

Do occupational justice concepts inform occupational therapists' practice? A scoping review

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Les concepts de la justice occupationnelle orientent-ils la pratique de l'ergothérapie? Examen de la portée

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Key words: Occupational therapy; Social occupational therapy; Social participation; Social rights; Vulnerable populations.

Mots clés : Droits sociaux; Ergothérapie; Ergothérapie sociale; Groupes vulnérables; Participation sociale.

Abstract

Background. Occupational justice and related concepts can inform practices directed at injustice and the lack of rights in daily life. Brazilian ideas about social occupational therapy seem to be similar to these concepts about inequality. **Purpose.** This study aimed to answer the questions, “Do occupational justice concepts inform occupational therapists’ professional actions?” and “How are occupational justice concepts connected to Brazilian ideas about social occupational therapy?” **Method.** A secondary analysis was undertaken of a scoping review using *occupational justice* and related concepts as keywords. Descriptive and categorical analyses were used to classify the extract data. **Findings.** We selected 42 articles that specify occupational therapy practices, classified as individual approaches ($n = 13$), individual-integrated-with-social approaches ($n = 22$), and social approaches ($n = 7$). It was found that occupational justice concepts have informed individual approaches and that the second and third approaches can be connected with social occupational therapy. **Implications.** Dialogue for sharing knowledge, concepts, and practices of occupational therapy worldwide can be inspired by this review.

Abrégé

Description. La justice occupationnelle et les concepts qui y sont associés peuvent orienter les pratiques qui abordent l'injustice et l'absence de droits humains au quotidien. Les idées brésiliennes au sujet de l'ergothérapie sociale semblent être similaires aux concepts concernant l'inégalité. **But.** Cette étude visait à répondre aux questions suivantes: « Est-ce que les concepts de la justice occupationnelle orientent les interventions professionnelles des ergothérapeutes? », et « En quoi les concepts de la justice occupationnelle sont-ils liés aux idées brésiliennes au sujet de l'ergothérapie sociale? » **Méthodologie.** Une analyse secondaire d'une revue de portée a été entreprise à partir des mots clés 'concepts de la justice occupationnelle' et 'concepts associés'. Des analyses descriptives et catégoriques ont été effectuées pour classer les données extraites. **Résultats.** Nous avons retenu 42 articles qui décrivent des pratiques ergothérapeutiques qui peuvent être classées selon trois catégories, soient des approches individuelles ($n = 13$), des approches individuelles intégrées avec des approches sociales ($n = 22$), et des approches sociales ($n = 7$). Les analyses ont permis de constater que les concepts de la justice occupationnelle avaient orienté les approches individuelles et que les approches de la deuxième catégorie et de la troisième catégorie peuvent être liées à l'ergothérapie sociale. **Conséquences.** Cette revue de portée peut susciter des dialogues visant à favoriser le partage de connaissances, de concepts et de pratiques en ergothérapie à travers le monde.

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Occupational justice and related concepts—occupational alienation, occupational balance, occupational deprivation, and occupational marginalization (Wilcock & Townsend, 2000)—have been developed for almost 30 years to articulate concerns about injustice and human rights in daily life (Durocher, Gibson, & Rappolt, 2014; Durocher, Rappolt, & Gibson, 2014; Stadnyk, Townsend, & Wilcock, 2010; Townsend & Wilcock, 2004; Wilcock & Townsend, 2000). The central arguments that launched these concepts are that humans are occupational beings, that human occupations occur in social/environmental contexts, and that an occupational lens can be used by those who work toward an occupationally just society. The Participatory Occupational Justice Framework (Whiteford & Townsend, 2011) was developed to connect occupational justice concepts with practices directed at injustice and lack of rights in daily life, that is to say, practices that focus on social issues (i.e., environmental, contextual issues). Occupational therapists' practices that are focused on social issues include responsibilities to work with individuals but especially with social groups or communities in specific contexts of social injustice (Durocher, Gibson, et al., 2014; Townsend & Marval, 2013).

In the Brazilian context, the concept and practices of *social occupational therapy* have been developing since 1970 to examine the professional, political, and ethical roles of occupational therapists working with socially vulnerable groups (Barros, Ghirardi, & Lopes, 2005; Barros, Ghirardi, Lopes, & Galheigo, 2011). Barros et al. (2005) define social occupational therapy as specific knowledge used in occupational therapy to work with people lacking the social and economic resources to thrive.

Social occupational therapy refers to politically and ethically framed professional actions that target individuals, groups, or systems to enable justice and social rights for people who are disadvantaged by current social conditions (Barros et al., 2005). Actions are targeted at the contemporary social question, which underpins the reasons for inequality, and the structural systems where work and social supports or lack of supports determine people's levels of integration in society (Castel, 2003). Consequently, social issues, such as poverty, homelessness, immigration, drug use, unemployment, underemployment, culturally marginalized groups, prostitution, discrimination against transsexual people, incarceration, and others, are important issues that demand professional responses (Malfitano & Lopes, 2018).

Occupational therapy has a theoretical foundation and history to focus on the social participation of people in society to promote justice and transformation of the social environment (Law, 1991; Townsend, 1993). Because justice is such an important issue worldwide, it is very important for occupational therapists to discuss the profession's theoretical framework and practices with reference to occupational justice and with critical approaches in occupational therapy (Laliberte Rudman, 2018).

Driven by interests to prompt more international dialogue on occupational justice, the social environment, critical

perspectives on social issues, and Brazilian social occupational therapy, the purpose of this article is to present the second analysis of a scoping review of the occupational justice concept and its related term. The first analysis (Malfitano, Souza, & Lopes, 2016) aimed to discuss the historical development of the terms and to organize a thematic mapping of issues addressed by articles that were found, classifying them to find individual approaches that use occupational justice concepts and the ones framed by a collective/social approach. This article, reporting the second analysis of the scoping review, is focused on collective/social approaches. The analysis here aims to answer two questions: Do occupational justice concepts inform occupational therapists' professional actions? How are occupational justice concepts connected to Brazilian ideas about social occupational therapy?

