Darton, Hannah, Laver Fawcett, Alison
ORCID logoORCID: https://orcid.org/0000-0002-9924-1319 and
Wadey, Ally ORCID logoORCID: https://orcid.org/0000-0002-6649-8951
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RaY

Research at the University of York St John

For more information please contact RaY at ray@yorksj.ac.uk

Title

Exploring Ableism and Occupational Therapy: Perspectives of Occupational Therapy Educators Working within Higher Education.

Abstract

Aim: This study examined the viewpoints of occupational therapy educators in higher education regarding ableism and its impact on occupational therapy practice. It forms part of a wider study which also explored occupational therapy student perspectives, published separately.

Method: An online survey involved the administration of Likert-scales and open-ended survey questions, enabling a comprehensive examination of occupational therapy educators' perspectives on ableism in occupational therapy.

Findings: The sample comprised 32 teaching staff actively engaged in occupational therapy degree-level education. Most participants (72%) perceived occupational therapy as inherently ableist. Content analysis showed variations in how respondents understood the term 'ableism', and this appeared to be a compounding factor in respondents' views as to whether the profession is ableist. Most (89%) respondents agreed that the profession focuses on independence, affirming past critiques. Themes, including cultural sensitivity, challenges with engaging in disability studies, and power dynamics within occupational therapy education, emerged.

Conclusion/Impact: This study provides insight into educators' opinions of occupational therapy practices and their promotion of ableism. Future qualitative research should aim to unravel additional understanding of ableism within occupational therapy, including its origins, so future systemic changes required to address the harm of ableism can begin to be addressed.

Keywords: Ableism, Occupational Therapy, Disability Studies, Educators, Survey

Key findings:

- Seventy-two percent of respondents perceived occupational therapy as ableist.
- Eighty-nine percent of respondents agreed occupational therapy focuses on independence.

- Respondents showed variation in their understandings of the term "ableism".

What the study as added:

This study adds to the evidence base regarding how occupational therapy educators in higher education perceive ableism within the profession and informs future systemic efforts to address ableism's harmful effects.

Introduction

The discourse surrounding the identity and values of occupational therapy continues to evolve, reflecting the profession's ongoing engagement with societal norms, expectations, and challenges (Fitzgerald, 2014; Turner and Knight, 2015; Wilcock and Hocking, 2015; Grenier, 2020a). Amidst this evolution, a growing number of voices within the occupational therapy community have called for critical examination of how prevailing societal values, particularly those rooted in neoliberal, capitalist ideologies, shape and influence the profession (Hammell, 2022; Karp and Block, 2022; LeBlanc-Omstead and Mahipaul, 2022; Mahipaul, 2022; Tsang and Haque, 2022; Yao *et al.*, 2022; Vine, 2024). Such scrutiny prompts an interrogation of the impact of these values on occupational therapy education, practice, and ultimately, the experiences of those with whom the profession engages.

This paper responds to this imperative by focusing specifically on the nexus of ableism and occupational therapy from the perspective of teaching staff on occupational therapy degree programme. Through a mixed-method survey, the research aimed to explore this population's understanding of ableism within the profession, as well as their reflections on how ableism manifests within educational contexts and institutions. By amplifying the voices and insights of teaching staff, the study sought to illuminate the nuances of ableism in occupational therapy education, contribute to ongoing discussions on diversity, equity, and inclusion within the profession, and inform efforts to create less harmful practices.

Literature Review

Ableism

Ableism, defined as "discrimination in favour of able-bodied people; prejudice against or disregard of the needs of disabled people" (Oxford English Dictionary, 2023), is a pervasive issue that extends beyond overt acts of discrimination. Scholars like Fiona Campbell (2009) emphasised that ableism is not solely manifested through discriminatory actions but is deeply embedded in societal beliefs, processes, and practices. Lewis (2022) further underscored the intersectional nature of ableism, highlighting its roots in various systems of oppression. Their most current working definition of ableism is *"A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in*

eugenics, anti-blackness, misogyny, colonialism, imperialism, and capitalism. This systemic oppression leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave". You do not have to be disabled to experience ableism" (Lewis, 2022).

