

Becoming Anti-Racist Occupational Therapy Practitioners: A Scoping Study

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Abstract

The ongoing racism pandemic in the United States negatively impacts the health, safety, and occupations of Black, Indigenous, and/or People of Color. Although occupational therapy (OT) practitioners have a pressing obligation to actively address racism's causes and consequences, they lack guidance on what to do. This scoping study sought to identify and synthesize existing knowledge on ways OT practitioners and the profession can engage in anti-racist actions. Six databases were searched for content related to OT and anti-racism. The 31 included articles indicated that OT practitioners should: engage in reflexivity on ways their power and privilege impact therapeutic relationships, use inclusive models, consider how racism can impact client occupations and health care access, and address structural racism through advocacy and occupations as means. Although being anti-racist is a lifelong process, strategies within this study can support OT practitioners and the profession to initiate concrete anti-racist actions.

Keywords

occupational injustice, occupational therapy, evidence-based practice, cultural/culture sensitivity, client-centered practice

Introduction

The 2020 Black Lives Matter protests across the United States and globally were international responses to the killing of George Floyd, a Black man killed during an arrest in Minneapolis. Protests following police officers killing unarmed Black people have been occurring long before 2020, but these recent protests drew heightened awareness to social injustices and the consequences of racism on the health and safety of Black, Indigenous, and People of Color (BIPOC). Racism causes physical and psychological harm to BIPOC communities and is experienced by BIPOC across all health care settings (Serchen et al., 2020). In 2020, BIPOC disproportionately contracted and died from COVID-19, magnifying existing disparities, including access to health care, education, employment, benefits, housing, and criminal justice (Fortuna et al., 2020). Stemming from heightened awareness of these disparities and “the recognition of racism, not race, as a root cause or driver of health inequities” (Crear-Perry et al., 2020, p. 451), racism has been identified as a pandemic in the United States (American Psychological Association, 2020).

To address the racism driving health disparities within BIPOC communities, we argue in this article that occupational therapy requires a greater long-term commitment to equity and anti-racism. For occupational therapy, addressing racism is not only an ethical responsibility but also integral to its commitment to justice. Considerations of diversity and

inclusion are already established in occupational therapy (Trentham et al., 2007) and are fundamental elements of the American Occupational Therapy Association's (AOTA) Vision 2025; however, there have been calls for occupational therapy to take a more action-oriented approach to address racism (Taff & Blash, 2017). To be action-oriented requires adopting carefully constructed strategies, not just making empty promises or philosophical endorsements. Being anti-racist is action-oriented; it is both a social movement and a set of practices and discourses aimed at addressing racism (Hamaz, 2008). Importantly, anti-racism necessitates challenging structural racism (i.e., how societies foster discrimination through mutually reinforcing inequitable systems) and intersecting oppressive systems (e.g., ableism, classism, homophobia, sexism) by shifting power (Crear-Perry et al., 2020). Anti-racist occupational therapy involves practice that seeks to confront and eradicate racism, ensuring that intervention focuses on equitable outcomes rather than treatment uniformity.

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Table 1. Title, Abstract, and Keyword Searches.

Occupational therapy	AND	Anti-racism
Occupational therapy, Occupational therapist, Occupational science		Anti-racism, Racism, Cultural humility, Decolonizing, Occupational apartheid, Occupational consciousness, Social problems, Critical race theory, BIPOC, Diversity and inclusion, Social justice, Ethnic inequities, Oppression, White supremacy

Occupational therapy has recently put further attention on and acknowledged its role in addressing racism, from World Federation of Occupational Therapists' (WFOT) (2020) Statement on Systematic Racism to AOTA's Statement on Justice and Systematic Racism (AOTA, 2020) and AOTA's continuing education article on occupational consciousness and institutional racism in the United States (Lucas & Washington, 2020). Occupational therapy and occupational science organizations (e.g., Coalition of Occupational Therapy Advocates for Diversity [COTAD]; Society for the Study of Occupations: USA) are leading discussions for a more transformative occupational therapy. Despite the importance and usefulness of these statements, publications, and discussions for informing practitioners about racism and occupational therapy, none have systematically collated specific actions occupational therapy practitioners can do as recommended within occupational therapy literature. A comprehensive literature review on anti-racism implementation in occupational therapy practice does not exist. We recognize that no singular approach exists to eradicate racism and inequity. Nevertheless, by synthesizing the literature, this article explores what occupational therapy practitioners are currently doing and could do to improve their anti-racist work.