Method

Using the review methods advocated by Arksey and O'Malley (2005) and Levac, Colquhoun, and O'Brien (2010), the scoping review drew on a wide range of resources to search three databases: Web of Science, Scopus, and CINAHL. The scoping review method was chosen to map the state of the art in publishing about occupational justice and related concepts and to show the depth of the field where these concepts can be found. The review used keywords to search for articles published between 1974 (the year in which the first reference to occupational justice was found) and 2015, namely, *occupational justice*, *occupational alienation*, *occupational apartheid*, *occupational deprivation*, *occupational imbalance*, *occupational marginalization*, and *occupational rights*. Searches were conducted by title, abstract, keywords, and main text, resulting in a total of 1,150 articles, removing duplicated citations. After applying filters, there were 553 articles in the first published analysis of the scoping review (Malfitano et al., 2016). The results addressed the historical aspects of the use of occupational justice concepts and correlates. We classified all articles found ($N = 553$) into individual ($n = 425$), collective ($n = 370$), and other ($n = 48$) approaches. The total for the three categories exceeds 553 because articles could be classified into more than one approach.

This second analysis examines the 370 articles classified as collective/social approaches that could inform practices focused on social issues within diverse populations, using the words *collective* and *social* to have the same meaning for this review.

Collective [or social] approaches are related to professional actions that address the macro structural level—in other words, discussions concerning societal conditions, policies, citizen participation, vulnerable groups, and other issues related to the macro context, which go beyond the individual therapist–client relationship. (Malfitano et al., 2016, p. 176)

As noted in the introduction, the two questions that prompted the second analysis were (a) Do occupational justice

concepts inform occupational therapist’ professional actions? and (b) How are occupational justice concepts connected to Brazilian ideas about social occupational therapy? On the basis of the relevance of justice and social issues in the occupational therapy field, we aimed to highlight how the theory was connected with practices. The rationale was to classify how publications that focus on collective/social practices differ or not from the prevalent individualized practices in occupational therapy (Laliberte Rudman, 2013). Also, we wanted to know the breadth of countries, authors, and professional practices focused on social issues that have been connected to occupational justice and related concepts in the occupational therapy literature.

The first screening stage for the second analysis comprised three phases. Phase 1 was applied by selecting the year the article was published, because the articles from 1974 to 2000 were already analyzed in the first analysis of the scoping review (Malfitano et al., 2016), when we were looking at the history of publishing on occupational justice. The year 2000 was considered seminal because of the article by Wilcock and Townsend (2000), who proposed the concept of occupational justice in workshops and an occupational science journal. The first screening resulted in 12 publications being removed from the 370 covering the period between 1974 and 2000 because they reported use of the terms related to occupational justice in fields other than occupational therapy, for example, sociology (see Figure 1 for a flow chart of the screening process).

The Phase 2 screening started with the exclusion of 121 publications ($N = 237$ remaining) because they were addressing medical more than social issues: injuries and/or diseases, such as autism, nervous system disease, visual impairment, severe mental illnesses, musculoskeletal system disease, cerebrovascular diseases, AIDS, chronic pain, multiple sclerosis, spinal cord injury, carpal tunnel syndrome, and mental disorders. The objective of this screening was to remove articles primarily focused on addressing aspects of the disease, even if they were acknowledging issues around occupational justice. We chose this exclusion because we wanted to focus on collective/social approaches with attention to structural issues that produce occupational injustice, beyond the individual clinical practices occupational therapists use for injuries and/or diseases. For instance, we excluded the article by Arcury, Mora, and Quandt (2015) because although the article approached discrimination toward Latino immigrants with chronic pain by talking about occupational justice, the discussion was primarily about carpal tunnel syndrome.

Phase 3 of this screening stage excluded 60 publications ($N = 177$ remaining) that did not refer to either occupational therapy or occupational science. We found articles that discuss other fields of knowledge, such as administration, anthropology, archeology, bioethics, law, economics, education, nursing, geography, psychology, history, occupational medicine, nutrition, pedagogy, pediatrics, public relations, environmental health, public health, health safety, social security, and sociology. After excluding a total of 193 articles, 177 publications

Identification	Group B: Occupational Justice – “Collective”: 370 articles			
Screening (1)	Phase I: Removed 12 publications (1974-2000) 358 articles			
	Phase II: Publications on injury/disease: 121 removed 237 articles			
	Phase III: Publications which do not mention “Occupational Therapy” or “Occupational Science” in the title, abstract, or keywords: 60 removed 177 articles			
Screening (2)	177 articles			
	Group 1 (G1): Occupational Therapy: 82 articles	Group 2 (G2): Occupational Science 44 articles: (future study)	Group 3 (G3): Occupational Therapy and Occupational Science: 43 articles	Group 4 (G4): Articles not accessible in databases (short texts): 8 articles
	Inclusion of articles on “Occupational Therapy” (including Occupational Therapy and Occupational Science): Groups 1 (82) and 3 (43) = 125			
Screening (3)	Removal of articles from the remaining 125 which do not mention practice in Occupational Therapy in the title, abstract, or keywords: 61 removed 64 articles remaining			
Screening (4)	Removal of articles from the remaining 64 which do not mention practice in Occupational Therapy in the entire article: 22 removed 42 articles remaining			
Eligibility	Articles which refer to occupational justice and occupational therapy related to practices: 42			

Figure 1. Flow chart of selection process using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model (Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009).

remained out of the 370 that were classified as collective/social approaches.

