black and had encountered institutional racism. The principal investigator (PI) was a Black faculty member who also had experiences with systemic racism in her academic program and the OT workforce. The other three researchers were two White students and one who identified as Spanish or Hispanic. Therefore, reflexivity, triangulation, member checking, and peer debriefing were implemented to ensure rigor and prevent bias. The triangulation method was used during data collection and analysis. Triangulation is when researchers use multiple processes in a qualitative study to analyze the phenomenon, enhancing validity (Blythe et al., 2014). The researchers utilized data triangulation by interviewing participants individually and in focus groups and investigator triangulation with multiple researchers conducting interviews and analyzing data. An external auditor reviewed the de-identified transcripts, coded them, and cross-checked them with the researchers to verify the accuracy, provide an objective assessment, and prevent bias (Creswell & Creswell, 2023). The external auditor, who was of a different ethnicity and race than the participants, was novel to the study and had expertise in qualitative analysis. The transcript was de-identified prior to review by the external auditor to maintain the privacy and confidentiality of participants.

After reading each transcript aloud, all the researchers debriefed with the PI and peers and documented their reflections before coding to remain objective. The researchers ensured that the participants were protected by storing all communication and data files in a secure Google Drive only accessible by the researchers. The results were presented to participants via email to verify whether the results accurately represented their overall lived experiences (i.e., member checking). Although the participants confirmed receipt of the themes, none recommended changes or provided additional information.

### Results

Answers to the three research questions are presented individually and in an interconnected manner that is endemic to the phenomena investigated. The results from this research overwhelmingly demonstrated that the Black OT students were significantly impacted by systemic racism in academic and clinical settings. Three themes emerged from the data – (1) *Anxiety from Lack of Black Representation*; (2) *Education Through Lived Experience (Family, Media, and Knowledge Seeking)*; and (3) *Initiating Change as the "Diversity Person."* All participants reported that their sense of *Belonging* was affected by the lack of Black representation in their OT programs, and they pointed to this as a major contributor to experiencing undue anxiety. It is important to note that the Year 1 (Y1) students shared less detail in their responses than the Year 2 (Y2) and Year 3 (Y3). This was partly due to a lack of exposure to the program and potentially to being more focused on getting through coursework than what was happening around them. Only two participants were formally educated on how systemic racism impacts them as students or future practitioners. For all other participants, their personal lived experience was their education on systemic racism guided by family and media. Since racism was a topic avoided by program facilitators, many participants

sought formal education from outside sources. Thirteen participants took initial action to create safe spaces at their OT programs where discussions about issues regarding race could begin. Taking those actions to seek change identified a participant as a “Diversity Person.”

### **Anxiety from Lack of Black Representation**

This theme speaks to research question one and how the apparent lack of diversity affected the psyche of the Black students. Black students comprised 7% of total enrollment in this study (see Table 2), which is consistent with AOTA's 2021 report of 7% in master's and 6% in doctoral programs (Harvison, 2021). All participants reported a lack of Black representation in their educational environment. This participant summarized their shared experience: *"From the moment you start school, you realize that you are in it by yourself, really"* (Participant 14). Participant 11 explained the academic isolation they felt:

*[T]here should be more colored students so that we feel like we are a part of something. Do you know what it feels like to be the only Black person in the whole class? I hate when they say, 'Pick a partner, pick a group, or pick someone,' and I look around, and nobody wants to pick me. I'm the last one.*

### **Lack of Empathy**

The lack of Black representation affected participants greatly in cohort and faculty demographics. Ten participants reported they had no Black faculty or they did not know if any Black faculty existed in their program. Three participants reported having two Black faculty, and one participant reported having only one Black faculty in their program. Participant 11 explained the significance of faculty representation:

*We only have one Black faculty. As a student, if I come in and I can see myself in my professor, I can relate. I want to sit and learn that I am able to see myself in their shoes in a few years, you know? I'm going to be their colleague in a few years, so I want there to be more color in the faculty [and] more areas of support.*