Our Positionality

We the authors acknowledge the privilege we hold from being white women of European descent who are English speakers living in a White supremacist society and academics working in the United States. As white people from dominant culture groups are responsible for confronting and ending the racism that sustains their power and privilege, this article was part of our work to take responsibility for our learning. We are aware of the systematic racism BIPOC experience as academics, health providers, clients, and family members but lack any firsthand experience of being a person of color or being subjected to racism. Within our larger research team on occupational therapy and anti-racism, we have a group of people of diverse age, gender, race, and ethnicities with whom we collaborate and who provided input on this article. Specifically, a Black occupational therapy practitioner with experience in anti-racism work provided critical review of this manuscript. We acknowledge the anti-racist scholarship by BIPOC occupational therapy scholars and critical race theorists who influenced our thinking, in particular the work of Professor Elelwani Ramugondo (2018) and Professor Kimberlé Crenshaw (2017).

Aim

This scoping study aimed to identify and synthesize existing occupational therapy knowledge on ways occupational therapy practitioners can engage in anti-racist actions.

Method

Scoping Study Method

A scoping study methodology was purposively chosen as they are used to map and synthesize the literature on a topic that has not been addressed in-depth previously (Arksey & O'Malley, 2005). We used the five stages scoping study framework described by Arksey and O'Malley (2005), which includes (a) identifying the research question; (b) identifying relevant studies; (c) study selection; (d) charting the data; and (e) collating, summarizing, and reporting results.

Identifying the Research Question

We focused on the question: *What is known about ways occupational therapy practitioners can engage in anti-racist actions?* We understood "anti-racist actions" to include any activity that addresses or reduces racism experienced by BIPOC occupational therapy practitioners, clients, or populations.

Research ethics section and patient consent. Research ethics approval and gaining consent were not required for this scoping study as no participants were involved.

Identifying Relevant Studies

We conducted a systematic search using six electronic databases (i.e., PsycINFO, ERIC, CINAHL Complete, OT Seeker, Web of Science, Scopus) to identify studies for inclusion. To address the focus of this study, anti-racist actions occupational therapy practitioners can take, we searched using terms related to occupational therapy and anti-racism (see Table 1 for search terms). We also conducted a hand search in the following journals: *Canadian Journal of Occupational Therapy*, *Australian Journal of Occupational Therapy*, *American Journal of Occupational Therapy*, *New Zealand Journal of Occupational Therapy*, *Journal of Occupational Science*, and *OTJR: Occupation, Participation, and Health*. Inclusion criteria included journal articles about occupational therapy and anti-racism actions published in English between 2000 and December 2020. Articles published since 2000 were included

Table 2. Inclusion and Exclusion Criteria for Included Studies.

Inclusion Criteria	Exclusion criteria
• Peer-reviewed in academic journals • Published in the English language • Published between January 2000 and December 2020 • Includes content on occupational therapy and anti-racism/racism • Includes anti-racist actions or strategies for occupational therapy practitioners or profession	• Dissertations or theses • Conference proceedings or reports • Books or book chapters • Non-peer-reviewed publications.

due to the shift over the past two decades in occupational therapy literature that is now more aligned with anti-racism (e.g., from cultural competency to cultural humility). Once inclusion criteria were established, we reviewed the published literature for article selection. Full inclusion and exclusion criteria are delineated in Table 2.

Article Selection

Article screening and inclusion determination was managed through Covidence (Covidence systematic review software, n.d.), a systematic review management program that enables each reviewer to independently determine inclusion or exclusion at screening and full article review stages. Both authors reviewed all studies independently, and when differences in perspective for inclusion or exclusion arose, we reviewed the inclusion criteria and came to a consensus decision.

Charting the Data

We extracted the following data from included articles into a data extraction form: publication year, country of article, purpose, population focus, methodology, and anti-racism actions for providers, education, and research.

Collating and Summarizing Results

Results related to occupational therapy education are forthcoming. Using a modified thematic analysis approach, the first author aggregated all anti-racism actions or strategies in a document and then inductively grouped these strategies (e.g., grouping all content related to reflexivity). We engaged in peer debriefing and considered organizing ideas across grouped concepts. We identified five major themes to organize the results, which each describe anti-racist actions for occupational therapy practitioners.