The second screening stage was applied, reviewing the title, abstract, and keywords of the 177 remaining articles. These were classified into four groups: G1 ($n = 82$), occupational therapy; G2 ($n = 44$), occupational science; G3 ($n = 43$), occupational therapy and occupational science; and G4 ($n = 8$), which referred to articles not accessible in databases (short texts). We opted to exclude the G4 texts. Articles classified as G2 were put aside for a future analysis dedicated specifically to the area of occupational science because we wanted to focus this second analysis on occupational therapy. After that, 125 publications on occupational therapy (G1) and on occupational therapy and occupational science (G3) remained.

In the third screening stage, the titles, abstracts, and keywords were once again read in search of those that mentioned concepts and/or practices that presented information on the

practical actions of occupational therapists. Sixty-one articles were excluded ($N = 64$ remaining). In case of doubt, the article was included for analysis in the next stage.

In the fourth screening stage, the 64 remaining articles were read in full. We excluded 22 articles that did not actually profile examples of professional actions of occupational therapists. For instance, articles that described or analyzed the unique occupations of groups or populations were excluded. Although such studies are important for occupational therapists to understand the life conditions and occupational justice/injustice of various groups or populations, the search was for studies concerned with the professional actions of occupational therapists. After the fourth screening stage, 42 articles remained that were eligible for the second analysis of the scoping review on occupational justice and related concepts to satisfy our aim of examining collective (social) approaches in occupational therapy.

To reduce the margin of error in selecting articles, all screening stages were double-checked by two researchers, the first and second authors. The data extraction was guided by the research questions. When there were differences between the researchers, they discussed each case to decide to include or exclude the text.

Results

Description of Articles

The 42 articles in our second analysis are shown in Table 1. A descriptive analysis is presented next of author(s), study population, origin/country of the authors, year of publication, journal of publication, and outcomes.

The 42 articles address at least 13 populations (see Table 1), with some of them referring to more than one. The populations are, in order of the greatest presence, low-income youths (six articles), refugees (five), indigenous populations (five), individuals with disabilities and mental disorders (four), prisoners (three), homeless people (three), occupational therapists (three), women (three), institutionalized elderly persons (two), homosexuals (two), hospital inmates (one), company employees (one), child survivors of war (one), and those not defined (nine).

The 85 authors were from Canada (26 authors), the United States (24), Australia (21), South Africa (nine), the United Kingdom (eight), Spain (four), Singapore (three), New Zealand (two), Brazil (two), Tunisia (one), Sweden (one), with some of them referring to more than one country of institutional affiliation. Eleven authors (13%) have more than one article in the selection: Elizabeth Townsend (five articles), Yvonne Thomas (three articles), and Gail Whiteford, Salvador Simo Algado, Alison Nelson, Sue McGinty, Bonnie Kirsh, Karen Whalley Hammell, Marion Gray, Lynn Cockburn, and Susan Bazyk, with two articles by each author.

The selected articles were published between 2002 (the first year considered was 2001, because the first exclusion

removed articles from 1974 to 2000) and 2015, with increasing numbers as of 2006, when two or more articles were published annually. Figure 2 depicts the annual growth; the 42 articles were published in 15 different journals (see Figure 3).

Outcomes

Outcomes were analyzed to explain how the studies addressed our research questions. In this context, we returned to the initial objective of this analysis, seeking to identify elements that report individual or collective/social approaches in occupational therapists' actions. To this end, three groups were categorized for the second analysis of the scoping review, as follows: individual approaches based on occupational justice and related concepts ($n = 13$), individual-integrated-with-collective/social approaches ($n = 22$), and collective/social approaches ($n = 7$).

Individual approaches. The first group, individual approaches ($n = 13$), demonstrates that collective approaches toward occupational justice can be embedded in clinical and other forms of individualized practice. In the first stage of the scoping review (Malfitano et al., 2016), the 13 articles classified here as individual approaches had been classified in both categories: individual and collective. However, although they had a general context dealing with social issues, they were concerned with professional actions through individual approaches. In the 13 articles, the authors reported on the following topics (see Table 2).

We can highlight two particular articles that consider the individual perspective in their approaches. In the studies by Bazyk (2006) and Bazyk and Bazyk (2009), the results indicate improvements in the individual occupational functioning of children and youths at risk in situations of occupational deprivation that influenced their mental health. They proposed practices to approach occupational injustices with occupational enrichment while observing the development of children's social and emotional skills.

Individual-integrated-with-collective/social approaches. This section included 22 articles that combine individual and collective/social approaches. The authors reported on the topics shown in Table 3. Two examples illustrate individual-integrated-with-social approaches. Bishop and Purcell (2013) report that gardening was a significant occupation for refugees who participated in social horticulture groups. The collective/social approach is needed to work with people who have possibly experienced occupational deprivation, occupational marginalization, and loss of occupational rights in their own countries and maybe in their new locations, as well. The authors conclude that there was improvement in subjective aspects, with repercussions for the well-being of the population of refugees, providing benefits toward their social inclusion that would build a more occupationally just community by integrating refugees. The results of the study by Booth and Nelson (2013) also show

