

The Experience of Student Occupational Therapists with Disabilities in Canadian Universities

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Abstract

Background. Canadian health professions strive for inclusivity in practice and it is imperative to extend this philosophy to health science students with disabilities. **Purpose.** The purpose of this study was to explore the lived experience of student occupational therapists with disabilities enrolled in Canadian universities. **Methods.** A phenomenological approach was used to conduct fourteen open-ended interviews. Interviews were transcribed and analyzed to develop themes. **Findings.** Two themes emerged: participants recognizing strengths and needs plus participants navigating the environment. Both themes contain various sub-themes. **Implications.** Applying relevant practice elements, such as client-centred practice, when working with student occupational therapists with disabilities may facilitate a sense of fit for them within occupational therapy educational programs in Canada.

Keywords: Health professional education, Inclusivity, Occupational therapy, Students, Disability

1. Introduction

Health professionals in Canada engage in their professional practice settings being acutely aware of the cultural mosaic of which they are a part. The meaning of ‘culture’ in this context is broad, encompassing many elements including disability. Consequently health professional educational programs face an imperative to prepare their students for that cultural context by the completion of their professional preparation programs. As a means to exploring the lived experiences of health professional students in Canada, a sample of student occupational therapists with disabilities was sought. This paper will describe and explore the results of this study.

The profession of occupational therapy recognizes the importance of participation in occupation as a contributor to health and well-being and thereby promotes a philosophy of inclusion in societal engagement regardless of ability level. One component of societal engagement is the opportunity to participate in post-secondary education. The United Nations Education, Scientific and Cultural Organization (UNESCO, 2003) stated that educational institutions must “respond to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and by reducing exclusion from and within education” (p. 7). The World Federation of Occupational Therapists (WFOT) considered this UNESCO vision, vis-à-vis occupational therapy educational programs in its *Position Statement: Inclusive Occupational Therapy Education* (WFOT, 2008). In this document, the WFOT set forth a “paramount and non-negotiable” (p. 1) mandate that all occupational therapy educational programs be accessible to students with disabilities. Salvatori (1999), in an earlier report, explained that facilitating learning among student occupational therapists by considering individual needs, abilities, interests, and learning style is a process that is parallel to client-centred practice in occupational therapy. Salvatori asserts that student occupational therapists should be considered clients within the context of occupational therapy education and as such recommends that the principles of client-centred practice be applied. Clearly stated, there is a call to apply the theories and practices of occupational therapy to occupational therapy education in order to improve the quality of the university experience for all student occupational therapists, particularly those with disabilities, and to provide a model for inclusive education (Tinklin, Riddell, & Wilson, 2005; WFOT, 2008).

In order to achieve this mandate it is imperative to explore how occupational therapy educational programs are involving students with disabilities in an inclusive educational experience that fits with the philosophical and theoretical principles of the profession and the cultural expectations of our diverse society. The purpose of this study was to explore the phenomenon of being a student with a disability in an occupational therapy program within Canada.

2. Literature Review

The number of students with documented disabilities attending institutes of higher education is increasing (Cook, Rumrill, & Tankersley, 2009; Council of Ontario Universities, 2010; Tinklin et al., 2005). This trend appears to be due to a multitude of factors including increased frequency of diagnosis, introduction of legislation mandating student rights, and improved policies and procedures for accommodating students with disabilities. No empirical evidence was found to support or refute this finding within occupational therapy programs. In fact, a paucity of literature currently exists overall regarding inclusive education within occupational therapy both in Canada and worldwide.

In considering available occupational therapy literature, it appears that students with disabilities had varied positive and negative experiences in higher education. One study in the United States (U.S.) examined the collective experience of five student occupational therapists with various disabilities (Velde, Chapin, & Wittman, 2005). Four themes emerging from this study include the following: students had a desire to “work around [their disability]”, (p. 85), they desired support and understanding both within and outside the academic environment, they understood that disability was an essential part of who they were, and they believed that having a disability would enhance their practice. Other published literature relating to student occupational therapists with disabilities consists primarily of individual narratives (Archer, 1999; Murray, 2002; Sivanesan, 2003). In the majority of the literature explored, student occupational therapists with disabilities identified consistently attitudinal, social, physical, and institutional barriers (Bielke & Yssel, 1999; Jung, Salvatori, Tremblay, Baptiste & Sinclair, 2008; Tinklin, et al., 2005).