Participant 11 continued, *"There is no support from anybody because they do not see you as they see themselves."* These sentiments were corroborated by Participant 6, *"I don't really feel as supported as I should, and that could just be part of not seeing as many students or not seeing any higher up that is Black or someone of minority descent."* Participant 1 also discussed why their entrance interview was the most uncomfortable interview in their academic experience, *"I didn't see anybody that looked like me or any other diverse group that I belonged to [so I] had some trepidation about attending there."* In a meeting with their Program Director about the lack of diversity, the director responded with a microinvalidation: *'I am more interested in diversity of thought.'* In stark contrast, Participant 9 voiced their shock at the experience of a Black OT program interviewer wearing a headscarf during their entrance interview as *"the most comfortable interview I ever had."* They continued, *"If I were to do that, I would be scared,"* speaking again to the importance of Black representation.

Low diversity numbers deterred participants before they entered the program, and their anxieties progressed through their course of study as they experienced implicit racism and witnessed historical racial tragedies taking place. Participant 1, like many others, stated that after the murder of George Floyd, *“I began to experience a lot of anxiety mainly because I was surrounded by a lot of people who didn’t understand what it was to keep experiencing the same traumatic event on TV.”* A notable trend in the data was how Black people would gravitate to other Black people to establish an otherwise missing connection to their culture. Participant 15 summarized this phenomenon:

*Because we do not have Black faculty, and we do not really feel safe going to our faculty and being heard, we have created our own Community. I think it would be less stressful if there were a space to talk about systemic racism or microaggressions or whatever it be, it would be a safer place.*

Researchers gleaned the importance of Black representation from discussions about participants' feelings of isolation, anxiety, discomfort, and anger, among other negative emotions, surrounding them as *“The Black Person”* in the classroom (Participant 8).

### **Stereotypes**

Many participants reported pressure to conform to stereotypes superimposed upon them:

*Because I'm the only Black person in my cohort, how will my response to a question be looked at? Or, if I agree with this, what will they think of me? Should I monitor what I say? That's probably the main thought that comes up. When we watched the video of the Tuskegee experiment, [I wondered] do they have all of these questions about me because I'm Black? That's the feeling I get (Participant 8).*

Internal dialogues like these stemmed from feelings of isolation. Anxious worry about the presentation of self contributed to pressure to conform in all areas of self-expression, especially hairstyles, and clothing. Participant 13 relayed, *“I think I tend to think about what I do in terms of what I'm doing with my hair. I think about it more than I should have to.”* Participant 4 agreed:

*I will say when I first got into the program, my hair was natural, so my first question was can I wear my hair natural? Can I wear my braids? What are they going to say? So I decided I'm going to wear my hair natural and see what happens, and I got good feedback, but just going into that gave me anxiety because I'm like, are you going to say something about my hair? And then, if I wanted to get braids, are they going to say something about my braids being this color? I have a lot of shirts that have Black esteem. Should I wear them in class? Is it appropriate for me to wear it in class? Is anyone going to say anything about me wearing those in class?*

The participants' responses reflected the concerns of Black individuals entering their program with specific, self-reflective questions about their appearance. Participants expressed anxiety about potential comments or judgments and reactions to their hairstyle and clothing.

In response to questions about the importance of Black representation while attending an OT program in a predominantly White area, Participant 1 shared:

*My hair was the biggest issue. I couldn't find a soul on that dry, dry earth to do my hair. And finally, I just cut it all off because it's 120 degrees out there. Being away from the cultural touchstones that I had, being away from my family. The most that people knew of Black people in New Mexico seemed to be from MTV or Maury Povich. And if I wasn't filling that role, then who was I? Am I really a Black woman because of the way I speak? And if I didn't have a baby daddy, I don't know what people were expecting me to be. When I showed up there, I was very, very, very, very lonely for a long time.*

The participants discussed the challenges they faced with their appearance and identity while being in a culturally unfamiliar environment. They experienced isolation and were concerned about people's perception of them and their culture. The participants questioned their identity and whether they were limited to perceptions of them or stereotypes from the media. Overall, they expressed their feelings of loneliness and longing for connection in an unfamiliar environment.