Disability Studies and Occupational Therapy

Disability studies offers a critical lens for examining ableism, as it seeks to dismantle the societal structures and biases that create and sustain oppression against disabled individuals (Watson and Vehmas, 2020). This field challenges traditional medical and individual deficit models, which often frame disability as a problem to be fixed or managed and instead advocates for understanding disability as a socially constructed experience (Watson and Vehmas, 2020). Disability studies foreground the importance of centring lived experience and interrogating ableist frameworks, which is especially relevant in disciplines like occupational therapy that intersect directly with disability (Harrison *et al.*, 2021). Engaging with disability studies enables a broader critique of the underlying assumptions in occupational therapy education and practice, helping to expose the implicit biases that may inadvertently uphold ableist ideologies (Harrison *et al.*, 2021).

Given this critical perspective, this study investigates not only occupational therapy teaching staff's understanding of ableism but also their engagement with, and willingness to engage in, disability studies. Recognising that familiarity with disability studies may influence how teaching staff perceive ableism, the survey asked participants about their engagement with this field to contextualise their responses

Ableism and occupational therapy

While the discourse on ableism within occupational therapy has gained momentum in recent years, there remains a notable gap in literature exploring the perspectives of teaching staff within occupational therapy education. Studies have primarily focused on implicit and explicit ableist biases among students and professionals (VanPuymbrouck and Friedman, 2019; Friedman and VanPuymbrouck, 2021a, 2021b; Feldner, VanPuymbrouck and Friedman, 2022). Movements such as ABLEOT UK ('ABLEOTUK', 2021) have underscored the importance of addressing ableism within occupational therapy education and practice (Hicks, 2022). However,

the perspectives of teaching staff, who play a pivotal role in shaping educational curricula, clinical practices, and the attitudes of future occupational therapists, remain largely unexplored.

By adopting a "studying up" approach (Nader, 1972), this research seeks to fill this gap by examining the attitudes and perspectives of occupational therapy teaching staff on ableism within the profession. Attitudes are learned and reflective of the society in which one lives and works (Cherney, 2011). The theory of 'studying up' involves examining those in positions of influence or authority—such as educators—who shape institutions, practices, and societal attitudes. This approach is considered essential for creating lasting change and advancing a more just society (DiAngelo, 2018). 'Studying up' has been used to research how patient case formulations in occupational therapy education can reinforce ableist discourse (Grenier, 2020a).

A potential critique of focusing on teaching staff is the lack of engagement with lived experience, which is critical for designing better services, policies, and practices (Duffy, 2020). However, experiential knowledge can be limited by the lens through which it is viewed (LeBlanc-Omstead and Mahipaul, 2022). If students and educators are familiar with biopsychosocial and neoliberal understandings, these are the frameworks they will likely use to understand lived experience. Hence, this research aimed to investigate the extent to which occupational therapy teaching staff understood ableism and its interaction with occupational therapy practice and education. This exploration forms the basis for potentially adjusting this perspective and facilitating future research that actively involves individuals with lived experiences. It should also be noted that the educators involved in this research also included individuals with lived experiences of disability, are neurodivergent and/or living with a long-term health condition.

Study aims and objectives

Aim: To explore occupational therapy teaching staffs' understanding of ableism and their thoughts on the challenge that occupational therapy practices can be viewed as perpetuating ableism

Objective 1: To uncover occupational therapy teaching staffs' understanding of the term ableism.

Objective 2: To explore to what extent occupational therapy teaching staff believe occupational therapy practices perpetuate ableism.

Objective 3: To understand if occupational therapy teaching staff recognise the processes, procedures, and values within occupational therapy that have previously been identified as promoting ableism.

Objective 4: To gain insight into teaching staffs experience of ableism within the field and what, if anything, occupational therapy teaching staff are doing to address/challenge ableist manifestations in themselves, in education, and within occupational therapy.

Methodology

This article is the second part of a study exploring the perspectives within occupational therapy degree-level education concerning ableism and its implications in occupational therapy practice. The study was guided by a postmodernist research paradigm and utilised a survey approach that gathered both qualitative and quantitative data (Denscombe, 2021). A single online survey, with some branching was used for both parts of the study; respondents identified as either teaching staff or students at the beginning of the survey, which then displayed questions relevant to their role.

Survey Design

The survey consisted of four parts:

Part 1: Gathering demographic information along with details of respondents' professional and educational backgrounds.

Part 2: This section of the survey was designed to address objective three and comprised seven Likert scale questions, accompanied by space for additional comments, aimed at eliciting insights into respondents' perspectives on current occupational therapy practices.