Research indicates that the success of student occupational therapists with disabilities in universities was influenced significantly by faculty attitudes (Cook et al., 2009; Gitlow, 2001; Tinklin et al., 2005). Gitlow (2001) explored the attitudes of educators in occupational therapy on the inclusion and education of students with disabilities in their programs. This study found that attitudes were generally favourable, however were dependent on the nature of the disability. Faculty possessed the most favourable attitudes towards students with learning disabilities, followed by students with physical disabilities. Least favourable attitudes were found to be towards students with conduct issues involving physical aggression. Research beyond occupational therapy programs indicated that faculty held the most prejudicial attitudes towards students with non-evident disabilities including learning disabilities (Beilke & Yssel, 1999; Cook, et al., 2009; Tinklin et al, 2005). In a survey of 307 faculty and instructors at various universities in the Midwestern U.S. Cook et al. (2009) found that faculty are more eager to understand the needs and characteristics of those with physical impairments such as orthopedic conditions and are less likely to believe that non-evident disabilities require their attention. Factors such as level of understanding about disabilities among educators, level at which faculty teach, and ease of accommodations are a few of the many reasons cited across the literature for varying faculty attitudes (Cook et al., 2009; Gitlow, 2001).

Many students with disabilities reported that colleges, universities, faculty, and staff were willing to provide accommodations for disabilities to varying degrees (Bielke & Yssel, 1999; Murray, 2002; Velde et al., 2005). A common message emerged that most faculty were open to and supportive of accommodations for students with disabilities provided that the accommodations did not threaten the academic standards to which students are typically held (Beilke & Yssel, 1999; Cook et al., 2009; Tinklin et al., 2005). Within occupational therapy programs this issue was expanded to include concerns regarding the development of essential professional practice skills and competencies (Jung et al., 2008; Sivanesan, 2003). At the request of the WFOT, Jung et al. (2008) conducted a study to gather data on the inclusivity of occupational therapy education internationally. One hundred and eighty out of 568 international occupational therapy schools participated. Results indicated that “programs felt caught in the middle between the need to adhere to professional accreditation requirements and to provide accommodation for students according to inclusive education legislation” (p. 40). This challenge of balancing educational and professional standards with student accommodations was highlighted in two personal accounts found within the literature. Archer (1999) described that his disabilities severely impeded his placement performance. He reported that faculty felt the minimum professional competency requirements could not be met due to the necessary accommodations thereby resulting in his expulsion from the occupational therapy program. It seemed counterintuitive to Archer that this would occur within an occupational therapy department. He stated that “the image of occupational therapy as a caring profession was shattered for me” (p. 71). Sivanesan (2003) also described a pervasive belief among university staff that she would be unable to perform the essential duties of an occupational therapist due to a visual impairment.

Standing in stark contrast to concerns regarding professional competency is the opinion of student occupational therapists with disabilities themselves regarding their anticipated professional performance in relation to their disability. Overwhelmingly, the literature reveals that student occupational therapists with disabilities feel that they will be better occupational therapists because of their personal disability experiences (Archer, 1999; Murray, 2002;

Velde et al., 2005). Students reported feeling that they would be more empathetic, better advocates, and less judgmental of clients (Archer, 1999; Murray, 2002; Velde et al., 2005). Velde et al. (2005) found “no evidence that the participants felt their disability would negatively affect them as an OT” (p. 87). This finding has also been reported in cognate disciplines such as medicine, nursing, and counseling (Heffner, 2012; Maheady, 1999).

Clearly there are limitations to the evidence about the experience of student occupational therapists with disabilities as there has been only one published qualitative study examining this phenomenon. Other research primarily consists of personal narratives. There are no published studies that consider the experience of Canadian student occupational therapists with disabilities.

3. Purpose

The purpose of this study was to explore the lived experience of students with disabilities in occupational therapy programs within Canada by gathering information about their subjective life experiences within academic and clinical environments.

4. Methods

A phenomenological approach was used for this study. Phenomenology is both a philosophical perspective and an approach to qualitative methodology (Creswell, 2007). It was chosen due to its emphasis on understanding subjective lived experiences and individual interpretations people have of their world (Van Manen, 2001). Phenomenology asks “What is this or that kind of experience like?” (Van Manen, 2001, p. 9) In this study, the examined phenomenon was defined as being a student with a disability in a Canadian occupational therapy program. Ethics approval was obtained through the Research Ethics Board.