Three participants commented on the diversity of their fieldwork site compared to their institution. However, despite this diversity, students faced explicit racism and were stuck in systemically racist situations. Participants perceived that their superiors [*Educators, Clinical Instructors, Supervisors*] used their power to hold Black students back, pass them up, and overwork them. Participant 11 commented, "*I've actually failed fieldwork because I didn't want to answer personal questions that the fieldwork educator was asking me.*" In exemplifying those personal questions, they said:

*In fieldwork, I've had people say, 'Oh, you have an accent, where is that from?' Sometimes I think maybe they're just trying to get to know me better, but then they would say, 'Oh, that's where you're from? I've heard that place is very dirty. How do you cope with that? How did you hear about the school you are in? How did you get in? Where did you live? Do you guys speak English where you're from?' All these dumb questions. Do your research first before you come and ask because you don't know how those questions make me feel. If you're dealing with minorities, you're going to hear people with an accent because that's just what minorities are all about. We are diverse. We're from different parts of the world. It's been a lot.*

The participants expressed frustration when faced with ignorant and insensitive questions about their accents and background. The responses convey the participants' emotional reactions to these experiences, indicating that it has been a challenging and exhausting process for them.

### **Ostracism**

Several students reported they were declined opportunities to service patients solely because of their Black skin color. Supervisors faced a decision to either support their Black students or cater to racist patient requests to deny treatment by Black students. Unfortunately, more times than not, supervisors fulfilled the patient's request to work

with another practitioner. When asked about stressors experienced as a Black student, Participant 13 said:

*[The] fieldwork location is a big one. I started researching hate crime [in the assigned area] like I'm an anxious person, and if people don't have that [Black] lived experience of feeling not very safe and wanting to stay in places that are familiar that I know how to navigate, luckily, I had my CI as a person of color so she really understood and supported me like, 'Okay, I hear what you're saying, and whatever you feel safest with is good.' But I don't know if my clinical coordinator educator wasn't a person of color if she would really understand where that was coming from, or if it just seems like I'm trying to get out of a placement.*

Furthermore, Participant 1 felt uneasy at their fieldwork site because it was in a town where Trump and Confederate flags flew freely. *"I'm hoping that my next fieldwork really has a strategy in place [to support me] in terms of dealing with clients who might see [my skin] as a problem,"* they concluded. Similarly, Participant 15 felt unsafe at their fieldwork site and prepared themselves mentally by saying:

*"You might be with the most un-politically correct people. You have to figure it out. It's a stressor. What am I going to be in this space as a Black person, as a woman, and then as a student?"*

The participants outlined the challenge of navigating spaces where political correctness was lacking and highlighted the stress and uncertainty of determining how to exist and be themselves in such environments.

### **Power Imbalance**

Several participants admitted that they would not know what to do if they were in a racially hostile situation at fieldwork because a position risk and a power imbalance already exist. Participants remarked there were no systems in place for Black students to address racism safely, so they often endured alone, feeling an absence of belonging.

### **Education Through Lived Experience, Family, Media, & Knowledge-Seeking**

Essential education on systemic racism came from lived experiences: cautionary tales passed down through generations, media, and knowledge-seeking for all participants. The following statement succinctly answered research questions two and three regarding curricula's roles in preparing students to deal with systemic racism, *"We don't talk about it at all. Nothing. It's not talked about"* (Participant 5). Five participants reported receiving formal education about systemic racism in their OT programs, albeit brief and specific to client-centered care. Only two participants reported being educated on how systemic racism impacted them as Black students or future practitioners. Most participants agreed, *"It was never how we as students are supposed to address a racist or racism in our environment. It was always about social justice for the client"* (Participant 4). Compelling evidence supported the researchers' hypothesis that age and time are proportional to what is colloquially called *"Thick Skin."* Eleven participants disclosed how prolonged exposure to racism fostered their resiliency. Participant 1

summarized how living with “isolation,” “loneliness,” “stereotypes,” and a “lack of cultural touchstones” fostered resiliency:

*I mean, it really thickened my skin. I'll say that much; it really thickened my skin. That was an education unto itself, and it, to a large extent, informed me on how I'm dealing with the challenges today. Being in the minority in a place that's predominantly White, tackling these kinds of issues.*

The participants highlighted the transformative effect of facing challenges and being in the minority in a predominantly White environment. Furthermore, they acknowledged that the experiences had toughened them and served as a valuable education. It has shaped their approach to dealing with present-day challenges, particularly those related to addressing racial issues in a predominantly White setting.