Part 3: This section of the survey was designed to address objectives one and two and featured one open-ended question to gauge respondents' understanding of ableism, along with two Likert questions, supplemented by space for comments. This survey segment sought to ascertain respondents' opinions on whether occupational

therapy perpetuates ableism, both pre- and post-exposure to Lewis's (2022) definition of ableism.

Part 4: This section of the survey was designed to address objective 4 and consisted of seven Likert scale questions, accompanied by space for additional comments. This section aimed to explore respondents' encounters with ableism and their interactions with disability studies.

The survey was constructed in Qualtrics and distributed through Twitter (now X) and email. Responses were collected over a 25-day period in spring 2023. Purposive and snowball sampling techniques targeted occupational therapy teaching staff employed in, and students enrolled on, World Federation of Occupational Therapists (WFOT) approved occupational therapy programmes across the globe who were proficient in English. Given resource constraints, translation services were not feasible. The inclusive criteria aimed to capture diverse perspectives, suitable for an exploratory study (Denscombe, 2021). Data was split post collection into responses from those who were employed as teaching staff and those who were enrolled as students. In this article, only the findings from occupational therapy teaching staff have been presented and discussed. The students' responses have been provided in a separate article (Darton, Wadey and Laver-Fawcett, 2025).

Data analysis

Two types of data analysis have been used to analyse various components of the survey.

Descriptive Analysis

Descriptive statistics were employed to characterise participants' demographics, experiences, disability status, and their responses to all Likert questions.

Content Analysis

Content analysis was used to examine respondents' additional written responses respondents provided alongside each Likert question. It was also used to examine the definitions of ableism. Using content analysis in this was inspired by VanPuymbrouck and Friedman's (2019) study of occupational therapy students' definitions of disability. Content analysis, akin to thematic analysis (Braun and Clarke, 2013), codes qualitative data and enables quantitative counts of the codes (Vaismoradi, Turunen and Bondas, 2013).

Ethics

Ethical approval was obtained from ******* Ethics Board. The study involved administering an anonymised survey to a non-vulnerable group, necessitating informed consent from participants. An information sheet detailing the survey's objectives, data handling procedures, and participant rights was provided via the online survey landing page to ensure transparency. While participants were not classified as vulnerable, the study delved into themes surrounding potential discrimination toward disabled individuals. Participants were therefore provided with information about avenues for lodging complaints and accessing support. Explicit consent was obtained after participants had reviewed the pre-information and before they began the survey.

Researcher Reflection

The researchers approached this study with an awareness of their own cultural and theoretical positions. The first author, trained as a master's student in occupational therapy within the UK, brings a perspective shaped by UK educational norms and postmodernist views on ableism in healthcare. Similarly, the second and third authors, both occupational therapy educators, contribute extensive experience within UK academia and practice. Among the three authors, there is lived experience with neurodivergence, mental health challenges, and long-term health conditions, which informed a heightened sensitivity to ableism and inclusivity issues in occupational therapy education. The survey underwent a pilot phase with the assistance of two additional occupational therapy students, one from the UK and one from the US, ensuring that questions were accessible and relevant across contexts. These perspectives and procedures contributed to a nuanced approach to the study, underscoring the researchers' commitment to reflexivity and to maintaining critical self-awareness through ongoing peer discussion

Results

Respondent demographics and experience

The online survey gathered 32 valid responses from teaching staff. A valid response was defined as meeting the inclusion criteria, providing consent, and completing at least 80% of the survey. Respondents were given a participant code, E for educator plus a number, with codes from E1 to E32. The relevant code has been provided

alongside any direct quotes from the sample's responses. Please refer to Table 1 for a breakdown of the respondents' demographics.

Demographics

The gender distribution among respondents was 12.5% male, 81% female and 2% non-binary. Almost half (44%) of respondents identified as having a disability, health condition, specific learning disability, or as being neurodivergent. The average age of respondents was 50 years. With the majority (41%) of respondents falling into the 51-60 age group. Respondents' ages ranged from 23 to 67 years. The vast majority (94%) of respondents' educational institutions were in the Global North, with 41% located in the UK and 25% in the USA. Given this, any attempt to compare perspectives and values between individuals in the Global North and Global South was unfeasible. The sample size for countries beyond the UK and USA was insufficient to warrant separate consideration.