4.1 Participants

The study sample was obtained through purposive criterion sampling that facilitates the identification of participants who meet study criteria thereby allowing for in-depth study (Patton, 2002). Participants were selected based on self-identification with two inclusion criteria: they were enrolled in a Canadian occupational therapy program and they had a disability as defined by the Ontario Human Rights Commission (2009). In this definition disability is understood broadly to include both past and present states as well as subjective perceptions of disability. It encompasses both evident and non-evident disabilities including physical, mental, learning and/or developmental impairments. In order to recruit participants, the principal investigator e-mailed the department chairpersons of all fourteen Canadian occupational therapy graduate programs requesting them to forward an e-mail message inviting their students to participate. Additionally, advertisements in poster format were mailed to department chairpersons with a request to display these in visible locations.

In total, 14 participants responded to the invitation and all participated. Self-reported disabilities included dyslexia (2), obsessive compulsive disorder (2), Crohn’s disease (1), major depressive disorder (5), post-traumatic stress disorder (1), generalized anxiety disorder (4), learning disability (3), panic disorder (1), eating disorder (1), and other psychiatric disabilities (1). In order to maximize participants’ comfort with divulging sensitive information, additional personal demographic data was not collected. Overall eight occupational therapy programs across four provinces were represented.

4.2 Data Collection

Data were obtained through interviews that were primarily conducted over the internet using Elluminate Live! (Elluminate Inc., 2008). This program allowed for voice connection as well as the ability for participants to view questions. In addition to Elluminate Live! some interviews were conducted face-to-face (2), over e-mail (1), or over the telephone (1). One participant preferred to provide written responses.

Consent was obtained via voice signature. Participants were asked fifteen open-ended questions that explored multiple areas: their disability, their preference for choosing the field of occupational therapy and the particular school, positive experiences and challenges faced in the program, accommodations, how they related to others including faculty and co-learners, factors that impacted disclosure, unmet learner needs, career goals, barriers to entering professional practice, awareness of human rights policies, and recommendations to increase inclusiveness. Probes for elaboration were used as needed. Interview length was participant-dependent and ranged from one to two hours. All interviews were recorded and transcribed verbatim.

4.3 Data Analysis

Data were analyzed as they were being collected using content analysis. In this approach, themes develop from the data rather than being imposed by a previously selected framework (Patton, 2002). All transcripts were reviewed

independently by two researchers and coded for themes using the selective highlighting approach (Van Manen, 2002). Text was reviewed multiple times and phrases and sentences that were relevant to the phenomenon under study were highlighted. Themes were developed by capturing meanings and common features of participant experiences (Starks & Trinidad, 2007). Initial themes were compared between two researchers and further refined. Themes were then reviewed by two additional researchers who provided input into the development of the final themes.

Credibility was ensured through verbatim transcription of data and triangulation. Triangulation involved regular discussions among members of the research team regarding themes and sub-themes. In order to strengthen the trustworthiness of the data, the themes were returned to participants for review for member checking. Comments on accuracy were requested and responses indicated that participants were in agreement with themes/sub-themes. This process of member checking ensures that participants' viewpoints had been represented accurately (Krefting, 1991).

5. Findings

Two main themes and 6 sub-themes were established through data analysis. Themes and sub-themes are interrelated and no particular theme or sub-theme is of higher importance. Participant quotes are included to support the interpretation of researchers and are marked using a participant number.

5.1 Theme One: Recognizing Strengths and Needs

The first theme focused on the participant. More specifically, it explored the strengths and supports that participants felt contributed to their success. It also considered participants' perceived needs.

5.1.1 Strengths and supports

Participants identified a number of their personal characteristics and coping strategies that were beneficial to their role as student occupational therapists. Many participants reported having strong personalities, being self-starters, and being very resourceful. Participants were self-reliant and took action when they required accommodations. Beneficial coping strategies included developing schedules to complete projects in advance, approaching tasks methodically, asking for assistance when required, and ignoring stigmatizing behaviour. One participant said:

I volunteered in many of my groups or any of these projects to get them done early so that I can have them done with and over with so that I know that those pressures aren't going to affect the way I'm feeling. (P13)

Looking forward into the future, participants anticipated that they would have much to offer in clinical practice because of their disability. Participants felt that they could better relate to clients, that they were more easily able to display empathy, build rapport, and view clients holistically. For example:

I feel that it's easier for me to say to people I know how you feel, I've been there myself. I feel that with certain clients that it lets them go oh, okay, she's not looking at me negatively because then she'd be looking at herself negatively. So I think they feel more comfortable talking to me. (P11)