### **Topic Aversion**

Eleven participants perceived educator discomfort when discussing racial topics, such as systemic racism, Black Lives Matter, high-profile Black murders, etc. Researchers coded this as **Topic Aversion**. Participants detailed the absence of a clear path to addressing racial tension in the classroom when experiencing micro-aggression by students or faculty. This uncertainty carried over into their fieldwork as many students reported fear of backlash if they were to speak up to report perceived discrimination by supervisors. A common power imbalance between students and educators was identified. Hence, participants often silently pushed through racially tense situations because they felt that they had no proper channel to address instances of racism, be it explicit or implicit.

Despite the perceived discomfort faculty may have experienced, participants believed it was the responsibility of their educators to open discussions on these very topics: “*I don't think that it's my responsibility as a student to say, 'Hey, let's have this talk' or 'Let's have this meeting'”* (Participant 9). During these times without support, participants used various coping strategies. Some turned to their religion to find peace, and others maintained a rigorous exercise or work schedule. If there was another Black person, whether family or peer, most participants reached out and confided in them. Again, creating their own sense of community when faced with loneliness. Participant 10 commented on how **Topic Aversion** was often negotiated:

*I knew if I didn't say anything, then, nothing was going to be changed. Nothing was going to be addressed, so I have to put my big girl pants on, and I'm going to have to sit in this seat again and try to make things better.*

Silently coping with this tension caused distress which preoccupied participants' mental energies that would otherwise be used to focus on becoming a practitioner. Student-led initiatives emerged from situations in which faculty or supervising clinicians avoided discussing racism-related topics. Although the process was challenging, the students experienced growth in the process of initiating change.



### **Initiating Change as the “Diversity Person”**

Thirteen participants initiated change at their institution in their own ways by starting chapters for the Coalition of Occupational Therapy Advocates for Diversity (COTAD), opening forums and workshops to spark conversation surrounding diversity, imploring their institutions to make statements about high-profile Black murders, and working with professors to develop more culturally sensitive materials. They aimed to “*create a safe space for us to all coexist together*” (Participant 1). However, many of the participants expressed that they “*had to teach people how to treat you.*” The participants agreed with another statement by Participant 1 about the burden they felt in initiating change or being the “diversity person:”

*“I do believe in being the change that you wish to see and whatever I can do under my own power here and once I graduate, to make that change. I’ll do it. It is a burden, but you know it’s a burden I carry willingly.”*

Along with that burden came pressure to represent the entire race when called upon to speak on behalf of the Black population. Pressure to conform to stereotypes was superimposed upon participants. “*They volunteer me because ‘I am Diversity,’ but [my being] a certain color does not mean that I want to be your point person for everything that revolves around race, equality, and inclusion*” (Participant 6). Participant 7 echoed that sentiment, as evidenced below:

*If it’s a predominantly White space and we’re talking about something hard like systemic racism, I’m not going to be the only woman of color in here and speak. That’s uncomfortable for me. I don’t want to be the voice for the group, and so I don’t want to represent more than just me, and so I’m just not going to speak.*

Participant 10 discussed the implicit biases in the classroom because they are the “diversity person”:

*I feel like what has affected me the most was the implicit bias in class. I think being one of two in a class who is Black and feeling that you have to speak up because you are a Black person. I need to represent as a Black person in the class, and I need to make sure that I’m smart. I need to make sure that I’m not failing.*

The participants expressed that the implicit bias they experienced in their classrooms had the most significant impact on them. They often felt pressure to speak up and represent their racial identity and, more importantly, prove their intelligence and avoid failure to fulfill the expectations associated with being a Black person.