Experience

Results relating to year qualified and to years of teaching experience both exhibited normal distributions. It should be noted that these fields were grouped into decades and 5-year periods respectively to provide a summary of the data. The average year qualified for teaching staff was 1999, with a predominant portion (56%) attaining qualification in the 1990s and 2000s.

Table 1 shows respondents had a combined practice experience surpassing 541 years, prominently dominated by respondents practicing in adult physical health services, this comprised 241 years of the overall sample's combined practice experience.

Table 1. Respondents' Demographics and Experience

	Total count (%)
Total respondents	**32 (100)**
Gender	
Male	4 (12.5)
Female	26 (81.3)
Non-binary	2 (6.3)
Disability Identity	
None	18 (56.3)
More than one	4 (12.5)
Specific Learning Difficulty (SpLD), Neurodivergent,	2 (6.3)
Mental illness/disability	1 (3.4)
Physical illness/disability	7 (21.9)
Prefer not to say	0
Age (years)	
Mean (Standard deviation):	50 (11.2)
<21	0
21-30	2 (6.3)
31-40	5 (15.6)
41-50	7 (21.9)
51-60	13 (40.6)
61-70	5 (15.6)
Country of current education institute	
Australia	2 (6.3)
Brazil	1 (3.1)
Canada	6 (18.8)
New Zealand	1 (3.1)
South Africa	1 (3.1)
United Kingdom	13 (40.6)
United States of America	8 (25.0)
Decade qualified as occupational therapist (Mean │ SD)	**1999 │ 11.2**
1970s	1 (3.1)
1980s	5 (15.6)
1990s	9 (28.1)
2000s	9 (28.9)
2010s	6 (18.8)
2020s	2 (6.3)

Years' experience teaching (Mean │ SD)	10.7 │ 6.6
0-1	2 (6.3)
1-5	7 (21.9)
5-10	8 (25.0)
11-15	6 (18.8)
16-20	8 (25.0)
21+	1 (3.1)

Clinical experience	Total respondents n (%)	Total years' experience	Average years' experience
Adult	**26 (81)**	**418**	**16**
Physical Health	18 (56)	241	13.4
Community	15 (47)	139	9.3
In-patient	16 (50)	102	6.4
Mental Health	17 (53)	177	10.4
Community	15 (47)	143	10
In-patient	9 (28)	34.0	3.8
Paediatrics	**7(22)**	**123**	**17.5**
Physical Health	6 (19)	100	16.7
Community	6 (19)	93	15.5
In-patient	2 (6)	7	3.5
Mental Health	4 (13)	23	5.8
Community	4 (13)	20	5
In-patient	1 (3)	3	3

Occupational therapy processes, procedures, and values

These results are from part two of the survey and connect with the studies third objective. The survey segment explored whether the aspects of occupational therapy criticised by Hammell (2022) as potentially ableist resonates with respondents' experiences. Participants indicated their level of agreement, neutrality, or disagreement with seven statements (see Figure 1 for the wording of statements) related to occupational therapy practice. The results are shown in Figure 1. All 32 participants responded to the seven statements.

The data affirms widespread agreement among respondents on key facets of occupational therapy: 88% recognised the profession's emphasis on independence; and 84% acknowledged a focus on activities of daily living (ADL). Notably, these specific aspects are often debated for their contribution to ableism (Hammell, 2022). Twenty-two respondents added additional comments to these two statements. The majority (55% for the statement on independence and 59% for the ADL statement) of the comments for both statements simply expanded on their original Likert response, explaining their experience of literature, theory, and practice *'The text books, models and much of the literature does prioritise independence'* (E1). Others (18% for statement on independence and 23% for ADL statement) acknowledged how the focus of practice is dependent on the area of practice. Six respondents (27%) acknowledged that the focus on independence may be beginning to shift *'The majority prioritize independence but some practitioners are starting to recognize that independence is not realistic and that we are all interdependent in many ways.'* (E30). Reponses also highlighted the impact of wider society and pressure from wider health care practices (six (27%) for statement on independence and 5 (23%) for ADL statement). *'Within the health system, independence, or the progression towards it, is always seen as the ideal state.'* (E3)