Participants expressed that support from multiple sources including family and friends who were external to the program were major contributors to well-being. Consider the following quote:

I probably would have dropped out of the program, if I had not had the wonderful support that I have from my family and my roommates; my roommates are, they are basically family. So I have a very supportive network outside. (P12)

5.1.2 Need for acceptance

Experiences of acceptance varied greatly among participants. Many discussed positive experiences when faculty and peers surpassed expectations of help. Others, however, felt defective and unwanted and felt that they were being edged out of the program. As a result they felt the need to conceal their disability. One participant explained:

I want to belong. I want to feel, like, that I am contributing. I want to feel that they think that I'm intelligent. That's a big issue...but I want to feel that...I belonged in the group and I sometimes don't feel that way. (P1)

Many participants entered the field of occupational therapy expecting an inclusive environment yet they were surprised to find that disability education and stigma were never discussed in relation to students with disabilities within the occupational therapy programs. Instead stigma was only discussed as an external phenomenon. Participants felt that there was an obvious discrepancy between what was taught and what was seen in day-to-day interactions between faculty and students with disabilities. Consider the following quote:

It was almost as if they [faculty] weren't really expecting to have students with disabilities in their program which was kind of funny. So it seemed like they weren't really...ready to cater to people with [disabilities]...they seemed stunned when I told them I had a [disability]...I think it's just especially being in the OT realm we should really work

on...fostering...awareness a lot earlier. (P2)

Overall participants expressed gratitude as the study allowed them to raise awareness with a view to increasing acceptance. Participants believed that speaking out about their disability would benefit both students with disabilities and their non-disabled counterparts.

5.1.3 Respect with issues of disclosure

Participants identified that disclosure of disability is a complex and personal issue and that multiple factors impact disclosure. Most participants were fearful of disclosure. Therefore disclosure only occurred due to necessity and often felt forced. However, the benefits of disclosure were recognized and participants wished that they could do so more easily. Some felt that disclosing to peers would be beneficial so that others would see that they were competent thereby decreasing stigma.

Participants identified multiple factors that influenced their choice to disclose or not. Fear of judgment and discrimination discouraged disclosure. On the other hand multiple factors made disclosure easier. First it was very important for faculty and peers to display characteristics such as understanding, empathy, respect, confidentiality, kindness, and acceptance. Second, viewing the student as a person first and the ability to view things from multiple perspectives were also factors that facilitated disclosure. Finally participants felt that disclosure was easier with persons who shared similar experiences of disability.

Disclosure was easier in academic versus placement settings and participants reported that they did not intend to disclose in the workplace due to possible penalization. Accommodations were viewed as a form of forced disclosure thereby causing sufficient distress to discourage participants from accessing accommodations. For example, reflecting on sitting an examination in a separate room, one participant stated:

I probably wouldn't bring [my disability] up unless they were like 'oh I didn't see you at the exam'. (P14)

In summary, participants identified a number of beneficial strengths and supports. However participants also discussed a need for acceptance and respect regarding disclosure.

5.2 Theme Two: Navigating the Environment

This second theme focused on the environment surrounding participants. It included the university environment, the social environment, and future practice environments. Participants often found their environments to be accessible but also provided examples of various barriers that were encountered.

5.2.1 University environment

Policies for disability services were in place in the majority of universities that participants attended. However participants felt that there was a lack of alignment between inclusionary university policies and the reality of the processes through which they were delivered. Student disabilities centres (SDC) staff were unsure about how to accommodate participants and often became administrative obstacles to accessing accommodations. This experience decreased participants' trust in the system, exacerbated stress and symptoms, and in many cases resulted in participants choosing not to access SDC services. For example:

I went to the office and they sent me to another office and basically after lapping campus several times I was told that they don't deal with the rehabilitation program and then I cried. (P14)

Participants also discussed the impact of faculty behavior on success. The majority of faculty members were reported to be encouraging and understanding and this support was integral to success. Other faculty behaviors that were considered supportive were communicating clearly with students, being willing to provide accommodations, and not trivializing issues of disability. When participants described negative experiences with faculty it was evident that these experiences had a significantly negative impact on participant performance within the program. Overt stigmatization and lack of sensitivity by faculty towards participants resulted in feelings of frustration, and anger. Participants were shocked to find this in a profession that adheres to a philosophy of inclusion and acceptance regardless of ability.