### **Knowledge Not Recognized or Valued**

Some participants felt they were not valued in their program for the knowledge and skills they brought to it, but instead, they were a marketing tool. Participant 1 summarized this sentiment below:

*I actually had a professor come in, and we were trying to market the program to the incoming class, so they requested that we make a video to talk about why [we] chose [the program] and what [we are] getting out of the program. But she pointedly came to me and said, ‘I know you mentioned that you felt*

*uncomfortable being the only Black girl on your interview day.’ Was she asking me to put on the top hat and perform my Blackness to recruit Black people to this program? And the more I tried to probe, the more it became clear that that was exactly what she was asking me to do. So, it wasn’t about what I brought to the program as a student, as a leader, or as a community member. It was really, You’re Black, and we need to recruit Black people because everybody’s talking about diversity, and I just felt a certain way about that. I was really upset.*

The participants felt that their value as a student, leader, and community member was overshadowed by their racial identity, reducing them to a token representation for diversity purposes. The experience left them feeling upset and disappointed in the moment but also resonated with them and was carried mentally throughout the program.

### Discussion

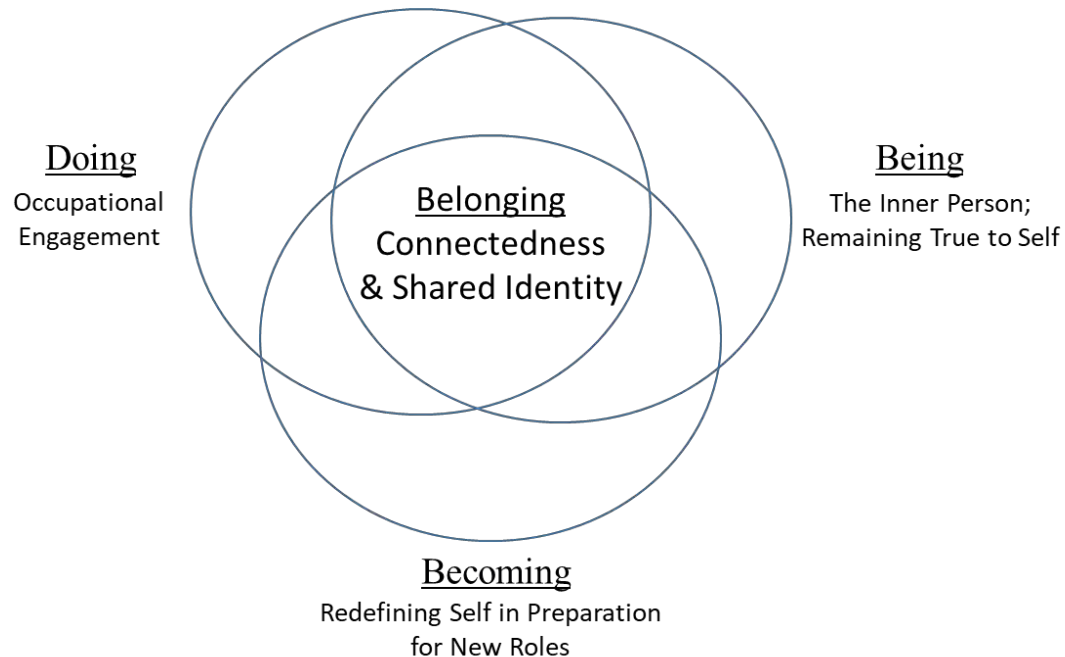
Findings from this study, albeit qualitative and from a small sample, corroborate the literature that there is likely a need for specific strategies to address systemic racism in OT curricula. There needs to be more evidence-based information to inform the racism-related challenges in OT programs. However, this study contributes to the scientific body of knowledge by expanding upon knowledge of the challenges of racism in other health professions (Cooper Brathwaite et al., 2023).

Our findings are consistent with the current literature that Black healthcare professionals and students face prejudice and discrimination in academic and clinical settings (Grenier, 2020; Johnson et al., 2022; Lavalley & Johnson, 2020; Salvant et al., 2021). Salvant et al. (2021) elucidated the experiences of OT students, practitioners, and educators who are BIPOC from the analysis of the transcripts of a listening series hosted by AOTA. According to Salvant et al. (2021), students and professionals of color continuously encounter biases, trauma, and other systemic inequities that have not been sufficiently addressed.

