International Service Learning: How do Occupational Therapy Programs in

the U.S. Apply Social Justice Principles to International Travel Experiences for OT

Students?

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A proposal for a capstone project submitted to the faculty of Radford University

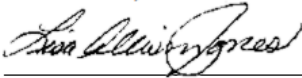in partial fulfillment of the requirements for the degree of

Doctor of Health Sciences

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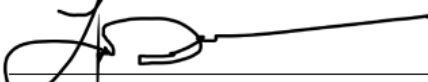
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Abstract

Social justice in healthcare is a calling and a mandate that ensures the on-going progression towards the collectively valued and ethical outcome of health equity. Occupational Therapy (OT) programs in the United States are committed to social justice as directed by various governing bodies, such as the World Federation of Occupational Therapists and the World Health Organization. OT programs commonly utilize experiential and service-learning pedagogies, which, coupled with a desire to facilitate social justice in healthcare, makes international service learning (ISL) opportunities attractive to both, OT students and OT programs. No information, however, is currently available about the prevalence of ISL opportunities in United States OT programs, its structures, practices, and outcomes, nor how programmatic social justice attitudes may relate to ISL structures, practices, and outcomes.

Objectives: This research study examined current ISL rates, practices, and outcomes, as well as the ISL social justice attitudes of entry-level U.S. OT programs. The results of the study provided new knowledge about ISL prevalence rates, structures, and practices, as well as information about the most common ISL outcomes, social justice attitudes, and their interactions.

Methodology & Results: This cross-sectional quantitative study used a 15-item survey distributed via an electronic Qualtrics link to 191 entry-level U.S. OT programs with a response rate of 29.84%. The ISL prevalence rate, as well as the most common country locations, learning objectives, pre-departure training formats, content and hours, as well as in-country activities are described. No significant relationships were found

between various ISL variables and there were no significant differences between social

justice attitudes and ISL outcomes between groups.

Keywords: social justice, international service learning, occupational therapy

education, health equity

Dedications

I dedicate the words and intent of this work to those that were randomly born and live in areas of the world that make life harder than in other areas of the world. I humbly acknowledge the privilege of my own random seat at the global table of life that serves us so inequitably.

I dedicate the hours, days, months, and years poured into this work to the infinite hope that it will do good to someone, somewhere, sometime.

I dedicate the growth of my own capacities this work has gifted me to the education of future students and practitioners that serve those in need—may we jointly create wildly innovative and sturdy seats together, at the global table of life.

I dedicate the cognitive work that goes into writing and thinking in a language that is not your native tongue to all the immigrants, anywhere, pursuing their lives in a language not their own.

I solemnly dedicate all of the hours of all of the days after completion of this project to my family and friends, to share all of the moments of life again. I have deeply missed you.

And to you, Bill and Nadalina, you are my everything. Thank you for all of the things during all of the times. We did it. Let's cuddle.

Acknowledgements

Every journey of 1,000 steps begins with the first one, they say. When I was graduating high school, I was curious about the world and wanted to "go out there" and "do good," somewhere, anywhere. In the ancient days of yesteryear, before the advent of the Internet, I wrote letters to many far-away places, to offer myself and my gifts: a bright-eyed high school graduate with open hands and a full heart with a love for Spanish. I applied to do volunteer or low-wage work in several countries in South America, to work with people with disabilities, eagerly searching through my book entitled "volunteering and working across the globe," which I bought just for this purpose. I heard nothing for many weeks, even months. One day, I received a letter on airmail paper, the thin kind that serves as both, a letter and envelope, with an exotic-looking stamp. I carefully and ever-so-slowly ripped it open and read through the short and very politely written letter. The person writing the letter thanked me for my interest, congratulated me on my high school diploma, and expressed regret at not being able to offer me a position. The letter ended with a question: "Think about this: what may you be able to offer that would warrant taking away the opportunity for someone local?" The letter was signed "Ramon." Ramon sent me on a journey of 1,000 steps with the question he posed. His question is as relevant today as it was then, more than 30 years ago. Ramon understood the fallacy and arrogance of my thinking, the supposed "innocence" in my detrimental thought process, that wanting to offer something, anything, with a full heart was simply a good thing. I started walking that day, observing, listening, reading, and wondering. My journey continues.

The journey of writing this work is coming to a close, though. And reaching this wonderful location was only possible with the unwavering support of so many, in the shape of hugs, emails, plates of foods, text messages, kind words, shared laughter of joy and tears, walks by the river, and the infinite amount of grace extended my way for all of my shortcomings during this time.