Table 1
Forty-Two Articles That Addressed Occupational Therapy Practices

Author(s) and year	Title	Country of author(s)	Population studied
Algado, Mehta, Kronenberg, Cockburn, and Kirsh (2002)	Occupational Therapy Intervention With Children Survivors of War	Spain, Spain, South Africa, Canada	Child survivors of war
Algado and Townsend (2015)	Ecosocial Occupational Therapy	Spain, Canada	Not defined
Bazyk (2006)	Creating Occupational-Based Social Skills Groups in After-School Care: Children at Risk for Occupational Deprivation Can Benefit From an Occupation-Based Social Skills Group Embedded	USA	Low-income youths
Bazyk and Bazyk (2009)	Meaning of Occupation-Based Groups for Low-Income Urban Youths Attending After-School Care	USA	Low-income youths
Bishop and Purcell (2013)	The Value of an Allotment Group for Refugees	United Kingdom	Refugees
Booth and Nelson (2013)	Sharing Stories: Using Narratives to Illustrate the Role of Critical Reflection in Practice With First Australians	Australia	Indigenous populations
Boyle (2014)	Occupational Performance and Self-Determination: The Role of the Occupational Therapist as Volunteer in Two Mountain Communities	Australia	Refugees and individuals with disabilities and mental disorders
Copley, Turpin, Gordon, and McLaren (2011)	Development and Evaluation of an Occupational Therapy Program for Refugee High School Students	Australia	Refugees
Diamant and Waterhouse (2010)	Gardening and Belonging: Reflections on How Social and Therapeutic Horticulture May Facilitate Health, Wellbeing and Inclusion	United Kingdom	Individuals with disabilities and mental disorders
Eggers, Muñoz, Sciulli, and Crist (2006)	The Community Reintegration Project: Occupational Therapy at Work in a County Jail	USA	Hospital inmates
Fisher and Hotchkiss (2008)	A Model of Occupational Empowerment for Marginalized Populations in Community Environments	USA	Women
Fransen, Pollard, Kantartzis, and Viana-Moldes (2015)	Participatory Citizenship: Critical Perspectives on Client-Centred Occupational Therapy	Tunisia, United Kingdom, Spain	Not defined
Galvin, Wilding, and Whiteford (2011)	Utopian Visions Dystopian Realities: Exploring Practice and Taking Action to Enable Human Rights and Occupational Justice in a Hospital Context	Australia	Occupational therapists
Hammell and Iwama (2012)	Well-Being and Occupational Rights: An Imperative for Critical Occupational Therapy	Canada	Not defined
Hammell (2008)	Reflections on . . . Well-Being and Occupational Rights	Canada	Not defined
Hansen (2013)	Bridging Theory and Practice: Occupational Justice and Service Learning	USA	Not defined
Hocking and Wright-St Clair (2011)	Occupational Science: Adding Value to Occupational Therapy	New Zealand	Not defined
Ikiugu (2008)	A Proposed Conceptual Model of Organizational Development for Occupational Therapists and Occupational Scientists	USA	Company employees
Jull and Giles (2012)	Health Equity, Aboriginal Peoples and Occupational Therapy	Canada	Indigenous populations
Kirsh (2015)	Transforming Values Into Action: Advocacy as a Professional Imperative	Canada	Not defined
Lauckner, Pentland and Paterson, (2007)	Exploring Canadian Occupational Therapists' Understanding of and Experiences in Community Development	Canada	Occupational therapists
Malfitano, Lopes, Magalhães, and Townsend (2014)	Social Occupational Therapy: Conversations About a Brazilian Experience	Brazil, Canada	Low-income youths
Marczuk, Taff, and Berg (2014)	Occupational Justice, School Connectedness, and High School Dropout: The Role of Occupational Therapy in Meeting the Needs of an Underserved Population	USA	Low-income youths

(continued)

Table 1 (continued)

Author(s) and year	Title	Country of author(s)	Population studied
Marshall and Rosenberg (2014)	Occupation and the Process of Transition From Homelessness	Canada	Homeless people
Nelson (2009)	Learning From the Past, Looking to the Future: Exploring our Place With Indigenous Australians	Australia	Indigenous populations
Nilsson and Townsend (2014)	Occupational Justice: Bridging Theory and Practice	Sweden, Canada	Institutionalized elderly
Paul-Ward (2009)	Social and Occupational Justice Barriers in the Transition From Foster Care to Independent Adulthood	USA	Low-income youths
Pitonyak, Mroz, and Fogelberg (2015)	Expanding Client-Centred Thinking to Include Social Determinants: A Practical Scenario Based on the Occupation of Breastfeeding	USA	Women
Ripat, Redmond, and Grabowecy (2010)	The Winter Walkability Project: Occupational Therapists' Role in Promoting Citizen Engagement	Canada	Not defined
Schultz-Krohn, Drnek, and Powell (2006)	Occupational Therapy Intervention to Foster Goal Setting Skills for Homeless Mothers	USA	Homeless people
Smith, Stephenson, and Gibson-Satterthwaite (2013)	The Meaning and Value of Traditional Occupational Practice: A Karen Woman's Story of Weaving in the United States	USA	Women
Soeker, Bonn, Gobhozi, and Ribaud (2015)	Not Straight Forward for Bays: A Look at the Lived Experiences of Gay Men, Living in Cape Town, With Regard to Their Worker Roles	South Africa	Homosexuals
Stedman and Thomas (2011)	Reflecting on our Effectiveness: Occupational Therapy Interventions With Indigenous Clients	Australia	Indigenous populations
Stickley and Stickey (2010)	A Holistic Model for the Rehabilitation and Recovery of Internally Displaced People in Wartorn Uganda	United Kingdom	Low-income youths
Tan, Kumar, and Devaraj (2015)	Development of a New Occupational Therapy Service in a Singapore Prison	Singapore	Prisoners
Thomas, Gray, and McGinty (2011a)	Occupational Therapy at the "Cultural Interface": Lessons From Research With Aboriginal and Torres Strait Islander Australians	Australia	Indigenous populations
Thomas, Gray, and McGinty (2011b)	A Systematic Review of Occupational Therapy Interventions With Homeless People	Australia	Homeless people
Townsend and Wilcock (2004)	Occupational Justice and Client-Centred Practice: A Dialogue in Progress	Canada	Occupational therapists
Townsend and Marval (2013)	Can Professionals Actually Enable Occupational Justice?	Canada	Individuals with disabilities and mental disorders, refugees, institutionalized elderly, prisoners, transgendered people
Trentham, Cockburn, and Shin (2007)	Health Promotion and Community Development: An Application of Occupational Therapy in Primary Health Care	Canada	Not defined
Watson and Duncan (2010)	The "Right" to Occupational Participation in the Presence of Chronic Poverty	South Africa	Individuals with disabilities and mental disorders
Whiteford (2005)	Understanding the Occupational Deprivation of Refugees: a Case Study From Kosovo	Australia	Refugees

