Applying an occupational justice framework

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Are you aware of occupational justice in your practice? How often have you been challenged by issues of occupational injustice? How do occupational injustices limit your clients' abilities for occupational engagement? As a group of occupational therapists studying the theoretical foundations of our profession, these were the questions we asked ourselves as we discussed the concepts of occupational justice. In this article, we propose that many of the clinical dilemmas which occupational therapists face in their daily practice can be framed and addressed using concepts of occupational justice. We have challenged ourselves to apply the concepts and language of occupational justice to examples of how occupational therapists work with clients.

Occupational justice is a term that emphasizes rights, responsibilities, and liberties that enable the individual to experience health and quality of life through engagement in occupations. Townsend & Whiteford, 2005; Wilcock and Townsend, 2000). In an occupationally just environment, individuals have access to adequate supports and resources to participate in occupations that are necessary and meaningful to them (Townsend & Wilcock, 2004). Occupational injustices occur when people are denied the physical, social, economic, or cultural resources or opportunities to be engaged in these meaningful occupations. Various possible outcomes of experiencing an occupational injustice have been proposed. Occupational deprivation is the result of individuals being denied the opportunity and resources to participate in occupations. Occupational alienation can occur when people are required to participate in occupations they find meaningless with little recognition or reward. Occupational marginalization can occur when individuals lack the power to exercise occupational choice as can occur when persons are stigmatized by illness or disability. Finally, occupational imbalance can occur when an individual is underemployed or unemployed and has too little to do. Conversely, the individual may be involved in too many occupations such as the case of a single parent with multiple family and work demands.

Adopting an occupational justice framework requires occupational therapists to adjust the way they view issues that prevent a client's occupational engagement. To frame an issue in occupational justice terms means to identify the environmental and systems barriers that prevent the client from engaging in occupations that promote health and quality of life. The following scenario serves to illustrate how an occupational therapist has applied the occupational justice framework.

Sarah is almost 2 years old with a diagnosis of global developmental delay resulting in delayed fine and gross motor and play skills. She lives with her mother, siblings, and grandparents in a small community a few hours north of a major urban centre. The family has limited finances and can only afford to pay for the necessities of life. Due to jurisdictional issues that prevent provincially funded programs from being offered in reserve communities, Sarah and her family must travel outside their home community to meet with the occupational therapist, Mary. When Mary asks Sarah's mother what she plays with at home, her mother responds that she likes Barbie dolls and stuffed toys. Sarah's mom states that Sarah does not have any blocks, building toys, books, or crayons at home. Recognizing that the family is unable to purchase toys that promote the development of fine motor and play skills, Mary recommends Sarah work on self-feeding skills and identification of body parts as the purchase of new resources would not be required. Mary recognizes that her first response, wanting to give the family a variety of toys, would not address the real problem. She is aware that many families do not have access to simple toys that can be used to promote development of their child's skills and abilities.

Framed in occupational justice language, Mary views this issue as one of occupational deprivation. In this case, the injustice is predicated by a social system which does not provide enough funding to support children's...
development. As a result, this family lacks resources to purchase toys that would enable Sarah’s play at a developmentally appropriate level. Since Sarah’s family was unable to buy simple toys for their children, the solution to this occupational injustice seemed complex and out of reach. Mary began by involving her manager and team in developing a grant application to fund a community toy lending library. Her second strategy was to advocate for community-based services for Sarah and other children on their reserve. Mary used email to contact a politician who was interested in service provision to reserve communities and highlighted the issue. If therapists like Mary were able to see these children in their homes, perhaps some aspects of the home environment could be used in achieving occupational therapy goals.

In another scenario, we considered the occupational injustice issues encountered by James, a 61-year-old man who attends a Geriatric Day Hospital.

James experienced a recent CVA that has resulted in visual impairment and deficits in executive function, especially in making decisions. He lacks the ability to determine his needs for assistance with personal care and financial management. James lives on a limited disability benefit through Employment Insurance.

In Table 1, we propose a process for addressing occupational justice issues in practice that can be used to explore James’ occupational injustice issues, identify

Table 1. A framework for addressing issues of occupational justice in practice.

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<th>Framework for addressing issues of occupational injustice</th>
<th>Suggested tools, methods, and readings</th>
<th>Client example</th>
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| Individual client event triggering awareness of issue     |                                        | James is a 61 year old man who has had a CVA  
                                         • visual and cognitive impairment  
                                         • attends Geriatric Day Hospital  
                                         (average age of cohort is 79 years) and is not interested in socializing with the older cohort  
                                         • limited finances, and no family support |
| Framing issue as an occupational injustice               | Engagement in occupation is a right and an issue of inequity and injustice if this is not achieved.  
                                         Townsend & Wilcock, 2004  
                                         Wilcock & Townsend, 2009 |
| Naming issue as a specific type of occupational injustice | For instance:  
                                         • occupational deprivation  
                                         • occupational alienation  
                                         • occupational marginalization  
                                         • occupational imbalance  
                                         Wilcock & Townsend, 2000 |
| Identifying possible reasons for that occupational injustice | Use of the “But Why”? technique  
                                         Federal, Provincial and Territorial Advisory Committee on Population Health, 1999 |

James’ goal is to resume meaningful employment. It is an occupational injustice if he is not able to secure meaningful employment.