I would like to thank my wonderful capstone committee, Dr. Everhart, Dr. Allison-Jones, and Dr. Davidson, for your guidance and expertise, your patience, and your willingness and trust to let me lead this project. I am lucky to learn from you. And to you, Dr. Everhart, I have nothing but admiration for you, thank you.

I would like to thank Dr. Francis Dane for all of his extraordinary calm professionalism and support expressed in his precise expertise that he so freely shared. I will feel lucky to have learned from you for a long time.

I would like to thank my work colleagues and friends who have supported me day in and day out, who left me purple cards with stickers and check boxes to help gauge my progression and kept me motivated, who stopped by my office to offer kind words, who sent messages of support and love, and who have been gracious in accepting all of my shortcomings and all of my apologies for all of these years. I am lucky to have you and I know it.

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Chapter 1

Social justice is of concern to all health professions and health profession

education programs, as practitioners and students engage in service provision with

vulnerable populations with the purpose of facilitating health and well-being. Social

justice demands a population-focused approach to such service provision that is

underscored by recognizing the complexities of healthcare systems and geopolitical

systems that influence service provision. This chapter lays the foundation for the need of

a study that examines the educational practices of occupational therapy (OT) degree

programs in the United States (U.S.) as their students engage in short-term healthcare

service provision, oftentimes referred as international service learning (ISL), abroad.

Introduction

Background

As a global health profession of 580,000 practitioners (World Federation of

Occupational Therapists, 2020), OT has undergone what may be termed a collective

awakening in the recent past by affirmatively acknowledging the presence of social

injustices within the profession. The impact of these social injustices has far-reaching

consequences not just for the populations served, but also for the people that study, teach,

and practice the profession in the United States and in other countries (Grenier et al.,

2020; Mirza et al., 2016). "Social justice," as utilized here, is viewed through a critical

consciousness lens intended to illuminate power imbalances between stakeholders and is

parametrically defined as addressing "unjust inequities that limit opportunities for

participation…" (American Occupational Therapy Association, 2020a, p. 2; Styslinger et

al., 2019). Social injustices are seen in the professional norms, standards, and deeply

ingrained philosophical beliefs that are accepted, relied upon, and dictated as universally

desirable, acceptable, and applicable across academic institutions, populations, cultures,

practice settings, and geographic areas (Mahoney & Kiraly-Alvarez, 2019). They are

expressed in the remnants of the colonial upbringing of the profession of OT, by

Western-informed cultural perspectives to the exclusion of others, in the shape of

Western dominance in knowledge generation, and also heavily influenced by an

ethnocentrically White perspective (Dirette, 2018; Mahoney & Kiraly-Alvarez, 2019). In

response to the acknowledgment that social injustices exist in the profession of OT, many

contributing factors are being scrutinized and examined to varying degrees in the current

professional discourse (Grenier et al., 2020). OT practice, OT research, and OT education

are all under scrutiny and many social-justice related concepts and contributing factors,

such as diversity, equity, human rights, ethics, bias, culture, social determinants of health,

and other factors, are being explored (Córdoba, 2020; Crawford et al., 2017; Demers et

al., 2021; Grenier, 2020; Kirsh, 2015). For the purpose of this study, which is situated in

higher education, social justice, as understood from a critical perspective, will be

examined in the context of international travel experiences offered to OT students in

entry-level degree programs.

Problem Statement

OT has a long history of implicitly and explicitly valuing and committing to

social justice as a global health profession. OT educational programs in the United States

are guided by a social justice educational value system that is informed by mandates of

various professional organizations overseeing healthcare service provision and OT

educational programs, both nationally and globally. As such, accredited OT programs in

the United States shape their educational offerings by utilizing standards and guidances

provided by the Accreditation Council for Occupational Therapy Education (ACOTE),

the American Occupational Therapy Association (AOTA), and the World Federation of

Occupational Therapists (WFOT), the latter of which delineates global educational

standards with an explicit emphasis on educating graduates "with a strong sense of social

justice" (World Federation of Occupational of Occupational Therapists, 2016, p. 12). In

addition, all three organizations are further relying on global directives issued by

organizations such as the United Nations and the World Health Organization, both of

which publish a variety of social-justice-related documents that are conceptually and

explicitly incorporated into official documents published by ACOTE, AOTA, and the

WFOT (Accreditation Council for Occupational Therapy Education, 2020; American

Occupational Therapy Association, 2020b; World Federation of Occupational of

Occupational Therapists, 2016; World Federation of Occupational Therapists, 2016;

World Federation of Occupational Therapists, 2019).