Post-analysis, each of the three themes was considered in relation to constructs in Wilcock’s *Occupational Perspective of Health* (Wilcock & Hocking, 2015) to better understand the impact of systemic racism on participants as occupational beings. Their **Doing** was evident when taking actions to create safe spaces and to seek knowledge because of failed actions on the part of their institutions. Their **Being** or sense of self was called into question daily as they second-guessed who they were in the role of a Black person, a student, and, ultimately, a Black student in predominantly White spaces. Their **Becoming** or ability to foresee their future was positively affected when participants were surrounded by people of color, whether Black or of minority descent, but diverse faculty demographics hindered this. Their **Belonging** or connectedness was the construct most affected by the lack of cohort diversity. Each of the three themes was intertwined with participants’ feelings of anxiety and loneliness directly related to skin color. This research emphasizes the centrality of the construct of **Belonging**, as depicted in Figure 1.

**Figure 1**

*Construct Centrality Based on Wilcock's Occupational Perspective of Health*



*Note.* Figure emphasizing Belonging as the central construct most affected by systemic racism according to participants' expressions.

Furthermore, our study revealed the complexity of the lived experiences of systematic racism among Black OT students. In our current study, multiple codes overlapped into more than one construct of *Doing-Being-Becoming-Belonging*, which is consistent with the findings of Ennals et al. (2016). However, most codes were identified in the *Belonging* construct. Belonging addressed how the participants viewed their support from faculty and cohort members in occupational roles, their sense of connectedness, and shared identity in the classroom or clinic.

The lack of inclusivity and diversity in the profession led to Black OT students, practitioners, and educators lacking a sense of *Belonging*. This also contributes to them being unable to address problems about systemic racism, and they often encounter difficulty connecting to others. According to Risso and Tavino (2020), education should provide students with ways to cope with and address these experiences. Our study found congruence with Trentham et al.'s (2007) suggestion, which was corroborated by Barber et al. (2020), that program directors could implement information about systemic racism and disparities into the OT curriculum through seminars, panel discussions, lectures, case-based scenarios, and role-playing. Various participants reaffirmed the suggestions.

Black students enrolled in OT and OTA programs often face many barriers, such as a lack of financial resources, feelings of isolation and exclusion, and a lack of mentorship and social support (Johnson-Bailey et al., 2006; Kitchens et al., 2022). In 2003, Chiang and Carlson reported that most clinicians believed they did not receive sufficient education on racial issues during their OT education. Unfortunately, 20 years later, the narrative remains unchanged.

### **Limitations**

The team conducted interviews via Zoom due to safety concerns regarding the global COVID-19 pandemic. Conducting interviews over Zoom may have felt impersonal and may have skewed body language, facial expressions, and the natural flow of conversation. Additionally, connectivity issues may have affected the virtual interviews as some participants lost Wi-Fi and had to reconnect. Archibald et al. (2019) found it easy to foster rapport with participants without technical difficulties. The researchers encouraged the participants to troubleshoot and log on to Zoom before their scheduled interviews to ensure ease of use. Participants were sent written instructions before interview sessions to eliminate any confusion. Another limitation includes that the data is self-reported, and the researchers did not obtain verification of enrollment in OT programs. The methodology itself had certain drawbacks, such as the fact that interviews gave the researchers information filtered through the participants' points of view, the researchers' presence might have influenced the participants' responses, and participants could not respond in their natural environment. The fact that participants' levels of self-expression vary greatly in interviews is another drawback. Finally, researchers' bias is another limitation. However, the critical reflection and the methods taken for trustworthiness mitigated bias and ensured rigor (Yin, 2016). Data saturation was achieved, nonetheless.

### **Future Research**

Much work remains to be done before a complete understanding of the extent of systemic racism through OT academic content on Black occupational beings is established. In terms of future research, extending the current findings by examining Black OTA students, which were not considered in the previous studies, would be useful. Furthermore, Black OT practitioners, within their first three years of practice, should also be considered in order to present a more holistic perspective. Additionally, future research should focus on a mixed methodology design to include quantitative data. Moreover, this initial research could be expanded to determine the best practices for a more inclusive curriculum and fieldwork experience for Black OT students. Additionally, it is essential to elucidate the best strategies for addressing systemic racism in pedagogy to promote diversity and inclusion in OT academic programs.