Fewer respondents (63%) showed agreement with the statement 'Occupational therapy focuses on supporting individuals to perform occupations to a standardised norm' and there was a further decrease in consensus to the statement 'Occupational therapists are experts in enabling people' with 59% agreeing. Nineteen respondents added comments to this statement, of which six (32%) acknowledged the expertise of the service user/client/patient and the importance of partnership working *'Enabling people is what we are best at doing. As long as this is done in partnership with the*

person involved.' (E21). Additionally, four (21%) respondents who added additional comments questioned the definition of 'enable' and whether it is the most appropriate word to describe what occupational therapists do, for example: *'I prefer to think of OTs as experts in working with people and communities to make life better in some way. But I do not think of this as "enabling" because I don't like the word. It has negative connotations of lacking abilities or functional relationships (in a mental health context)'* (E22).

Use of the medical model in occupational therapy education was acknowledged by 50% of respondents, while 53% affirmed its presence in practice. Only 25% of respondents felt occupational therapy engages with disability studies and only one (3%) respondent strongly agreed with this statement and stated this was within their work in occupational science.

Figure 1. Respondents' views on occupational therapy practice.

Location of Figure 1

Understanding Ableism and perspectives on the link between occupational therapy and ableism

These results were gathered from part three of the survey which was designed to address the studies objectives one and two.

All 32 respondents answered the question 'Is occupational therapy ableist?' with 23 (72%) agreeing. Subsequent content analysis focused on respondents' explanations for their views and nine categories were established and compared to respondents' levels of agreement with the notion. Among the 23 (72%) respondents who strongly or partially agreed, predominant reasons stated were: 1. A focus on normalisation and standardised assessments (35%); 2. A focus on independence and self-care; and (30%) 3. Use of medical model/focus on impairments (30%). Four of the six respondents who dis d that occupational therapy is ableist added additional comments, explaining that occupational therapy is 'person centred' and focused on 'participation', one respondent simply stated: *'The core professional paradigms are incongruent with Ableism'* (E13).

All respondents provided their interpretation of ableism. Employing content analysis, these definitions were categorised. The resulting definitions fell into four primary

categories: 1. Socially constructed "normal" way of being; 2. Disabled people are wrong/in-valid and/or need to be cured/fixed; 3. Only mentioned discrimination; and 4. Provided an incorrect definition.

After categorising definitions, each classification was juxtaposed with responses to the question 'Do you think occupational therapy is ableist?'. Figure 2 illustrates the various definition categories and the corresponding number of individuals who, using each definition, either agreed or disagreed with the notion that occupational therapy is ableist. The figure reveals that those who employed definitions incorporating concepts about placing higher value on conforming to a "normal" way of being or labelling disabled bodies and minds as 'wrong' or in need of fixing were more inclined to agree that occupational therapy is ableist. None of the respondents providing an inaccurate definition of ableism believed occupational therapy to be ableist. After sharing their definitions and perspectives, respondents were presented with Lewis' (2022) definition of ableism and asked again if they perceived occupational therapy as ableist. The majority (81%) maintained their initial views. Six respondents (13%) shifted to indicate increased agreement with the notion. Two respondents reduced their level of agreement with the statement, although their overall agreement or disagreement did not change, i.e., one moved from 'definitely yes', to 'probably yes' and the other from 'probably not' to 'definitely not'.

Figure 2. Comparison of how respondents' definitions of ableism relate to their answers to the question 'Do you consider occupational therapy ableist?'.

Location of Figure 2

Reflections on ableism and occupational therapy

These results come from part four of the survey and are linked to the studies fourth objective. This section of the survey was designed to explore respondents' perspectives and experiences with ableism within occupational therapy. Figure 3 illustrates the outcomes of Likert responses to six statements (note, one statement has been removed from the analysis, please see the limitations section in the discussion for an explanation). The response rate for these statements was 100%.

A considerable proportion of respondents reported instances of witnessing or experiencing ableism both in educational settings (84%) and within practice (84%). Twenty respondents provided additional comments on issues related to educational settings, while fifteen respondents did so regarding practice roles. Thirteen (65%) comments pertaining to educational settings highlighted lecturers witnessing students experiencing ableism, with only three (15%) referencing students demonstrating ableism. One respondent identified examples of students both experiencing and perpetrating ableism, stating, *"they [students] want to 'cure' patients. There is resistance to the social model"* while also noting, "*I've also seen ableism reproduced in different ways by faculty toward students"* (E18). Only two respondents shared their direct experiences of discrimination due to disability.