     Based on these comprehensive mandates, social justice concepts related to

diversity, sociocultural factors, advocacy, justice, equity, international and global

influences, and ethics, among others, are threaded in formal and informal ways into

curricular programming and course structure expectations in U.S. OT programs

(Accreditation Council for Occupational Therapy Education, 2020; American

Occupational Therapy Association, 2020a). Each OT educational program makes

independent decisions about the format for such teachings, but many programs utilize

experiential activities in the form of short-term international fieldwork (IFW) and

international service learning (ISL) to address and teach a range of social justice-related

topics in their curricula (Grenier et al., 2020). IFW placements and ISL activities are

experiential learning opportunities that allow OT students from the United States to travel

abroad for a limited period of time while engaged in clinical learning and service

opportunities with local client populations. IFW placements are typically offered as short,

one to two week immersive in-country placements that focus on practicing clinical skills

under the supervision of a U.S. OT faculty member, not uncommonly in the Global South

(countries previously referred as "developing"). ISL travel opportunities, on the other

hand, are more commonly structured as group and interprofessional learning experiences

for one to three weeks that focus on providing services to client populations that may

extend beyond practicing clinical skills, also commonly situated in the Global South.

The literature suggests that research associated with the educational practice of

offering these types of international learning and travel opportunities focus exclusively

on student learning outcomes related to professionalism, communication, cultural

competence, transformative learning, and other student-centered outcomes without a

direct commitment to examining any social justice outcomes (Cipriani, 2017).

Considering the mandates expressed by all guiding professional organizations to center

social justice, critical examination of the educational practice of ISL (as well as IFW,

which may closely resemble ISL) is ethically warranted. This is especially true given the

complexities associated with providing therapy services by unskilled occupational

therapy students in a cultural, linguistic, socioeconomic, political, racialized, and

historical-colonial context in the Global South. Current research threads lack a dedicated

and critical focus on examining social justice outcomes related to this educational

practice, which puts ISL at risk for possibly contributing to and perpetuating social

injustices in the international context. Without astutely preparing for and examining the

potential impact such educational practices may have on the proclaimed social justice

commitment of the accountable academic institution, ISL in its current format is

irresponsible at best and harmful at its worst.

Significance of the Problem

Between 2011 and 2021, enrollment in occupational therapy educational

programs has risen from 16,172 students in 2011 to 23,436 in 2021 and applications for

OT program slots far outnumber available seats (American Occupational Therapy

Association, 2022). Of the 36,723 applications submitted in 2021, only 8,542 students

were admitted to U.S. occupational therapy programs (American Occupational Therapy

Association, 2022). Once these students graduate, their employment outlook is highly

promising. Over the course of the next decade, an average of 10,100 occupational therapy

jobs per year are predicted with a 17% employment growth, making occupational therapy

a highly desirable and stable profession (U.S. Bureau of Labor Statistics, 2022). The

future employment prospect, along with a 33% enrollment growth over the last decade,

makes it imperative for OT programs in the United States to examine their educational

practices for integrity and alignment with professional accountability organizations,

especially when practices are carried out beyond U.S. borders.

IFW and ISL opportunities are offered in many of the 206 occupational therapy

graduate degree programs, even though no specific data exists as to how many

occupational therapy programs offer such opportunities (Haro et al., 2014; Schnedl &

Milton, 2021). A growing interest in international opportunities and international contexts

can be observed, however, across many practice, educational, and research initiatives in

occupational therapy. Specific to international developments in OT education, some preliminary research seems to indicate that the dominant pedagogical practice utilized to teach some aspects of social justice (e.g. diversity) is, in fact, ISL opportunities (Grenier et al., 2020). If ISL is a common mode of teaching elements of social justice in occupational therapy programs, but the research lacks examination of said practice, then the profession of occupational therapy is called to close this knowledge gap.

The prospective student interest in OT and the growth in student enrollment, along with an increasing number of programs offering international learning opportunities, points to a need to examine our pedagogical practices against our own value system and in alignment with our accrediting bodies. As a first step, however, it is important to find out what the actual instructional practices and structures are, how they may interact with one another to facilitate or hinder the profession's social justice mandates before possibly making any conclusive recommendations for change.