individual-integrated-with-social approaches. On the one hand, they highlight the need for professionally qualified occupational therapists to work in the health promotion program for a population of Australian indigenous people using community-based approaches, where the concept of occupational justice is applied. On the other hand, the aim of the project was to reduce the impact of otitis media, looking at well-being, learning, and language development for children's health to improve their occupational life.

Collective/social approaches. The other seven out of 42 articles emphasize collective/social approaches (Table 4). The authors cited critical occupational therapy as a practice that recognizes that well-being is not achieved only through the improvement of individual skills; rather, it is necessary to face the unequal conditions for a population of individuals (Laliberte Rudman, 2013). Each of the seven articles in this classification is presented because it suggests the need for dialogue pertaining to five points: the general objectives of occupational

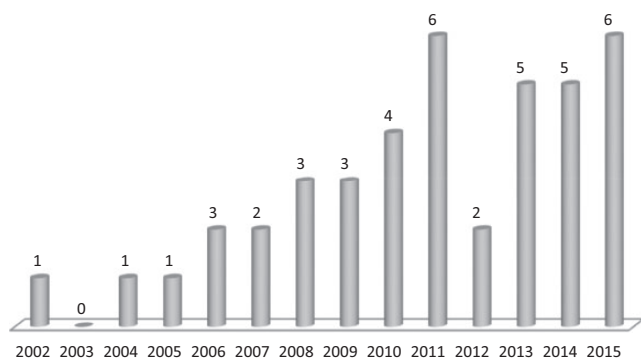


Figure 2. Distribution of articles by year.

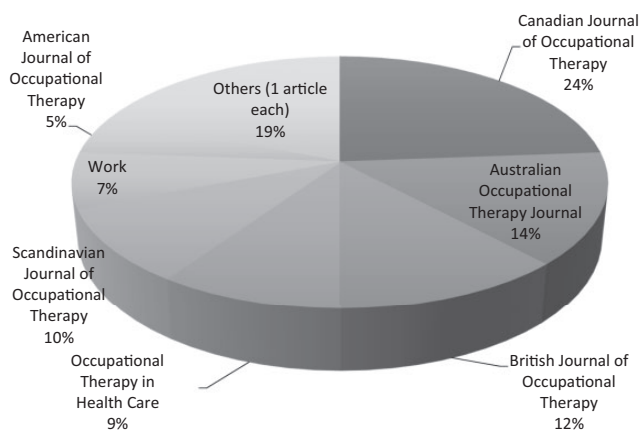


Figure 3. Distribution of articles by journal.

therapists’ practices, target populations, therapeutic-occupational resources proposed/used, practice locations, and types of services.

Fransen, Pollard, Kantartzis, and Viana-Moldes (2015), in their theoretical paper, advocate that occupational justice should be the explicit basis for the development of social professional actions, including occupational injustice as a social condition rather than a psychological state that inhibits the potential of individuals. Participation and citizenship, marked by social justice, would be operational professional categories to meet the individual and community needs of clients. The objective of these professional actions would be to promote participatory citizenship. The target populations for practice would comprise all occupational therapy clients, including those who could not afford this service and, consequently, tend to have no access to it. The proposed therapeutic-occupational resources would undergo approaches that focus on participation in society through occupation, such as (a) intersectoral, collaborative partnerships to cope with health and social problems (e.g., poverty, exclusion, and marginalization); (b) spaces for citizenship practice, facilitating the interconnectivity of individuals and the community; and (c) participatory citizenship as a way of being-in-the-world, discussing full participation in all occupations in public spaces, including educational, health, administrative, and work institutions.

Table 2
Thirteen of 42 Articles That Reported Individual Approaches

Topic	Author(s) and year
Improvement of the occupational balance of children at risk	Bazyk (2006) Bazyk and Bazyk (2009)
Role of the occupational therapist in the school environment to improve the behaviour of at-risk adolescents	Marczuk, Taff, and Berg (2014)
Improving the intervention of occupational therapy in relation to the independence of adolescents who have recently left the foster system	Paul-Ward (2009)
Setting of personal goals and means to achieve them by homeless mothers	Schultz-Krohn, Drnek, and Powell (2006)
Promotion of meaningful occupational roles for individuals undergoing transition from homelessness to foster home status	Marshall and Rosenberg (2014)
Facilitating the return to a traditional occupation	Smith, Stephenson, and Gibson-Satterthwaite (2013)
Attention to the social determinants of client occupations to help deepen client-centred reasoning	Pitonyak, Mroz, and Fogelberg (2015)
An occupation-based worker evaluation based on participation in occupations that are meaningful	Ikiugu (2008)
Eliminating barriers for gay people to engage in occupations	Soeker, Bonn, Gobhozi, and Ribaldo (2015)
Creating meaningful occupations, leisure activities, and prison work	Tan, Kumar, and Devaraj (2015)
Providing culturally appropriate and negotiated health interventions for practice with Indigenous clients	Thomas, Gray, and McGinty (2011a)
The effectiveness of occupational therapy in providing interventions that increase employment and education prospects, money management, coping skills, and leisure activities	Thomas, Gray, and McGinty (2011b)

Hammell (2008), in a theoretical paper, emphasizes that occupations influence occupational well-being and engagement. Opportunities are affected by oppressive conditions, where there can be violations of human rights through occupational deprivation, occupational alienation, occupational marginalization, occupational injustice, and occupational apartheid. Hammell argues that the right to occupational engagement as a way to achieve well-being is one of the fundamental rights of human beings and would be unattainable under conditions of oppression, poverty, and social exclusion. Occupational therapy practices should be directed toward political involvement to address issues that limit occupational rights.