Results

Characteristics of Included Studies

We describe the study selection process in Figure 1 using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (Page et al., 2021). The 31

articles included in this review presented actions for enhancing anti-racism work among occupational therapy practitioners. In Table 3, we describe the included studies, and in Table 4, we present specific actions. The authors were from Canada (12), United States (eight), Australia (seven), United Kingdom (two), Ireland (one), South Africa (one), and New Zealand/Aotearoa (one). Publication year ranged from 2006 to 2020, with 14 articles published in the last five years and seven published in 2020. The majority of the articles were literature reviews or theoretical papers (18), with the remaining articles using the following methods: qualitative (eight), viewpoints/reflective accounts (three), descriptive analysis (one), and survey (one). Twelve of the articles did not specify a specific focal group, but described anti-racism needed for ethnic minorities or non-Western peoples broadly within their countries. The remaining articles focused on the following populations: Indigenous Australians (seven), Indigenous Canadians (four), Black Americans (three), Black Canadians (two), South Asian peoples (one), Maori (one), and Black South Africans (one). Given the history of racism and the large Black population in the United States, the limited articles addressed racism for Black Americans is insufficient. In addition, there were no included articles from the United States from the voices of Indigenous people or focused on addressing racism against Indigenous people. Few authors of the included studies provided statements of their positionality, making it difficult to determine whose voices were contributing to the knowledge base.

Engage in Ongoing Reflexivity

Many articles recommended reflexivity as the starting point before engaging in other anti-racism work (Agner, 2020; Gibson, 2020; Hojjati et al., 2018; Jull & Giles, 2012; Kirsh et al., 2006; Mahoney & Kiraly-Alvarez, 2019; Nelson, 2007; Taff & Blash, 2017; White & Beagan, 2020). These articles suggested occupational therapy practitioners engage in reflexivity to consider their cultural perspectives and the ways they influence client relationships (Agner, 2020; Kirsh et al., 2006; Taff & Blash, 2017). Authors described that practitioners could reflect on their fears and biases and how they align with dominant cultural narratives (Agner, 2020) and examine the ways of doing and thinking taken for granted by dominant cultural groups (Nelson, 2007). Occupational

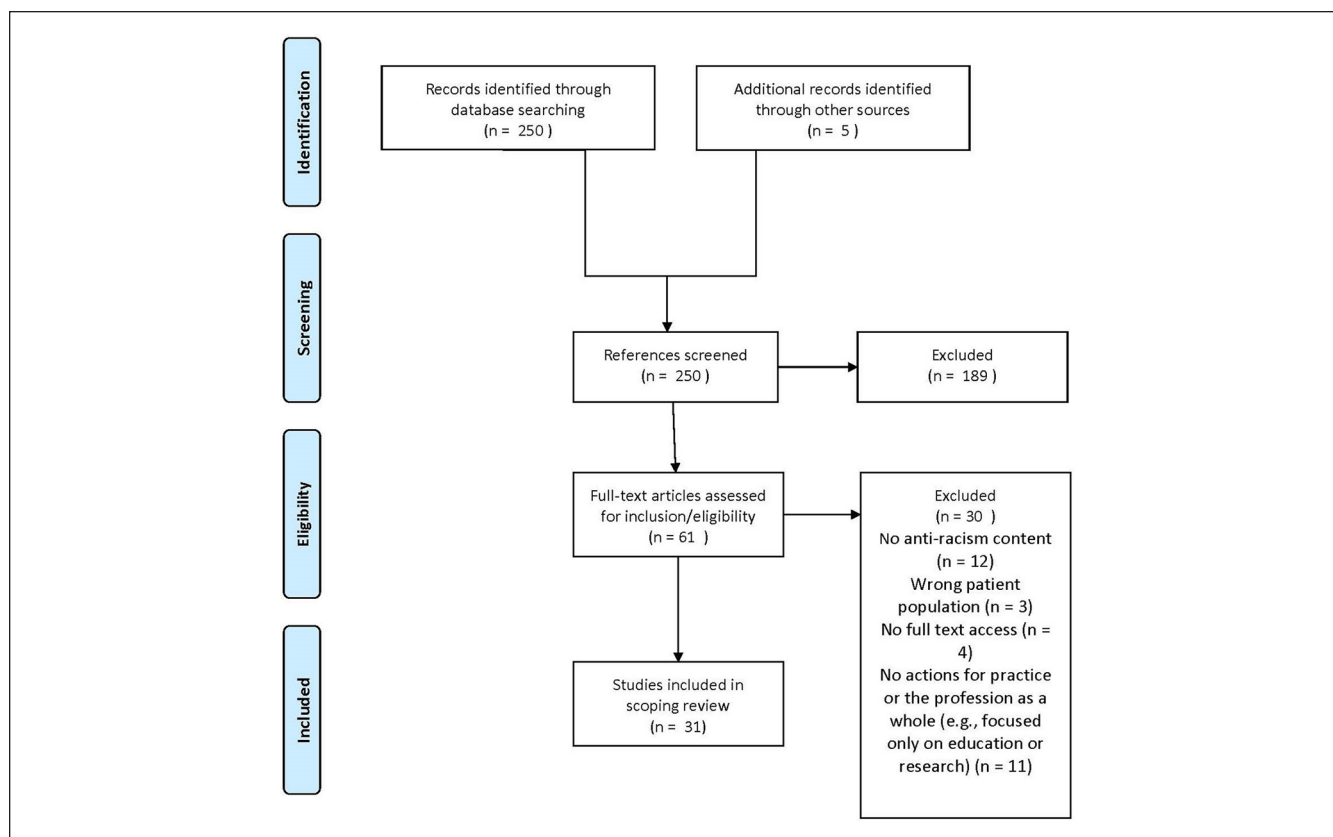


Figure 1. Study identification and selection process.