Purpose of the Research

The proposed research study is intended to learn about the prevalence and purpose of international travel experiences in the form of ISL trips conducted by U.S. OT programs. At this time, there is no data about how many OT programs offer international travel opportunities, what the collective purpose is, how programs are structured, and whether service learning outcomes and social justice attitudes related to the ISL programs are aligned with ISL preparations and programming activities. Furthermore, it is not currently known whether these types of travel opportunities collectively undermine the profession's commitment proclamation to social justice and social transformation or if they indeed support their aim.

Research Questions and Hypotheses

There are 21 research questions that will guide this research study. Questions labeled RQ1 through RQ9 are intended specifically to collect data regarding common ISL practices across all surveyed OT programs. Questions labeled RQ1a through RQ12a reflect the core research questions of this study with associated hypotheses.

RQ1-RQ9 Questions

- RQ1: How many OT programs in the United States offer ISL opportunities to their student body?

- RQ2: On which continents and in which countries do OT programs most commonly conduct their ISL activities?

- RQ3: On average, how many days do ISL trips typically last?

- RQ4: Which primary learning objectives (LO) are most frequently targeted with ISL program activities in U.S. OT educational programs?

- RQ5: How much time do OT programs in the U.S. commonly dedicate to ISL pre-departure training?

- RQ6: Which content is most commonly included in pre-departure training as part of ISL programming by U.S. OT educational programs?

- RQ7: Which types of ISL activities do U.S. OT programs most commonly conduct while in-country?

- RQ8: Which service learning benefit/outcome do OT programs most frequently report (practical skills, citizenship, personal responsibility, or interpersonal skills)?

- RQ9: Which social justice activities do OT programs rate as most highly
  valued or important in relation to their ISL program?

RQ1a-RQ12a Questions

- RQ1a: Is there a significant relationship between ISL pre-departure training
  content covered by U.S. OT programs and the rated importance of different
  ISL outcomes (practical skills, citizenship, personal responsibility, or
  interpersonal skills)?
  - H1a: There is a significant relationship between ISL pre-departure content
    covered by U.S. OT programs and the rated importance of different ISL
    outcomes.

- RQ2a: Is there a significant relationship between the targeted learning
  objectives and the rated importance of different ISL outcomes (practical skills,
  citizenship, personal responsibility, or interpersonal skills) reported by U.S.
  OT programs?
  - H2a: There is a significant relationship between the targeted learning
    objectives and the importance of different ISL outcomes.

- RQ3a: Is there a significant relationship between the importance/value
  ascribed to social justice attitudes and the importance of rated outcomes
  (practical skills, citizenship, personal responsibility, or interpersonal skills)
  reported by U.S. OT programs?
  - H3a: There is a significant relationship between the importance/value
    ascribed to social justice attitudes and the importance of rated outcomes.

- RQ4: Is there a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes reported by U.S. OT programs?

    o H4a: There is a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes of the ISL program.

- RQ5a: Is there a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered, as reported by U.S. OT programs?

    o H5a: There is a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered.

- RQ6a: Is there a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs?

    o H6a: There is a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs.

- RQ7a: Is there a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?

- o H7a: There is a significant correlation between the ISL activities
  commonly conducted in-country and the importance of rated outcomes.

- RQ8a: Is there a significant correlation between the ISL activities commonly
  conducted in-country and the ascribed social justice attitudes reported by U.S.
  OT programs?

  - o There is a significant correlation between the ISL activities commonly
    conducted in-country and the ascribed social justice attitudes.

- RQ9a: Is there a significant difference between those programs that offer
  course-based pre-departure training and their reported learning objectives, as
  compared to those OT programs that do not?

  - o There is a significant difference between those programs that offer course-
    based pre-departure training and their reported learning objectives as
    compared to those that do not.

- RQ10a: Is there a significant difference between those programs that offer
  course-based pre-departure training and the activities they commonly conduct
  as part of their ISL programming, as compared to OT programs that do not?

  - o H10a: There is a significant difference between those programs that offer
    course-based pre-departure training and the activities they commonly
    conduct as part of their ISL programming as compared to those that do
    not.

- RQ11a: Is there a significant difference between those programs that offer
  course-based pre-departure training and the importance of rated outcomes

(practical skills, citizenship, personal responsibility, or interpersonal skills) as

compared to OT programs that do not?