Hammell and Iwama (2012), in a theoretical paper, reassert that the capacity and opportunities to achieve well-being can be affected by situations of human rights violations. The authors point to the reluctance of occupational therapists in formulating critical approaches to change the structural, social,

Table 3
 Twenty-Two of 42 Articles That Combined Individual With Social Approaches

Topic	Author(s) and year
Improvement in occupational engagement due to participation in social groups	Bishop and Purcell (2013)
Need for professionally qualified occupational therapists to work in the health promotion program for Australian Indigenous people using community-based approaches	Booth and Nelson (2013)
Promotion of occupational opportunities for refugee families with children with disabilities by developing independence	Boyle (2014)
Development of independence and self-determination, and acquisition of new roles in the community owing to interventions conducted with individuals, groups, families, and school staff	Copley, Turpin, Gordon, and McLaren (2011)
The implications for occupational therapy of social and therapeutic horticulture and social inclusion for the inclusion of people with disabilities and mental disorder	Diamant and Waterhouse (2010)
Successful reintegration of former offenders into the community due to individual and community approaches	Eggers, Muñoz, Sciulli, and Crist (2006)
Necessity to increase the performance of occupational therapy in community contexts through occupational empowerment	Fisher and Hotchkiss (2008)
Raising awareness of the relationship between human rights and issues for individuals with mental and/or physical problems treated in hospitals	Galvin, Wilding, and Whiteford (2011)
Clinical reasoning in service learning with marginalized and vulnerable populations	Hansen (2013)
Purpose of occupational science illustrating its relevance to occupational therapy with adults with arthritis and dementia unit	Hocking and Wright-St Clair (2011)
Necessity to engage in dialogue with Indigenous peoples so that inequalities in health are not perpetuated	Jull and Giles (2012)
Offer of culturally safe occupational therapy with Indigenous clients	Nelson (2009)
An occupational justice lens may be used to advance toward the vision of an occupationally just world, and by combining population and individualized approaches, health professionals may be energized to focus practice on social policies	Nilsson and Townsend (2014)
Community care for child survivors of war aiming to avoid future psychological problems	Simo, Mehta, Kronenberg, and Kirsh (2002)
Occupational therapy focused on ecological impacts approaching communities and individuals	Algado and Townsend (2015)
The need for client-centred individualized approaches to modifying interventions to achieve equity of outcomes for Indigenous clients	Stedman and Thomas (2011)
Occupational therapy action in humanitarian organizations to develop educative process with people living with HIV	Stickley and Stickey (2010)
Promotion of occupational justice where there is occupational injustice to experience occupation as meaningful and enriching	Townsend and Wilcock (2004)
Challenges to promote occupational justice in contexts of occupational injustice	Townsend and Marval (2013)
Community development projects based on the problems of individual clients	Trentham, Cockburn, and Shin (2007)
Occupational therapy work using occupation as a focus at structural, community, and individual levels	Watson and Duncan (2010)
How occupational deprivation that is experienced by groups of people in different cultural, historic, and societal contexts may be addressed by occupational therapists	Whiteford (2005)

and political contexts of clients' lives, failing to consider the occupational nature of communities, collectivities, or groups. Professional actions instead need to acknowledge welfare/social support systems as an occupational right. Occupational therapy should play a political role in advocating for changes in conditions that hinder the occupational rights of individuals and populations. Hammell and Iwama bring attention to occupational rights in diverse contexts of action, including in research. Their critique is that therapeutic-occupational resources aim at improving the skills of individuals. On the contrary, resources are needed to change living conditions. Occupational therapists should take action through public discourse, addressing issues such as poverty, advocacy for literacy, and respect for the rights of individuals with disabilities.

Kirsh (2015), in her theoretical paper, argues that occupation is not an individual matter. The dominant

individualistic perspective expressed by many who write about client-centred practice is inadequate when it comes to achieving meaningful occupations for all. Kirsh points to three barriers to occupational therapy social approaches: (a) the complexity of social problems, (b) the hierarchy of services based on biomedicine that have colonized occupational therapy as a profession and implicitly lured occupational therapists to be unconsciously or consciously compliant in accepting medical colonization, and (c) the neoliberal political environment. The overall objective of therapeutic-occupational intervention should be to integrate advocacy and social justice into the fundamental identity of occupational therapy, as opposed to the individualistic perspective, thereby promoting social transformation through sociopolitical action. To this end, occupational therapists have two main tasks: (a) accept professional responsibility in identifying and

Table 4
Seven of 42 Articles That Emphasized Social Approaches

Topic	Author(s) and year
That occupational justice should be the explicit basis for the development of social professional actions	Fransen, Pollard, Kantartzis, and Viana-Moldes (2015)
The link between well-being, human rights, and occupational rights	Hammell and Iwama, 2012; Hammell, 2008
The exercise of advocacy as part of the process of occupational socialization	Kirsh (2015)
The need to educate occupational therapists for community work	Lauckner, Pentland, and Peterson (2007)
Socially transformative occupational therapy, implicated in social issues and committed to services outside the health system	Malfitano, Lopes, Magalhães, and Townsend (2014)
The preparation needed for collective actions by citizens to solve community problems	Ripat, Redmond, and Grabowecky (2010)

tackling occupational injustices and (b) raise collective awareness about the right to occupation and participation in society. Therapeutic-occupational resources would address occupational injustice through the defense of occupational rights and opportunities, not only in individual cases but also by influencing decisions on public policies that could have benefits for collectives and communities. Some practice locations have already been suggested: councils, task forces, and committees that influence public and political bodies to improve the lives of individuals; communities of African Canadian women who experience racism in their occupations; communities of homeless people; communities of college students with mental health problems; and people with mental illnesses who are challenging their right to work.