## Implications for Occupational Therapy Education

### ***Didactic***

The study findings give insight into OT academic programs and Black OT students' preparedness to maneuver systemic racism in that they align with Steed's (2014b) conclusions that designing an effective cultural competency curriculum can help increase awareness of stereotypes. In addition, Johnson et al. (2022) made similar suggestions in their recommendations to create antiracist actions for classrooms and work environments. Our study further corroborates earlier studies regarding the importance of developing culturally competent programs as part of the OT curriculum. Participants shared recommendations that their institutions can adopt to create a more inclusive environment while fostering a sense of *belonging*. Educational institutions can provide resources across campus to help with racial tensions and increase efforts to develop support systems for students of color in their academic programs. Educational institutions should also include education regarding systemic racism, implicit bias, and health equity for all students and faculty. In addition, they can create opportunities to work with people affected by adverse events. Johnson et al. (2022) echoed these recommendations. They suggested that there should also be an "active reflection and analyses of systemic issues" (p. 3), implying that simply recognizing the existence of these issues is not enough; one must actively think, contemplate, and critically examine the underlying causes and consequences of systemic problems. This process involves delving deeper into the complexities of the issues at hand and seeking to understand their root causes and interconnectedness. By engaging in active reflection and analysis, individuals and societies can gain insights that enable them to challenge and potentially transform systemic structures and norms for the better.

A practical solution for the instructor is to include coursework pertaining to systemic racism, implicit bias, and health equity via case studies and ethical scenarios to include diverse clients and practitioners. Not only did students feel they were not represented in the case studies provided, but they also felt that when minorities were discussed, it was a very stereotypical representation. This recommendation is supported by Johnson et al. (2022):

The impacts of racism in society and in students' future work settings must be discussed. For instance, in courses covering pediatrics and school-based practice specifically, students must learn about and examine the immediate and long-term impacts of behavior management approaches on minoritized students. (p.3)

### ***Fieldwork***

Although most participants expressed that their fieldwork site was more diverse than their educational program, more can be done to ensure Black students' safety and sense of belonging at fieldwork. Participants suggested providing cultural courses for familiarity with key terms of implicit racism: microaggression, microassault, and micro invalidation. Non-Black students should be client-centered by seeking out education on diverse client needs, such as hair care, and practicing empathy by not assuming that clients have the same privilege and access to resources that the student may have.

Finally, all students can be an ally. Being an ally means being aware and sensitive to racism and being prepared to speak up against it for clients, coworkers, and oneself. Other recommendations specific to the academic fieldwork coordinator would be to improve the response system to students regarding injustices in their educational programs and on fieldwork and to consider the racial climates of fieldwork locations. According to Johnson et al. (2022), fieldwork educators should be provided with antiracist education and processes to hold colleagues and supervisors accountable to antiracist principles while supporting students.

### **Conclusion**

This study met the objectives of identifying how Black OT students are educated on systemic racism within their programs. OT programs lack specific education on the effects of systemic racism and lack strategies for managing the effects experienced by Black students, practitioners, and clients. The lack of education and strategies has led to students and practitioners feeling they are not adequately prepared to deal with systemic racism. Current curricula and training for occupational therapists should include education about the history of racial framing and occupational injustices for persons of color. Through education, all students may become more culturally aware of how racism has been perpetuated throughout history and woven into all systems.

This study's results may be used to identify any gaps in the current OT curriculum and guide OT administrators in developing programs that acknowledge, educate, and combat the effects of systemic racism. Moreover, this study allows for narrowing the gaps in research regarding Black OT students' lived experiences. Furthermore, this gap impacts not only the professional development of Black occupational therapists but also the scope and quality of care provided to consumers and the ability to facilitate optimal belonging among all clients and clinicians.