therapy practitioners should consider how the dominant culture can enact racism even without an individual being conscious of it and ways this racism negatively influences client relationships (Kirsh et al., 2006). Without this critical self-reflection, it was noted that practitioners could contribute to client and population ill-health, especially within Black and Indigenous communities (Jull & Giles, 2012).

Understand and engage with clients using cultural humility and cultural safety. The literature recommended that one way for occupational therapy practitioners to engage in reflexivity was to learn about and engage in cultural humility and cultural safety rather than cultural competence (Agner, 2020; Beagan, 2015; Beagan & Chacala, 2012; Gibson, 2020; Hammell, 2013). Cultural humility is an ongoing process of engagement, questioning of assumptions, and being open to learning about other cultures, rather than having an end goal of ever truly being competent (Beagan, 2015). Proponents of cultural humility describe how it reduces stereotyping by emphasizing that people can experience their culture in multiple and fluid ways (Agner, 2020; Beagan, 2015). Cultural safety, a concept developed by Maori nurses, refers to client/provider relationships built on shared decision-making, mutual respect, and collaboration (Jull & Giles, 2012).

One component of cultural safety is conducting culturally safe evaluations. The literature indicated that practitioners should consider the assessment environment and modify it as necessary to fit cultural needs (Gordon-Burns & Paraneha Walker, 2015; Thorley & Lim, 2011). Occupational therapy practitioners should critique the origins of standardized assessments, including country, content, and culture being represented (Gordon-Burns & Paraneha Walker, 2015).

Question and modify values represented in theories and practice frameworks. Authors in eight articles recommended that to engage in reflexivity, occupational therapy practitioners should learn about and acknowledge how the dominant culture controls the narrative within occupational therapy theories (Angell, 2014; Beagan, 2015; Gerlach, 2008; Gibson, 2020; Gordon-Burns & Paraneha Walker, 2015; Kirsh et al., 2006; Lavalley & Johnson, 2020; White & Beagan, 2020). The literature encouraged practitioners to consider whose perspectives are missing within these narratives (e.g., Black women, Indigenous peoples) and ways current Euro/Western-focused narratives perpetuate inequities for BIPOC clients (Angell, 2014; Gerlach, 2008; White & Beagan, 2020).

The literature indicated that occupational therapy should decolonize professional theories and values and recreate them as more universal and less Eurocentric (Grenier, 2020;

Table 3. Description of Included Studies.

Author(s)	Title	Year	Country	Study design	Population of focus
Agner, J.	Moving from cultural competence to cultural humility in occupational therapy: A paradigm shift	2020	United States	Literature review/Theoretical	Ethnic minority/non-Western
Angell, A.	Occupation-centered analysis of social difference: Contributions to a socially responsive occupational science	2014	United States	Literature review/Theoretical	Ethnic minority/non-Western
Bass-Haugen, J. D.	Health disparities: Examination of evidence relevant for occupational therapy	2009	United States	Descriptive analysis	Ethnic minority/non-Western
Beagan, B. L.	Approaches to culture and diversity: A critical synthesis of occupational therapy literature	2015	Canada	Literature review/Theoretical	Ethnic minority/non-Western
Beagan, B. L., & Chacala, A.	Culture and diversity among occupational therapists in Ireland: When the therapist is the "diverse" one	2011	Ireland	Qualitative	Ethnic minority/non-Western
Beagan, B. L., & Etowa, J.	The impact of everyday racism on the occupations of African Canadian women	2009	Canada	Qualitative	Black (Canada)
Beagan, B. L., & Etowa, J.	The meanings and functions of occupations related to spirituality for African Nova Scotian women	2011	Canada	Qualitative	Black (Canada)
Bogg, J., Gibbons, C., Pontin, E., & Sartain, S.	Occupational therapists' perceptions of equality, diversity and career progression in the National Health Service	2006	United Kingdom	Survey	Ethnic minority/non-Western
Frank, G., & Kigunda Muriithi, B. A.	Theorizing social transformation in Occupational Science: The American civil rights movement and South African struggle against apartheid as "occupational reconstructions"	2015	United States/South Africa	Literature review/Theoretical	Black (United States and South Africa)
Gerlach, A.	"Circle of caring": A First Nations worldview of child rearing	2008	Canada	Qualitative	Indigenous Canadians
Gerlach, A. J.	Sharpening our critical edge: Occupational therapy in the context of marginalized populations	2015	Canada	Literature review/Theoretical	Ethnic minority/non-Western
Gibson, C.	When the river runs dry: Leadership, decolonization and healing in occupational therapy	2020	Australia	Literature review/Theoretical	Indigenous Australians
Gordon-Burns, D., & Paraneha Walker, H.	Institutionalized racism in the public health system	2015	New Zealand/Aotearoa	Viewpoint/Reflective	Indigenous Aotearoa/Maori
Grenier, M.	Cultural competency and the reproduction of white supremacy in occupational therapy education	2020	Canada	Literature review/Theoretical	Ethnic minority/non-Western
Hammell, K.	Occupation, well-being, and culture: Theory and cultural humility	2013	Canada	Literature review/Theoretical	Ethnic minority/non-Western
Hojjati, A., Beavis, A., Kassam, A., Choudhury, D., Fraser, M., Masching, R., & Nixon, S.	Educational content related to postcolonialism and indigenous health inequities recommended for all rehabilitation students in Canada: A qualitative study	2018	Canada	Qualitative	Indigenous Canadians