Lauckner, Pentland, and Peterson (2007), in their research paper, report that, both internationally and in Canada, occupational therapy has dealt with community development to contribute to improving the health of communities. A greater emphasis on community development would enable a shift from a restricted view of the profession to its responsible involvement in lesser-known roles. The goal of occupational therapy could be to develop community-driven collective action to achieve social change, thereby fostering occupational engagement and community participation to promote health and well-being. In Canadian society, they argue that marginalized groups should have access to occupational therapy. The therapeutic-occupational resources that occupational therapists could support and advocate for could be community and social planning, support for community groups, group approaches, community training, development of dialogue between community members, and encouragement of community participation. Occupational therapy practices have started to integrate individual and social approaches in community-based mental health, public health, and rehabilitation services.

In a research article based on Brazilian ideas about social occupation therapy, Malfitano, Lopes, Magalhães, and Townsend (2014) discuss the inseparability of the collective dimension and individual needs, which cannot be interpreted solely using biomedical rationality. The general objective of social occupational therapy is the search for social transformation; that is, its aim is to confront the social question through professional actions in occupational therapy. Such practices demand professional knowledge in the case of contexts wherein clinical or biomedical approaches are insufficient or inapplicable. The target population includes socially and economically deprived individuals, groups, and communities, for example, youth who are socially vulnerable; are in precarious housing conditions; have little or no access to social goods, such as education, health services, the labor market, and urban mobility; and would be more likely to engage in illegal activities, such as drug dealing. Therapeutic-occupational resources would be centred on four strategies: dynamics and project workshops, individual follow-ups, intersectoral territorial strategies to strengthen social networks, and political actions. Practices in partnerships between universities and communities can occur in different spaces, such as public schools, youth centres (governmental), and the community (squares, community centres, different social services, dwellings).

Ripat, Redmond, and Grabowecky (2010), in a research paper, advocate that occupational therapists should assume a sociopolitical role to facilitate the occupational involvement of citizens with a view to social change. The overall objective of practice would be to support the involvement and participation of citizens in local political decision making. The target population would comprise citizens with little access to participation resources, person-friendly communities, local managers, and policy makers. The following therapeutic-occupational resources would be used: participation in community forums (councils), meetings with local politicians to influence decision making, involvement of citizens and policy makers in the discussion of identified problems, gatherings for the empowerment of community groups, design of person-friendly communities, use of participatory research as a method of constructing citizen and community participation, direct support for clients so that they can stand for their own sociopolitical rights, and use of power-sharing methods with participants. Some of these ideas for therapeutic-occupational resources were prompted in part by a project that aimed to facilitate winter walks, developed in a community with a high density of elderly people, where paths became inaccessible because of snow accumulation, resulting in the risk of falls and circulation difficulties.

Discussion

For this second analysis, the findings were organized to address two questions: “Do occupational justice concepts inform occupational therapist’ professional actions?” and “How are occupational justice concepts connected to Brazilian ideas about social occupational therapy?”

The 42 articles in this second analysis of our scoping review highlight the relevance and offer examples of occupational justice concepts and their correlates being used to inform occupational therapy practices. The three groups—individual approaches, individual-integrated-with-collective/social approaches, and collective/social approaches—show different uses of these concepts as foundations for occupational therapy professional action. The applicability of these concepts is associated with (a) injustice in the lives of individuals and populations in situations of individual clinical action, regardless of the problem; (b) populations that are known to experience historical social injustice, such as indigenous populations, refugees, and homeless people; and (c) macrosocial problems related to professional action, such as involvement in rights advocacy, social policies, and social participation.

Such uses of occupational justice and related concepts demand an important dialogue to consider how the practice situations are the same as or different from those of Brazilian ideas and practices for social occupational therapy. Questions remain on the need for contextualized occupational therapists' action directed at social inequity for different populations and for theoretical development and methodological frameworks to guide social action (Barros et al., 2005, 2011; Lopes & Malfitano, 2017; Lopes, Malfitano, Silva, & Borba, 2015).

The first group demonstrates that collective approaches toward occupational justice can be embedded in clinical and other forms of individualized practice. The authors contextualize the real-life scenarios in which inequities are experienced by individuals, considering the inseparability of health and social conditions. Individualized approaches tend to refer to the social context as background for occupational therapy. There is minimal attention paid to social issues for developing professional action, with greater focus placed on clinical dimensions (Barros et al., 2005, 2011; Lopes et al., 2015; Lopes & Malfitano, 2017).

The second group, individual-integrated-with-collective/social approaches, demonstrates uses of the concept of occupational justice to integrate individual and social practices with populations that are infrequently exposed to occupational therapy, such as practices with refugees, indigenous populations, and prisoners. The incorporation of occupational justice and related concepts into professional action contributes approaches that seek to cope with the dimension of social and occupational injustice in professional practice (Galheigo, 2012; Townsend & Marval, 2013). The same has occurred in the Brazilian field of social occupational therapy, where theoretical and methodological assumptions have enabled the profession's growth to work with populations considered to be outside the scope of occupational therapists. They refer to complex issues that demand interdisciplinary action, which could include occupational therapists on the team. Social occupational therapy in Brazil has been developed with homeless people, prisoners, young offenders, prostitutes, drug users, transvestites and transsexuals, and immigrants and refugees; in social projects of non-governmental organizations; and indigenous populations, making professional commitments to address contemporary

social problems. Social occupational therapy highlights the need for inseparability between the micro- and macro-social dimensions, discussing approaches to individuals and their problems not as isolated scenarios but contextualized socially, with objectives aimed at social inclusion and participation (Barros et al., 2005; Lopes & Malfitano, 2017; Malfitano, 2016).