Differences were observed in respondents' agreement with statements based on whether they disclosed having a disability, or health condition, or were neurodivergent. Specifically, 78% (n=18) of respondents identifying as non-disabled, neurotypical, and without any health condition reported feeling supported to challenge ableism, compared to 64% (n=14) of those who identified as having one or more of these attributes. Another statement reflecting a divergence of agreement between these two groups was, "I would like more support to engage with disability studies," where 93% (n=14) of disabled, neurodivergent, or those with a long-term health condition, indicated agreement, compared to 72% (n=18) of respondents identifying as non-disabled, neurotypical, and without any health condition.

Interestingly, the former group also exhibited higher levels of agreement with already engaging in disability studies (64% vs. 56%).

Eighty-four percent of all respondents agreed they may hold unconscious ableist views. Among the five respondents who did not agree or remained neutral, only one provided additional information, explaining, *"being someone who has grown up with people of different abilities and have disabilities myself I am very aware of ableist views"* (E26).

Figure 3. Respondents' reflections on occupational therapy and ableism.

Location of Figure 3

Discussion

Survey sample as a representation of larger population

The gender distribution among respondents (12.5% male, 81% female, 2% non-binary) roughly aligned with the Health and Care Professions Council's (HCPC) Diversity Data Report 2021, which reported 8% men, 92% women, and 0% non-binary in the occupational therapy workforce(Health and Care Professional Council, 2021). However, it is important to note key differences between this study's population (occupational therapy teaching staff) and the HCPC's population of registered occupational therapists, which included individuals working across a range of roles beyond education. The demographic composition of teaching staff may differ due to factors such as the career pathways, qualifications, and experiences required for teaching roles, which could influence gender representation.

Similarly, the percentage of female respondents in this survey sample was lower than that reported in the World Federation of Occupational Therapists' Human Resources Project (2022), which cited a median of 94% female occupational therapists across 96 WFOT member countries. These differences further highlight how the specific focus on teaching staff in this study may result in demographic variations when compared to broader occupational therapy workforce data.

Almost half (44%) of respondents identified as having a disability, health condition, specific learning disability, or as being neurodivergent. This percentage was significantly higher than the 11% reported by the HCPC (2021). This difference is

also likely influenced by the distinct populations sampled—our study targeted teaching staff, while the HCPC data reflects all registered occupational therapists, including those in non-teaching roles. Additionally, the high percentage in our sample may be due to volunteer bias, as discussed in the limitations section, wherein individuals with disabilities or health conditions may have been more motivated to participate in a study examining ableism.

Three-quarters of respondents indicated experience spanning multiple fields, revealing a considerable diversity in their professional backgrounds. This, combined with the uneven distribution of experience between working with adults (81%) and within paediatric services (22%) created a challenge in investigating whether the area of practice acted as a compounding factor influencing respondents' answers across other sections of the survey. Although unable to explore the effects of practice experience areas on other responses, this information provides evidence that respondents had experience in a range of practice settings, giving additional credibility to their responses in other parts of the survey.

Key Themes

The primary aim of this research was to deepen the understanding of the potential link between occupational therapy practices and the perpetuation of ableism. Specifically, this paper explores the perspectives of occupational therapy educators working within higher education institutions. To facilitate a comprehensive discussion, this section is structured around the four objectives of the study, aligned with the three sections of the survey that address these objectives: (1) Occupational Therapy Focus, Practice, and Values (Objective 3), (2) Understanding Ableism and Perspectives on the Link Between Occupational Therapy and Ableism (Objectives 1 and 2), and (3) Reflections on Ableism and Occupational Therapy (Objective 4).

These subheadings mirror the survey's design, enabling a direct connection between the findings, the survey components, and the study's objectives. This structure provides a coherent framework for interpreting the data and ensures alignment between the discussion and the research aims. In addition to presenting key themes under each subheading, this discussion will also highlight practical implications of the findings, particularly regarding systemic change and promoting inclusivity within occupational therapy education and practice.