(continued)

Table 3. (continued)

Author(s)	Title	Year	Country	Study design	Population of focus
Jull, J., & Giles, A.	Health equity, Aboriginal peoples and occupational therapy	2012	Canada	Literature review/ Theoretical	Indigenous Canadians
Kirsh, B., Trentham, B., & Cole, S.	Diversity in occupational therapy: Experiences of consumers who identify themselves as minority group members	2006	Canada	Qualitative	Ethnic minority/non-Westerners
Mahoney, W. & Kiraly-Alvarez, A.	Challenging the status quo: Infusing non-Western ideas into occupational therapy education and practice	2019	United States	Literature review/ Theoretical	Ethnic minority/non-Western
Nelson, A.	Seeing white: A critical exploration of occupational therapy with indigenous Australian people	2007	Australia	Qualitative	Indigenous Australians
Nelson, A.	Learning from the past, looking to the future: Exploring our place with Indigenous Australians	2009	Australia	Literature review/ Theoretical	Indigenous Australians
Pyatak, E., & Muccitelli, L.	Rap music as resistive occupation: Constructions of Black American identity and culture for performers and their audiences	2011	United States	Literature review/ Theoretical	Black (United States)
Ryan, A., Gilroy, J., & Gibson, C.	#Changethedate: Advocacy as an on-line and decolonizing occupation	2020	Australia	Qualitative	Indigenous Australians
Taff, S., & Blash, D.	Diversity and inclusion in occupational therapy: Where we are, where we must go	2017	United States	Literature review/ Theoretical	Ethnic minority/non-Western
Thomas, Y., Gray, M., & McGinty, S.	Occupational therapy at the "cultural interface": Lessons from research with Aboriginal and Torres Strait Islander Australian children in Australia	2011	Australia	Viewpoint/ Reflective	Indigenous Australians
Thorley, M., & Lim, S.	Considerations for occupational therapy assessment for Indigenous children in Australia	2011	Australia	Literature review/ Theoretical	Indigenous Australians
Trentham, B., Cockburn, L., Cameron, D., & Iwama, M.	Diversity and inclusion within an occupational therapy curriculum	2007	Canada	Literature review/ Theoretical	Ethnic minority/non-Western
White, T., & Beagan, B. L.	Occupational therapy roles in an Indigenous context: An integrative review	2020	Canada	Literature review/ Theoretical	Indigenous Canadians
Yam, N., Murphy, A., & Thew, M.	Occupational therapy for South Asian older adults in the United Kingdom: Cross-cultural issues	2020	United Kingdom	Literature review/ Theoretical	South Asian (United Kingdom)
Zeldenryk, L., & Yalmambirra.	Occupational deprivation: A consequence of Australia's policy of assimilation	2006	Australia	Viewpoint/ Reflective	Indigenous Australians
Lavalley, R., & Johnson, K.	Occupation, injustice, and anti-Black racism in the United States of America	2020	United States	Literature review/ Theoretical	Black (United States)

Table 4. Anti-Racist Actions for Occupational Therapy Practitioners and Profession.