- o H11a: There is a significant difference between those programs that offer

   course-based pre-departure training and the importance of rated outcomes

   as compared to those that do not.

- RQ12a: Is there a significant difference between those programs that offer

   course-based pre-departure training and the ascribed social justice attitudes as

   compared to OT programs that do not?

- o H12a: There is a significant difference between those programs that offer

   course-based pre-departure training and the ascribed social justice

   attitudes as compared to those that do not.

Implications of the Research

Studying the prevalence, purpose, structure, outcomes, and social justice attitudes

related to ISL (which, for the purpose of the study, includes IFW) will yield data that can

assist in drawing a comprehensive landscape of this educational practice for the first time.

The results of the study will allow OT educational programs to evaluate and reconsider

their practices as well as allow those programs without current ISL opportunities to

design international learning experiences that are in congruence with our profession's

mandated social justice value system. In addition, since ISL is an educational practice

that is by no means exclusive to OT degree programs, the results of the study may be

applicable to other health disciplines that engage or consider engaging in ISL. Lastly,

since OT education is a stepping stone into OT practice and typically informs and guides

research agendas, the results of the study may be applicable to practice as well.

Chapter 2

Review of the Literature

This chapter summarizes the results of the extensive literature review conducted

to examine the concerns laid out in this study. Healthcare is a complex endeavor that

raises moral, ethical, and justice questions. This is especially true when medical care is

provided in low and middle income (LMIE) countries in the Global South by

inexperienced healthcare students from the Global North. These students are often

servicing people in geopolitical and linguistically diverse locations with complex

histories at significant costs. A core tenet of such service provision is social justice,

which is internationally acknowledged as a guiding force in global health and supported

by higher education institutions in the United States through global citizenship initiatives.

In OT practice and educational programs, a rights-based understanding of social justice

demands accountability for educational pedagogies used when students travel abroad to

provide healthcare services. The operationalization of social justice, however, in the

context of traveling opportunities for healthcare students, lacks fidelity to clearly guide

such service provision, making it vulnerable to exploitation and potential harm.

Social Justice: What is it?

The conceptual and philosophical underpinnings, as well as the definition, of the

term *social justice* are many and varied across temporal, historical, religious, and political

contexts, at times appealing to opposing ideologies (Thrift & Sugarman, 2019). Although

the term social justice is widely used in contemporary society and claimed as a collective

purpose to *do good*, it is an ill-defined construct. An element of ethics and morality,

whether demanded by professional codes of conduct or expressed by religious

undertones, are oftentimes inherent in social justice conceptualizations. In healthcare and

throughout healthcare education programs in higher education, the idea of social justice is

often utilized to situate service-oriented initiatives and while establishing an overall

reputation for a program or institution that *does good*.

To understand the current use of the term *social justice* in the context of

healthcare education and as it applies to this study of OT students, a limited exploratory

journey into the history and applicability of the term *social justice*, beginning in the 19th

century, will be presented. First, the influential early beginnings of social justice in the

faith-based tradition and its interconnected history to healthcare service provision,

especially in LMIE in the Global South, are described. Then, the significant impact one

prominent philosopher has had on current social policies that direct our social justice

conceptualizations and directives in healthcare and healthcare education is explored.

Faith-Based Beginnings

Luigi Taparelli d'Azeglio, a Jesuit priest and a prolific writer in the 19th century,

coined the term *social justice* in 1843. He understood it as a way to order the normative

functioning of intertwined social societies in the context of Italy's mid-19th century social

turmoil (Behr, 2006; McCorquodale, 2021). In the wake of the French revolution, a time

of fundamental societal reordering across Europe, as well as the rising Risorgimento

movement that sought political unification between Northern and Southern Italy, the

Catholic church experienced unprecedented ideological challenges with rising liberal and

nationalist voices calling for fundamental social and governmental change (Burke, 2010).

Against this backdrop, Taparelli developed a theory of natural law that envisioned a

societal and moral structure to best address the social, economic, and political challenges

of the day, which were perceived as threats to the church.

In line with his Catholic beliefs, Taparelli viewed human beings as having a godly

desire to seek, contribute to, and create the common good across all life associations: in

microscopic family units, the local and regional societies humans interact with, as well as

in the macroscopic society at large, including all legal authorities (Behr, 2003; Burke,

2010). At the core, he perceived human dignity as justice, expressed and governed in an

ordered free will, across layers of interacting societies for the purpose of having a

functioning and productive society (Behr, 2003). He considered social justice a principle

of legal and political unity, allowing individuals and individual societies to structure their

lives in accordance with duty to the common good, always in line and under the auspices

of the Catholic Church (Behr, 2003; Clevenger, 2020).