Occupational Therapy Focus, Practice, and Values:

The survey results affirmed that respondents recognised the profession's emphasis on independence and activities of daily living, aligning with past critiques (Grenier, 2020a; Restall and Egan, 2021; Hammell, 2022). This focus may inadvertently contribute to ableism by perpetuating normative standards rooted in Western perspectives (Hammell, 2022). Several (6) respondents linked independence to wider societal pressures, as Hammell (2022) did, and also highlighted health care and organisational pressures as contributing to a focus on independence and ADL. When asked about whether occupational therapy is ableist, many respondents agreed (72%) and cited these aspects of the profession (a focus on independence self-care, and normalisation) as key reasons for their agreement.

Of the few respondents that disagreed that occupational therapy is ableist, justifications included that the profession is 'person centred'. However, this term has been challenged for various reasons including for being too individualistic (Restall and Egan, 2021). Restall and Egan (2021) argued that part of effecting systemic change involves examining a profession's lexicon and suggested an alternative to client centred, one that avoids individualistic connotations, could be 'collaborative relationship-focused practice' (Restall and Egan, 2021, p. 221).

This study's findings collectively indicated the imperative for occupational therapy to expand its knowledge base by incorporating insights from diverse cultures, moving beyond those primarily rooted in the Global North. Noteworthy publications like 'Occupational Therapy Disruptors' (Ivlev, 2024) and special editions of 'Occupational Therapy Now' from the Canadian Association of Occupational Therapy (CAOT, 2022) underscore a growing momentum towards instigating this transformation. This study contributes valuable evidence supporting the rationale behind such a shift.

Understanding of Ableism and Ableist Biases:

Regardless of respondents understanding of ableism, almost three quarters (72%) agreed that occupational therapy is ableist, for those that provided a definition for ableism that included mention of a 'normal way of being', a feature seen in Lewis's (2022) and Campbell's (2009) definitions of ableism, this percentage rose to 94%. Additionally, when presented with a comprehensive definition by Lewis (2022), six respondents (13%), showed an increase in their level of agreement. These factors

suggest that an increased understanding of ableism may significantly influence perceptions.

The majority of respondents (84%) in this study recognised that they may hold ableist biases supporting recent calls to ensure newly qualified occupational therapists do not enter the workplace with ableist views (Hicks, 2022). However, it is important to note that recognition of biases alone may not be sufficient to initiate systemic change (Grenier, 2020a). The willingness of educators to engage in disability studies suggests the potential for greater partnership work between occupational therapy and disability studies, which McColl (2021) acknowledged as beneficial for both disciplines. This partnership merits further exploration.

Reflections on Ableism and Occupational Therapy

As demonstrated in the results, a divergence in the perception of support for challenging ableism was observed between respondents identifying as disabled, neurodivergent, and/or having a long-term health condition, and those identifying as non-disabled, neurotypical, and without such conditions.. Specifically, 78% (n=18) of respondents in the latter group reported feeling supported to challenge ableism, compared to only 64% (n=14) in the former group. These disparities may reflect power imbalances within occupational therapy education and practice, where those who experience ableism firsthand may feel less empowered or supported to challenge it.

Additionally, the results revealed that many comments about witnessing ableism referred to students rather than colleagues, with 65% of comments about educational settings highlighting students as recipients of ableism. This observation suggests that power dynamics may influence educators' focus, as they are more likely to notice ableism affecting students—over whom they hold authority—than to address ableism among colleagues or institutional practices. For example, one respondent commented on students' resistance to the social model of disability and also noted ableism by faculty toward students, underscoring the multifaceted nature of power imbalances (E18).

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Occupational therapy scholars have begun to explore power imbalances in their interactions with recipients of occupational therapy (Agner, 2020; Grenier, 2020b;

Pooley and Beagan, 2021; Restall and Egan, 2021), However, there remains limited research into how these dynamics may be experienced within occupational therapy education and between occupational therapists (Bryant, 2022).

The findings of this study underscore the need to critically examine hierarchical relationships within educational settings, as such dynamics may inadvertently perpetuate ableist norms. Respondents may hesitate to report or challenge ableism due to fears of professional repercussions, further demonstrating how power imbalances can sustain systemic issues. Grenier (2020a) emphasised that recognising and dismantling oppressive practices requires a comprehensive understanding of power imbalances. Future research should explore specific scenarios and institutional practices that either facilitate or hinder the empowerment of individuals to challenge ableism within occupational therapy education.