The third group profiles practice approaches that are largely social. The articles illustrate the integrated technical-political dimension of action, focusing on the need for access to social goods for the populations at which these practices are directed and advocating that practice requires sociopolitical action.

Our analysis is that the seven articles in the third group are strongly associated with Brazilian ideas about social occupational therapy, which advocate for sociopolitical action in the defense of social rights (Lopes, 2016; Lopes & Malfitano, 2017). However, they do not address the specificity of work with a focus on social issues, as proposed for social occupational therapy. Instead, they refer to principles for interventions that articulate professional, political, and ethical action for all occupational therapy, regardless of the target field or population.

Both occupational justice and related concepts and Brazilian ideas about social occupational therapy highlight the relevance of the contexts in which people live, the situations of injustice, and the need for professional attention to the macro-sociopolitical dimensions of people's lives (i.e., raising attention to political issues) as resources for the work of occupational therapists.

The specificity and examples of Brazilian ideas about social occupational therapy are directed at the social conditions of specific populations (Barros et al., 2011). Social occupational therapy is different from actions with individual clinical perspectives, especially those in the area of health care. With a critical stance, social occupational therapy professional actions are those that refuse to interpret social and collective problems as individual or health matters. Social occupational therapy insists that professional action requires specific knowledge, in dialogue with the human and social sciences, to promote greater inclusion and social participation for people whose daily lives are permeated by inequality and, often, poverty (Lopes & Malfitano, 2017). The proposition of social occupational therapy (Barros et al., 2005, 2011; Lopes et al., 2015; Lopes & Malfitano, 2017; Malfitano & Lopes, 2018) differs from what has been stated by some authors who use the concepts of occupational justice and its correlates. In turn, the constructs around the concepts of occupational justice are directed to occupational therapy as a whole, in all its areas of action, seeking to offer foundations for a contextualized practice that addresses the dimension of injustice, regardless of the specific area or service.

It is worth noting that social occupational therapy defends a critical position for all activities of occupational therapy, including those that do not address social dimensions, in line with the principles of occupational justice. However, social occupational therapy includes advocacy for specificity of professional action when working with marginalized groups (Sakellariou & Pollard,

2017); these practices need to be considered not an aspect of the health care system but, rather, a function of social services.

Finally, one must also consider that there are cultural and historical differences between the literature to date on occupational justice and related concepts and the literature on social occupational therapy. There are major differences between the development of occupational therapy in the English-speaking world and that in Brazil. These differences are more than just linguistic; they are historical and cultural. Professional and academic institutions are distinctly different, creating different ideas and applicability in each context. Being aware of these aspects and respecting the resulting differences, we highlight the presence of important points of dialogue, which can certainly contribute to academic and professional advancement, enhancing global discussions and actions for occupational therapy to address occupational justice and occupational rights (Hocking, 2012; Laliberte Rudman, 2018).

Limitations and Future Studies

We recognize that there are some limitations in our analyses insofar as the search was conducted only in indexed databases, restricting it to articles written predominantly in English, which is just a part of the scientific production in occupational therapy. Also, the review was limited to literature available only until 2015. Therefore, we encourage others to expand the literature focused on social themes and/or approaches in occupational therapy.

This analysis enables us to conclude that it is necessary to more accurately develop professional actions focused on collective/social approaches, such as the seven summarized earlier in the third group of this review. Future work could ask questions such as “What is the possibility of effective action by occupational therapists beyond their political awareness and citizen advocacy for some issues?” and “How can the principles of occupational justice be transformed into professional actions in a variety of occupational therapy practices?” The seven texts we found present some examples of actions in this direction, but it can also be stated that the few articles found on collective/social approaches demonstrate a knowledge gap in professional actions directed toward social themes.

Conclusion

The second analysis of our scoping review of occupational justice and related concepts shows that these concepts are being discussed and used around the world. The strength of this scoping review is that it shows the presence of a representative sample of emerging English-language, global scientific work where authors refer to occupational justice and occupational rights, including the application of these ideas in occupational therapy practices. The literature review shows only a small group of texts ($n = 7$) that really focus on collective/social themes and/or approaches. We started the search with 553 articles and finished, at this stage, with 29 articles that refer



to individual-integrated-with-collective/social approaches ($n = 22$) or collective/social approaches ($n = 7$). This result shows a small but significant knowledge production to inform a diversity of collective/social professional actions in occupational therapy where justice and related concepts are made explicit and translated into action.

Occupational justice and related concepts are important for occupational therapists to address contemporary issues. Social occupational therapy shows the possibility to advance occupational therapy beyond the health field, adding the realm of social action outside of health care to this profession's debates. Through this second analysis, we can see that occupational therapists need more dialogue for sharing knowledge, concepts, and practices in occupational therapy in different realities worldwide, such as the occupational justice concept and its correlates and Brazilian ideas about social occupational therapy.

Key Messages

- Occupational justice and related concepts are already informing occupational therapists' actions in different fields and using diverse approaches.
- Brazilian social occupational therapy is already informing individual and collective actions in socially disadvantaged situations, in dialogue with human and social sciences.
- A global dialogue in occupational therapy would spark greater interest to develop the knowledge needed to act through social approaches, expanding the contribution of occupational therapy to society beyond the current global emphasis on health care.

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