Inflexibility of the placement schedule was identified as a barrier as was being asked to perform clinical tasks on placement without preparation. There were many instances in which participants forced themselves to go to placement despite having severe symptoms impacting their function. This was due to the rigidity of the placement schedule and the perceived lack of understanding for missing a day. Consider the following quote:

The most important thing to me is that there should not be stigma in occupational therapy towards students. I think that as an occupational therapist you should be open and understanding, and feeling stigma from educators...is ridiculous because we should be applauding and encouraging anyone to come into our field because it just makes it so much richer.

So...get rid of the stigma OTs! (P7)

5.2.2 Social environment

Participants reported that their ability to participate in social activities was limited. Participants often avoided going to social events due to symptom manifestation thereby interfering with their ability to develop relationships with peers. For example:

I have a really hard time going with a group of people... I feel that I'm missing a lot because if you don't go to those social interactions or go out to the bar or go to somebody's house when they're having a party you miss making those relationships, and when you come back to class, those relationships are stronger and you may be singled out and that can be hard to deal with. (P7)

Several participants reported a desire to connect with other students with disabilities in order to feel less socially isolated. Forums such as discussion boards, web-sites, and designated social areas were suggested by participants to improve social interaction.

5.2.3 Future practice environments

Participants spoke about the impact of disability on future practice. Many thought that working full time would be too stressful and that part time work may be a better option. Participants anticipated negative reactions and possible penalties for disability in the workplace. One participant believed that it will likely be easier and safer to work in a mental health setting that promoted the hiring of persons with mental health issues. Another participant did not plan to disclose the disability to ensure that the employer would first see his/her value as an employee. One participant explained:

You can be penalized...like receive less pay or let go, the...perception of the psychiatric disability in a particular environment varies from place to place...but if you know that other people in the workplace are open about having a mental health issue or a psychiatric disability and that they're still working there, that's a really good thing (P 12).

In summary participants experienced both positive and negative experiences in the university environment, voiced a desire to participate socially, and expressed concerns about their future work environment.

6. Discussion

This study is the first published study that examines the experiences of student occupational therapists with disabilities in Canadian universities. Some of the information gathered is consistent with that found in a similar study of student occupational therapists in American colleges (Velde et al., 2005). In both studies students highlighted the importance of supportive relationships. Participants in both groups identified strategies and characteristics that allowed them to better manage their disabilities and both spoke of the complex issues associated with disclosure. Finally, in both studies students felt that their experience with disability would enhance their future practice. It can be argued that the similarity in findings can be attributed to similarities in the Canadian and American contexts. However compatibility of results gives rise to the idea that there are likely common themes across student occupational therapists with disabilities which transcend national contexts. Similar phenomenological studies in multiple international contexts may facilitate further understanding of common themes among student occupational therapists with disabilities worldwide. Similarly, there is potential for similar themes and sub-themes to emerge in studies with other groups of health professional students from different professions and disciplines.

Participant interviews revealed two main themes. The first theme is centred on participants as individuals and the second theme considers the environments in which participants interact. More specifically, there were unique qualities and factors identified by participants that influenced the way in which they were able to engage in the role of student occupational therapist. Likewise there were environmental factors identified which either facilitated or hindered occupational performance. This finding is consistent with the Person-Environment-Occupation Model of occupational performance (Law et al., 1996) which states that a sense of "fit" is achieved through congruency in the interplay between person, environment, and occupation (p. 17). Finding a harmonious fit is an important factor in maximizing occupational performance, an insight that emerged as highly relevant in this study. When fit was achieved then participation was optimized and success in occupational performance was realized.

This study examined the perspectives of multiple students with a broad range of disabilities. While it was not the intent of the researchers to focus the study on those with non-evident disabilities there were no participants with an evident (physical) disability. As previously discussed, some of the literature suggests that students with non-evident disabilities such as learning disabilities and mental health diagnoses were doubly challenged in that their claims of disability and its impact on academic performance were not perceived as credible. Further exacerbating this problem is the

perception among students with non-evident disabilities that reasonable accommodations for physical disabilities are made more commonly. Consider the following quote from Participant 5 in this study:

I definitely see a lot of the OTs that are professors...constantly trying to make every building accessible to those in wheelchairs or those with physical disabilities...even those with vision impairments or hearing impairments and things like that. I think when it comes to mental health...it's something people don't know what to do about.