Taparelli's natural law theory of reordering society to ensure the common good

for all by centering human dignity served as the first introduction of the actual term

social justice. The Catholic Church, however, as a global institution, formally adopted the

concept of *social justice* as part of their overall social doctrine in 1931, when Pope Pius

XI published an influential social encyclical entitled *Quadragesimo Anno* (Burke, 2010).

An encyclical refers to a *circular letter* written by a pope that expresses the Catholic

Church's views and teachings on a particular topic (Masci, 2015; Papal Encyclicals,

2020). Encyclicals are considered official church documents directed at bishops and their

constituents that carry authority for all disciples (Masci, 2015; Papal Encyclicals, 2020).

One previous social encyclical, published in 1891 by Pope Leo XIII and entitled

Rerum Novarum, first introduced the idea of the Catholic Church taking a stance on

social issues by protecting the poor and granting rights to workers (POPE LEO XIII,

1891). The second such encyclical, *Quadragesimo Anno,* written by Pope Pius XI, for the

first time, however, committed to social justice (Clevenger, 2020; POPE PIUS XI, 1931).

Quadragesimo Anno focused on the reconstruction of social order, emphasizing social

justice as a common good for all to contribute to and benefit from (POPE PIUS XI,

1931). The encyclical was published in the aftermath of World War I, on the cusp of

World War II, following the end of the industrial revolution, and in the early years of the

Great Depression, a historic time that can perhaps best be described as a time of

significant upheaval and despair that called for a collective pathway forward. In response,

Quadragesimo Anno attempted to interpret and address a shifting economic, moral, and

political landscape that was perceived as unjust towards laborers and the poor, and not

centered on God (POPE PIUS XI, 1931). The growing dichotomy between the rich and

the poor, according to Pope Pius XI, resulted in immoral exploitation of the have-nots

and was described in the *Quadragesimo Anno* as a social ill that the church and its

disciples needed to address (POPE PIUS XI, 1931). In an attempt to do so, Pope Pius

took a stance against the political and anti-Christian expressions of the times, namely

socialism and rising communism and proclaimed a needed restructuring of the social

order focusing on social justice.

In addition, *charity* is described in the encyclical as a unifying ideal in the

Christian faith that at times is used in place of socially just practices, but should instead

be thought of as an overarching expression of faith and not in lieu of social justice (POPE

PIUS XI, 1931). Pope Pius proposed social justice and social charity as guiding

principles in reconstructing a social order within society, thereby guarding against the

exploitation of the poor and in support of the Christian faith.

In summary of these Christian beginnings, social justice as a term and as a

concept was first envisioned by and tied to the Catholic Church in response to changing

economic and political times that impacted morals and was viewed as a way to reorder

society in a more just and godly way. The common good was central to this initial

understanding of social justice, as informed by human dignity and with a dedication to

the poor. Charity was understood as an overarching expression of faith in support of

social justice, but not in place thereof. And lastly, Christian social justice and social

charity, as first described here, are both to be understood within the context of the times

in which they were envisioned, a time of significant societal upheaval, changing political

expressions that were perceived as threats to the Catholic Church, and severe poverty.

Evangelical Medical Missions

The translation and application of early Christian faith conceptualizations of

social justice can be seen in the inclusion and later expansion of global medical missions

in the rising Christian missionary work during the 19th century. The relationship between

an early Christian understanding of social justice and the development of healthcare

service provision under this contextual umbrella is of particular importance to the intent

of the study as it first established the Global North to Global South route of providing

medical care.

Under colonial rule, medical care for the poor became an integral part of Christian

missionary work in the developing world (Dailor, 2021). In particular, landmark medical

breakthroughs in the latter half of the 19th century, including the discovery of anesthesia,

led to the dedicated establishment and proliferation of Christian medical missions that

were spearheaded by Christian physicians during evangelization attempts (Grundmann,

2008). Initially, these medical missions were long-term missions in the form of newly

built Christian hospitals as part of a religious order built in areas of deprivation and

desolation and were staffed by long-term Christian physicians (Dailor, 2021; Grundmann,

2014). Over time, healthcare services in low-income countries became intertwined with

faith-based organizations, predominantly Christian ones, and have contributed in

significant ways to the healthcare infrastructure in many of these countries (Karpf, 2014;

Levin, 2016; Olivier et al., 2015; Rose et al., 2012).