The results also highlighted a noteworthy discrepancy in engagement with disability studies between respondents who identified as disabled, neurodivergent, or as having a long-term health condition and those who did not. While 64% of respondents in the former group reported engaging with disability studies, only 56% of non-disabled respondents reported the same. Additionally, 93% of respondents with disabilities or health conditions expressed a desire for more support to engage with disability studies, compared to 72% of non-disabled respondents.

This finding underscores the importance of disability studies in advancing occupational therapy education. Those with lived experience of difference appear to recognise the value of this field, reflecting its potential to challenge ableism and reshape professional norms. As noted by Wolbring and Lillywhite (2023a), reliance on disabled educators to lead these efforts without broader institutional support raises concerns about burnout. To address this, occupational therapy education systems must prioritise allyship and establish support networks to promote shared responsibility for confronting ableism (Wolbring and Lillywhite, 2023b).

These findings highlight the need for occupational therapy education to embrace the perspectives and recommendations of those with lived experience and to integrate disability studies more deeply into curricula. By addressing these disparities, the profession can better equip future occupational therapists to challenge ableism and foster inclusivity.

Limitations

Biases

Volunteer bias presents a significant challenge to the study's validity. The inclusion of individuals with heightened interest or awareness of the subject matter may have introduced a skew, compromising the generalisability of findings. This potential bias risks overemphasising certain viewpoints, underscoring the importance of exercising caution in interpretation. Additionally, the purposive and snowball sampling strategies employed, alongside recruitment via Twitter and email, may limit the generalisability of the findings. These methods rely on self-selection, potentially favouring participants with specific interests or experiences related to ableism.

Social desirability bias is another noteworthy constraint, as respondents may lean towards socially acceptable responses rather than genuine opinions or experiences. While the survey respondents remained anonymous to mitigate against social desirability bias, complete eradication of this bias remains uncertain, necessitating vigilance in interpreting reported attitudes and behaviours.

Acknowledging researcher bias is crucial, as pre-existing beliefs can inadvertently influence survey design and result interpretation. To mitigate this, the research team conscientiously engaged in ongoing self-reflection throughout the study's duration. Additionally, the authors come from different levels of occupational therapy expertise and with different personal experiences of disability, health conditions and neurodivergence. This range of perspectives serves to mitigate the risk associated with individual biases, thereby enhancing the rigour and validity of the study.

Specific Limitations of Survey Questions:

A statement regarding the recognition of ableism within the occupational therapy curriculum was omitted from analysis due to varying respondent interpretations, indicating a clarity issue in the statement's phrasing.

An oversight in designing a question about respondents' practice experience, lacking explicit categories for certain areas, such as within social care, restricts the depth of analysis. Despite this limitation, the available options offered a broad overview of various experience areas within the sample.

Additionally, incorporating questions concerning respondents' highest level of education and qualification could have provided further insights into the possible impact of education on their perspectives.

Conclusion

This study provides valuable insights into the perceptions of occupational therapy educators on ableism, highlighting the need for continued examination and improvement within the profession. The findings indicate mixed views among occupational therapy educators on the definition of ableism, while the majority of those surveyed agreed that occupational therapy perpetuates ableism.

While this study generated a substantial amount of data, it is important to interpret the findings in the context of the small sample size and its potential limitations. As an exploratory study, the findings are not intended to be generalised but rather to provide a starting point for deeper investigation into this critical issue. Future research should incorporate perspectives from the wider occupational therapy profession and could include additional analyses, such as inferential statistics, to explore various respondent characteristics that may contribute to their perspectives on ableism. Subsequent studies should also prioritise qualitative approaches, such as interviews and focus groups, to enable a more comprehensive exploration of individuals' views and experiences.

The findings of this study suggest several practical recommendations to address ableism within occupational therapy practice and education:

1. **Adopt alternative frameworks**: Move away from traditional models of disability towards approaches that prioritise inclusivity and challenge ableist assumptions.

2. **Foster cultural sensitivity**: Integrate training and curricula that emphasise cultural competence and address biases related to disability.

3. **Review professional language**: Encourage language use that reflects inclusivity and avoids perpetuating ableist norms.

4. **Collaborate with disability studies**: Engage with experts and resources in disability studies to challenge and dismantle ableism within occupational therapy.

5. **Address power dynamics**: Create educational environments that empower individuals—students and educators alike—to challenge ableism without fear of repercussions.

By implementing these recommendations, the profession can take meaningful steps towards addressing systemic ableism and fostering more inclusive occupational therapy practice.

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