Occupational therapy practitioners

- Engage in reflexivity on how
 - the media portrays specific cultural groups, and ways this shapes their own perceptions (Gerlach, 2008).
 - the language occupational therapy practitioners use impacts relationships (White & Beagan, 2020).
 - societal and professional norms perpetuate racism (Gibson, 2020; Mahoney & Kiraly-Alvarez, 2019).
- Observe and learn from communities prior to engaging in therapeutic relationships (Gerlach, 2008; Nelson, 2009).
- Ask open-ended questions (Agner, 2020; Beagan, 2015).
- Use culturally relevant pictures, occupations, and assessments, and modify as needed (Gordon-Burns & Paraneha Walker, 2015; Thorley & Lim, 2011).
- Use the Kawa model (Nelson, 2009).
- Use strength-based frameworks and systems thinking to support creating alliances with BIPOC clients (Kirsh et al., 2006; Lavalley & Johnson, 2020).
- Create space for clients to self-identify, be aware of clues, and be open to multiple experiences of clients belonging to minority cultural groups (Kirsh et al., 2006)
- Use inclusive and culturally accurate language, and listen to and believe BIPOC clients (Gibson, 2020).
- Incorporate cultural needs into occupational therapy practice (Yam et al., 2020)
- Conduct assessments in groups when possible with children (Gordon-Burns & Paraneha Walker, 2015; Thorley & Lim, 2011)
- Include an Indigenous health worker to increase relevance of therapy and increase client comfort (Thomas et al., 2011; Thorley & Lim, 2011).
- Focus on collective co-occupations or interdependence (Gerlach, 2008; Yam et al., 2020).
- Be flexible with appointment times (e.g., drop in appointments), where services are delivered, and the way to communicate with clients (Nelson, 2009).
- Become comfortable calling out racism with clients, the workplace, and the profession as a whole (Gibson, 2020).
- Learn how racism impacts clients' experience of occupation, and listen and believe their experiences (Beagan & Etowa, 2009).
- Promote spirituality to support health and well-being and counteract the daily experiences of racism (Beagan & Etowa, 2011).
- Promote occupational reconstructions such as protests to enact social change (Frank & Kigunda Muriithi, 2015; Pyatak & Muccitelli, 2011; Ryan et al., 2020).
- Learn about the impact of the ongoing individual and generational trauma Indigenous people experience from residential schooling (Gerlach, 2008; Hojjati et al., 2018; Zeldenryk & Yalmambirra, 2006).

Occupational therapy profession

- Support cultural well-being as an occupation (Gibson, 2020).
- Include the voices and perspectives of Indigenous peoples and Indigenous ways of knowing in theory development (Grenier, 2020; Jull & Giles, 2012)
- Consider the ways Western societies privilege and value Western occupations, and actively recognize and value non-Western occupations (Ryan et al., 2020).
- Add anti-racism and cultural humility as part of the Occupational Therapy Practice Framework (Taff & Blash, 2017).
- Include Indigenous people in decision-making positions (Gibson, 2020).
- Develop a position statement to signal that Indigenous health is a professional priority (Nelson, 2009; Taff & Blash, 2017; Thomas et al., 2011).
- Create culturally-specific and multi-cultural practice networks, advocacy groups, and mentoring (Gibson, 2020; Taff & Blash, 2017; Thomas et al., 2011).
- Support recruitment of BIPOC therapists using flexible degree programs such as evening and hybrid programs (Nelson, 2009; Taff & Blash, 2017), bridging courses with community colleges, and focusing recruitment on schools with predominately BIPOC student bodies (Nelson, 2009).
- Include in educational standards and continuing education competencies on cultural humility, cultural safety, anti-racism, addressing professional power differentials, and advocating alongside underrepresented groups (Hojjati et al., 2018; Kirsh et al., 2006; Taff & Blash, 2017; Yam et al., 2020).
- Question the ways that the "middle class" values of the occupational therapy profession shape the ways we engage with clients (Beagan, 2015; Gerlach, 2008).
- Advocate for workplaces to provide
 - cultural humility training (Bogg et al., 2006).
 - training for therapists to engage with Indigenous clients in a culturally safe way (Nelson, 2009).

Jull & Giles, 2012; Mahoney & Kiraly-Alvarez, 2019). Authors suggested that to support therapeutic alliances, practitioners should use strengths-based frameworks and systems thinking that build on client agency and capabilities rather than focusing on deficits (Gerlach, 2008; Kirsh et al., 2006;

Lavalley & Johnson, 2020) and collaborative ways of engaging with BIPOC clients in which occupational therapy practitioners learn from clients rather than solely tell them what to do (Gordon-Burns & Paraneha Walker, 2015; Nelson, 2007).