Based on a study by Elliott, Hanzlik, and Gliner (1999) it appears that this problem may continue forward into the practice environment. In a study of the attitude of occupational therapists and occupational therapy assistants towards colleagues with disabilities, the researchers found that subjects had favorable attitudes toward colleagues with disabilities except toward those with psychiatric disorders and/or drug dependency. Examination of the results of this study combined with critical analysis of the literature indicates that there may be challenges unique to student occupational therapists with non-evident disabilities including mental health and learning disabilities. It stands true that some accommodations for physical disabilities may be more tangible than those for mental illness. However the literature indicates that the needs of student occupational therapists with evident disabilities and non-evident disabilities are very similar (Tinklin et al., 2005; Velde et al., 2005). Among them are access to accommodations as needed, non-judgmental support, respect for individual autonomy/privacy, and belief in their ability to succeed. Additional inquiries into the experience of students with other types of both evident and non-evident disabilities in multiple contexts would be beneficial in further understanding this topic.

In addition to identifying environmental barriers to participation, this study also identified a number of student characteristics and needs articulated from the perspective of students with disabilities. Participants in the study identified that in addition to environmental factors and occupational (program) demands, that their personal qualities impacted their sense of fit. Qualities such as persistence, resourcefulness, creativity, optimism, and determination were identified as necessary in this study and are echoed across the literature to describe student occupational therapists with disabilities (Archer, 1999; Sivanesan, 2003; Velde et al., 2005). Therefore when considering inclusive education in occupational therapy it is prudent to consider personal attributes of students with disabilities in addition to environmental and occupational issues. This may be useful information for prospective students both with and without disabilities in making an informed program choice based on a strong sense of fit.

Both this study and related literature indicate that student occupational therapists with disabilities feel that their disability is not a barrier but an asset (Archer, 1999; Murray, 2002; Velde et al., 2005). In these situations student occupational therapists indicate that barriers in the environment in the form of negative attitudes and stereotypes are far more disabling than their actual impairment/diagnosis.

6.1 Future works

The participants in this Canadian study provided a number of concrete recommendations to reduce environmental barriers and facilitate inclusivity. Incorporating participant input in the development of recommendations is consistent with the theoretical foundation of client-centred collaboration within occupational therapy (Townsend et al., 2007).

The following recommendations to reduce barriers in occupational therapy programs were identified by participants and endorsed and elaborated upon by the research team as a first step in improving accessibility for students with disabilities.

- Ensure adequacy of procedures and procedural knowledge in occupational therapy departments and SDCs related to implementing university policies for students with disabilities.
- Ensure both physical accessibility of the SDC and access to its resources.
- Provide education related to disability and accommodation to faculty and students in order to improve sensitivity.
- Assign one individual within the occupational therapy program to be responsible for academic and personal student support and to assist in access to accommodations.
- Maximize compatibility between student attributes and placement demands while maintaining academic standards.
- Consider flexibility of the academic and placement schedule including the option for part time studies, flexible due dates, and variations in assignment formats.

In addition to these practical recommendations, two global areas for further research have been identified. First, similar phenomenological studies in multiple international contexts may provide insight into common themes among student

occupational therapists with both evident and non-evident disabilities worldwide. Second, research specific to the placement component of pre-registration education may be relevant since both the literature review and the results of this study reveal multiple areas of concern associated with student placements.

6.2 Study limitations

The limited amount of demographic data collected may reduce the generalizability of results to other students with disabilities. Similarly the fact that all participant diagnoses can be considered non-evident may limit broader application of results to those with evident disabilities. The hybrid approach to data collection (web-conferencing/face-to-face/e-mail/telephone) may have influenced the responses in that some methods may elicit more or different information. This study may have also been influenced by a volunteer bias. Law (2002) indicates that there are inherent differences between those who volunteer to participate in a study and those who do not.

7. Conclusion

This information gathered in this study has provided a detailed description of the lived experience of 14 students with disabilities in occupational therapy programs within Canada. The intent of the study, given its design, was to highlight the experience of study participants. In doing so, two main themes emerged: participants recognizing strengths and needs and participants navigating the environment. This study has clarified the desire among participants to achieve a sense of fit in their occupational therapy programs. In order to facilitate this sense of fit the principles of occupational therapy must be applied in a client-centred manner to student occupational therapists with disabilities. Through the provision of thorough and thoughtful feedback and recommendations, participants provided a very important glimpse of the extent to which they have experienced the inclusionary principles of occupational therapy within their respective programs. Results of this study may provide useful insight in informing the development of inclusive health professional educational programs as specifically illustrated through an exploration of occupational therapy education programs.

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