The AOTA's Vision 2025 (2022) aims to intentionally embrace diversity and equity for all students and practitioners. Furthermore, ACOTE is an advisory council associated with AOTA that sets the accreditation standards for OT programs nationwide. AOTA's collaboration with ACOTE can enhance OT programs by equipping students to recognize and prepare for systemic racism in the workplace. Acquiring the lived experiences of Black OT students can impact the standards ACOTE sets for accreditation. In addition, through increased knowledge, OT educators, practitioners, and supervisors will be better able to meet the needs of their Black students and clinicians. As can be seen from this research, occupational justice is just as important for Black OT students as it is for their future clients. Therefore, it is crucial for leaders, faculty, staff, and students to commit to engaging in difficult and courageous conversations to prevent the continuation of the normalization of discriminatory behavior and foster a sense of belonging for all. As a profession that seeks to diversify the workforce and "prides itself on its work towards equity" (Beagan, Sibbald, et al., 2022, p.53), the profession cannot make progress if it does not acknowledge and challenge the existing systemic racism.

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## Appendix A Interview and Focus Group Questions

### Demographic Questions

1. What ethnicity and race do you identify as?
2. What gender do you identify as?
3. What is your age group? 20-25, 25-30, 35-40, 40-45, 45+
4. What city/state do you currently attend school?
5. How many academic semesters have you completed in your program? Are you currently taking courses online or in person?
6. How diverse is your workplace (FW site)? How many Black occupational therapists?
7. What occupational therapy degree are you hoping to obtain (MOT, OTD)?

### Questions Specific to Research Questions:

1. How many Black students are or were in your cohort?
2. How many students are/were in your cohort in total?
3. How many Black faculty is or were in your department?
4. How did/does your institution educate your cohort on potential systemic racism that can be experienced while working in the field?
5. How did/does your institution provide you with ways to handle systemic racism that can be experienced while in the OT program or working in the field?
6. How different would your experience in real-world practice (FW) be if you had received education on systemic racism?
7. Do you think it is important for OT programs to include more academic material on systemic racism in the field? (Any specific examples?)
8. What is your experience with systemic racism/implicit bias as a student? (have you experienced systemic racism in school or the workplace (FW)?)
9. How well do you feel supported by colleagues/classmates to bring any concerns of systemic racism to the attention of the leadership team?
10. How well do you feel supported by the leadership while in OT school?
11. How well do you feel supported by the faculty/instructors while in OT school?
12. When you think about your own life experiences and professional preparation, how did you obtain a knowledge base in systemic racism, equity, diversity, inclusion, and social justice?
13. How do you think implementing implicit bias training in entry-level OT programs would affect practice as an occupational therapist?
14. Should the training be mandatory or optional?
15. What are some specific changes you would like to see in your program?
16. Is there anything else you would like to add to our conversation about systemic racism in the classroom or the workplace (FW)?

**Focus Group Questions**

1. How did you learn about Occupational Therapy?
2. Have you experienced systemic racism in your OT program? Describe the experience.
3. As a minority, what strategies do you use for coping in your program or practice?
4. What specific tips/strategies to address microaggression at FW?
5. What changes would you like to see in the OT Curriculum pertaining to systemic racism?
6. How diverse are the clients that you treated while at FW?
7. How diverse is/were your cohort/current colleagues?
8. Have you experienced implicit bias around your body type/physique as a Black person?
9. Was diversity a factor you considered when applying to OT programs? Explain. What other factors did you consider? (EX: gender, color, recognition of religious holidays, tuition, etc.)
10. Do societal pressures withhold you from being able to express your culture in a professional setting? (Hair, clothing, etc.). What is your action plan if you are told your hair or cultural clothing is inappropriate?
11. Did you notice Black employees or black patients being treated differently during your FW or work experiences? Explain.
12. Since you identify as Black, are you typically expected to treat Black patients?
13. What is your ideal vision or picture when you think about the OT profession and what it should look like (specific examples concerning the workplace, program, diversity, occupational justice, etc.)?
14. What advice do you have for the students going into fieldwork or beginning their OT careers?
15. How have your experiences regarding implicit bias in OT school impacted your performance (productivity, grades)?
16. Did/do you find the amount of systemic racism/microaggressions you experience in the field shocking?
17. Are there any additional stories of your personal experiences regarding systemic racism within OT that you would like to share?