Address power dynamics within societies and the therapeutic relationship. The literature indicated that to engage in reflexivity and anti-racism, occupational therapy practitioners must consider their position within societal and professional power structures (Agner, 2020; Beagan, 2015; Gerlach, 2008; Hammell, 2013; Kirsh et al., 2006; Mahoney & Kiraly-Alvarez, 2019; Pyatak & Muccitelli, 2011; White & Beagan, 2020), including within health care systems (Jull & Giles, 2012). Positionality thinking supports reflections on how power and privilege are shaped by historical context, including colonization (Beagan, 2015; Gerlach, 2008; Kirsh et al., 2006; Mahoney & Kiraly-Alvarez, 2019), and ways power influences therapeutic relationships (Hammell, 2013; White & Beagan, 2020).

Follow Cultural Occupational Needs and Values

The literature indicated that occupational therapy practitioners should follow communities' lead on their values, norms, and ways of performing occupations (Gerlach, 2008; Thomas et al., 2011; Yam et al., 2020). Practitioners should learn about valued community occupations and types of meaningful goals and interventions for clients within their communities (Gerlach, 2008; Kirsh et al., 2006). Asking about families' values and health beliefs from a place of learning can support trust and collaboration and reduce stereotypes (Gerlach, 2008; Kirsh et al., 2006).

Learn About Racism's Impacts on Clients and Populations and Support Occupational Reconstructions

Nine articles described how, for occupational therapy practitioners to be anti-racist, they need to learn about the history of racism and colonization, ongoing inequities perpetuated by structural racism, and work to acknowledge and counteract this history (Angell, 2014; Beagan & Etowa, 2009; Gerlach, 2008; Gibson, 2020; Hojjati et al., 2018; Lavalley & Johnson, 2020; Nelson, 2007; Ryan et al., 2020; Zeldenryk & Yalmambirra, 2006). Occupational therapy is a predominantly white profession that has historically excluded BIPOC therapists overtly or through structural racism, with present-day consequences for professional values and practice and who has the opportunity to be occupational therapy practitioners (Angell, 2014; Lavalley & Johnson, 2020). Practitioners must understand the history to actively mitigate its present-day effects.

Racism can infiltrate occupations that may traditionally be considered enjoyable and valued, such as leisure occupations or social interactions, making them stressful experiences (Beagan & Etowa, 2009). Authors in four articles described how individual and collective occupations could be used as a means to address racism (Beagan & Etowa,

2011; Frank & Kigunda Muriithi, 2015; Pyatak & Muccitelli, 2011; Ryan et al., 2020). Occupational reconstructions are ways that people change their everyday life in response to a problematic situation (Frank & Kigunda Muriithi, 2015). Authors in South Africa and Australia described how collective occupations such as engaging in a civil rights protest could raise awareness of problems, bring about systemic change, and empower communities (Frank & Kigunda Muriithi, 2015; Ryan et al., 2020).

Promote Anti-Racist Workplaces and Skills

Authors in 10 articles described the many anti-racist actions occupational therapy can take (Bass-Haugen, 2009; Beagan & Chacala, 2012; Bogg et al., 2006; Gibson, 2020; Hojjati et al., 2018; Nelson, 2009; Taff & Blash, 2017; Thomas et al., 2011; Trentham et al., 2007; Zeldenryk & Yalmambirra, 2006). Occupational therapy organizations should promote occupational therapy's full scope of practice, including anti-racism interventions and occupations to address health disparities (Bass-Haugen, 2009; Gibson, 2020; Hojjati et al., 2018; Taff & Blash, 2017). Occupational therapy practitioners require guidance to engage in anti-racist actions with clients (Yam et al., 2020). Thomas et al. (2011) suggested that AOTA could create guidelines to support engagement with Indigenous groups and ways practitioners can engage in anti-racism.

To create more culturally relevant practice, occupational therapy needs to recruit and retain more BIPOC (Bogg et al., 2006; Nelson, 2009; Zeldenryk & Yalmambirra, 2006). To retain BIPOC therapists, workplaces need to acknowledge and address racism, offer flexibility within team tasks, provide peer support, respect cultural differences and individual needs, and encourage leveraging their strengths in practice (Beagan & Chacala, 2012).

Increase Access to Occupational Therapy Services to Reduce Health Disparities

Health disparities and racism are perpetuated through unequal access to health services such as occupational therapy (Gerlach, 2008; Jull & Giles, 2012; Nelson, 2009; Thomas et al., 2011; Wyllie & Gains, 2009). Occupational therapy needs to increase access to quality occupational therapy services for BIPOC. Practitioners should consider alternative funding sources (Nelson, 2009); understand and dismantle how racism and colonialism restrict service access (Jull & Giles, 2012); and critically engage with and reject racist narratives within health care of blaming, shaming, and compliance (Gerlach, 2008). Flexibility with how practitioners deliver services can improve access to service and occupational outcomes (Nelson, 2009; Thomas et al., 2011).