Occupational marginalization  
James is not eligible to attend existing training programs to assist in attaining his goal of becoming employed.

James is unable to work.  
**But why is James unable to work?**  
Because his cognitive and visual impairment preclude his ability to resume employment as a taxi driver.  
**But why is James not able to find a different job?**  
Because there are no training programs available to assist James to attain his goal of resuming employment.  
**But why are there no training programs available for James?** Because the existing programs are targeted for those considered to be in the “employable” range – under 60 years of age.  
**But why...?**
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| Recognizing avenues of influence                          | What opportunities exist to influence the issue at each level:  
  • Micro (client-clinician relationship)  
  • Meso (practice environment) and/or  
  • Macro (structure and organization of health/social/education/political)  
  Restall & Ripat, 2008 | Micro  
  • Individual client sessions  
Meso  
  • liaise with employment insurance case manager  
Macro  
  • provincial politicians responsible for health and social services  
  • consumer groups |
| Taking action to address occupational injustice within avenues of influence | Client-centred strategies framework  
  • Personal reflection  
  • Client-centred processes  
  • Influencing practice settings  
  • Community organizing  
  • Coalition advocacy and political action  
  Restall, Ripat & Stern, 2003  
The Canadian Model of Client-centred Enablement  
  • Adapt  
  • Advocate  
  • Coach  
  • Collaborate  
  • Consult  
  • Coordinate  
  • Design/build  
  • Educate  
  • Engage  
  • Specializes  
  Townsend et al. (2007a) | Strategies used:  
  Client-centred processes  
Occupational therapist coaches James on development of advocacy skills  
Practice Settings  
Day Hospital team advocates to Employment insurance case manager to ensure that the client receives the support and services he is eligible for.  
Political Action  
Occupational therapist educates candidates on the issue during a provincial election campaign.  
Coalition Advocacy  
Occupational therapist collaborates with the provincial Stroke Associations to address the lack of vocational services for clients in James’ age range. |
| Reframing practice and actions as simultaneously working towards occupational justice at an individual and societal level. | Paul-Ward, 2009  
Townsend et al., 2007b | Occupational therapist continues to advocate on behalf of clients such as James by working with counterparts in other facilities to identify, document and report to management on the lack of vocational programming for clients under 65 years of age. |

Avenues of influence open to occupational therapists and develop a set of client-centred strategies. Readers are invited to use the process to develop their own set of strategies and action plans for James and their own clients. While other frameworks address occupational justice at a population level (Townsend & Whiteford, 2005), our process is initiated by an individual client-identified issue.

Occupational injustices like those faced by Sarah and her family cannot be resolved at an individual level. Townsend and Wilcock (2000) propose that occupational justice is achieved through a change in social attitudes which acknowledge the value of diversity and support the engagement of all persons in meaningful occupations. The challenge for occupational therapists is to identify and respond to occupational injustices in the present in a manner that promotes occupational justice in the future. As represented in our client scenarios, these actions need not be grand but rather can be small and incremental steps that are context specific and work towards the larger goal of occupational justice. It is our hope that by framing the issues our clients face in occupational injustice terms, and providing a framework for addressing the injustices, we can promote further dialogue on ways we can address issues of occupational justice in our daily work lives.
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References

Over the past ten years the Internet has transitioned from Web 1.0, which was primarily a place to search and download information, to a virtual place where people can interact with each other to collaborate and build communities of practice around topics of shared interest. These changes were made possible by the development of social software tools such as wikis, blogs, podcasts and discussion forums that can harness the collective intelligence of the users (O’Reilly, 2005) thus the transition to Web 2.0 occurred.

The steady diffusion of innovation using Web 2.0 tools by sectors such as business, education and politics has not been shared by healthcare but this is now changing (Kamel Boulou & Wheeler, 2007; McLean, Richards & Wardman, 2007; Seeman, 2008). Hamilton and Penman (in press) identify several factors that may explain the slow uptake of online “social software” tools by healthcare practitioners, including:

1. The healthcare workplace culture values direct client contact (McCluskey & Cusick, 2002) in preference to time spent on professional development.
2. Many health care settings limit access to computer and the Internet at work (McCluskey, 2003; Schaper & Pervan, 2007).
3. Ongoing professional development is seen as a personal responsibility (Jantzen, 2008), not the employer’s responsibility (Townsend, Sheffield, Stadnyk & Beagan, 2006).
4. Confidentiality, professionalism and self-protection concern healthcare practitioners and may lead them to be sceptical about using Web 2.0 tools in practice (Baecker & Detsky, 2008).

The Internet has become a virtual place for information sharing and knowledge transfer beyond traditional methods such as books and journals. Web 2.0, with its capacity to connect students, practitioners, researchers and the public, is in a unique position to connect day to day questions with formal research and can assist healthcare practitio-