Discussion

The scoping study presented specific anti-racist actions occupational therapy practitioners can take, beginning with reflexivity. Engaging in reflexivity before doing other anti-racist actions is essential to understanding biases, assumptions, positions of power, and privilege. Building relationships through strengths-based, client-centered, and culturally sensitive ways of engaging with clients is essential and requires taking time with clients to learn from them. Clients' experience with structural racism means that trust may take time and effort to gain (Nelson, 2009). To address inherent biases and assumptions and not stereotype clients, collaborative, strengths-based models that include non-Western ideas are imperative. One strategy to make existing occupational therapy models more inclusive is to add Indigenous or non-Western ideas to current models, such as adding concepts of community, land, and Indigenous spirituality to the Canadian Model Of Occupational Performance and Engagement (Fijal & Beagan, 2019). Occupational therapy can reflect on what occupations and roles are emphasized. Increasingly, the concepts of being, becoming, and belonging are being used and modified (Simaan, 2017) to be more inclusive for non-Western populations than the traditional occupational therapy focus on activities of daily living, leisure, and productivity. Occupational therapy can also embrace non-Western concepts such as Ubuntu (i.e., identity tied to community interaction to enable capabilities) and collective occupations (e.g., Indigenous communities fishing, Black communities protesting to demand racial justice) (Ramugondo & Kronenberg, 2015).

To guide and theoretically ground anti-racist occupational therapy practice, practitioners can draw on and learn from seminal anti-racism works and theorists, such as Critical Race Theory (Crenshaw et al., 1995) and Freire's (1973) critical consciousness. These theories have previously been used within occupational therapy to illuminate social exclusion, inequities, injustices, and imbalances of power (Hammell & Iwama, 2012). Freire's work was key in developing social occupational therapy in Brazil (Magalhães, 2012), which aligns with anti-racism work in its focus on reflection and action.

Anti-racism is emerging as an important topic within occupational therapy; however, it requires practitioners to engage in actions critically to not further perpetuate injustice. For example, AOTA's recent continuing education article described actions that occupational therapy practitioners can do to engage with BIPOC communities and exchanges between predominately white and predominately BIPOC universities using principles of Contact Theory. However, this suggestion puts the onus on BIPOC communities or students. BIPOC should not be learning objects for white students from privileged backgrounds. Instead, people from the dominant culture need to do critical reflection before engaging with marginalized populations (Becker & Paul, 2015).

Limitations

In this study, we excluded non-English journal articles, books, gray literature, position statements, and documented conversations such as AOTA's "We are listening" sessions. These documents may lend important context to future research. We did not carry out a consultant phase as an optional sixth step suggested by Arksey and O'Malley (2005). Future consultations could provide further insight on what is being done across occupational therapy. Finally, we did not consult a librarian in the search strategy, who may have identified additional keywords.

Future Directions

Understanding racism's impact on occupations and occupations' potential for enacting structural change was an underexplored space in the literature. Greater research and interventions on this topic are important for understanding community needs, supporting meaningful occupations, and enacting structural change.

Clients experience barriers to engagement in occupations caused by systemic and structural racism (Gerlach et al., 2018); thus occupational therapy cannot be apolitical, it has an imperative to enact change. Future research should address ways occupational therapy practitioners can apply anti-racist actions identified in this study into their practice, including barriers and enablers to implementation. Practitioners require tools for evaluating whether their practice is anti-racist and targeting areas where they are inadvertently perpetuating inequity through racist practice. Due to structural racism and gatekeeping, academic publishing is dominated by white authors, editors, and participants, reaching predominately white audiences (Roberts et al., 2020). Future work should include multiple methods of dissemination to reach audiences lacking access to peer-reviewed publications.

Implications

To reduce the health and occupational disparities of BIPOC communities caused by individual and systemic racism, occupational therapy practitioners should (a) engage in ongoing critical reflexivity examining ways their privilege and values can perpetuate inequities, (b) learn about and practice in a way that honors and strengthens clients' cultural occupational needs and values, (c) inform their practice by historical and ongoing impacts of racism, (d) address individual and systemic racism in the workplace, and (e) increase access to occupational therapy services.

Conclusion

This is the first study to comprehensively and systematically scope the occupational therapy literature regarding actions

for enhancing anti-racism in occupational therapy practice, thereby offering a foundation for advancing occupational therapy in this timely and critical area. This study is a starting point; being anti-racist occupational therapist practitioners is a lifelong process requiring active reflection and action.

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