Much of the driving force behind the establishment and expansion of faith-based

healthcare in the developing world, beyond the intent of evangelism, is rooted in the

religious healing belief system (Grundmann, 2014; Karpf, 2014). In the Christian

religious and social tradition, concern for the poor, the marginalized, and the disabled is

inextricably linked to care and service, and given the limited medical care coupled with

prolific disease in remote areas of the world during colonial rule, the provision of medical

care was considered a sincere expression of faith (Grundmann, 2014). Informed by the

social doctrine of the church to contribute to the common good in support of human

dignity while keeping God central, early medical missions can therefore be viewed as a

global reordering of a socially just society, as defined by Christian religious values.

At this time, faith-based medical missions are offered and carried out by a vast

number of Christian organizations such as the World Council of Churches and the

Catholic Health Association of the United States. These large representative

organizations have their own medical mission organizations or affiliates and have

historically interacted and carried out programming through global partnerships such as

the United Nations and the World Health Organization (Karpf, 2014; Winiger & Peng-

Keller, 2021). In recent decades since the 1980s, a shift towards short-term medical

missions (STMM), still closely tied to and as an expression of Christian religious and

social values, has occurred as part of an evangelical missionary recommitment (Nagel,

2021). Although they are typically offered as an expression of faith that seeks to assist the

poor, STMMs very closely resemble the ISL opportunities under scrutiny in this study as

untrained Western volunteers provide medical services of short duration in low and

middle income economy (LMIE) countries. The early and on-going tradition of faith-

based medical missions carried out by Western missionaries in support of a social justice-

oriented social doctrine in LMIE countries is therefore the same framework used for ISL,

albeit not necessarily tied to faith. From a Christian social justice perspective, it could be

said that the moral imperative of contributing to the common good in the form of STMM

in LMIE countries is serving as a springboard for the topic of inquiry and is therefore

perhaps informed to a great degree by Christian social values.

Theoretical Foundations/Theory of Justice

Since the 19th century, when the early tradition of Christian medical missions

were first established to the 1930s, when the influential Catholic encyclical was first

published, social justice as an idea, concept, and theoretical framework has been further

and separately developed, studied, and claimed by various philosophers, social and

political movements, national governments, as well as international organizations for a

variety of purposes (McCorquodale, 2021). As a foundation to grasp our current

understanding of social justice in healthcare and healthcare education, it is important to

illustrate the macrolevel developments that heavily influence the interconnected relationship between social justice and healthcare.

One of the most prominent political philosophers associated with social justice conceptualizations of our times, John Rawls, developed the *theory of justice* in the 1960s, a theory that is considered by many to have laid the foundation for most other social justice conceptualizations and social justice expressions in contemporary society (Bankston, 2010; McCorquodale, 2021). Rawls was born in 1921, earned a PhD in Philosophy from Princeton, and taught at Harvard University from 1962 until 2002 (Lovett, 2011). He published his seminal work in 1971 and revised it in 1999 and 2001. Rawls' thinking on social justice is credited with influencing social justice commitments and social justice policies from national governments to the United Nations, and the World Health Organization, among others, as his theory attempts to explore fundamental philosophical and political questions of interest to these types of governing institutions. John Rawls' core question, *What makes a society just?* expresses a central societal sentiment that is imperative of consideration by any institution that is charged with distributive decision-making in the interest of its constituents.

As a political philosopher, Rawls was influenced by classic social contract theorists such as Locke, Rousseau, and Kant (Rawls, 1971). Just like other social contract theorists, Rawls was concerned with the basic legal and distributive structure of society and social cooperation to the advantage of its members. The intent of a social contract at the outset is to build a society based on socially agreed upon rights and privileges, which most often are based on terms that are mutually agreeable and advantageous to all members of society, thereby facilitating social cooperation (Muldoon, 2016). If

successful, the social contract allows for a socially just society, but the success or failure

of the social contract lies in how to arrive at the principles that are mutually agreeable

with advantageous terms.

In his *theory of justice*, which is often referred to as Rawls' theory of social

justice, Rawls is concerned with illustrating how a society that is socially just can be

envisioned when the principles of justice are selected under specific conditions. In his

hypothetical societal set-up, he takes on an outset perspective that he terms the *veil of*

ignorance. This perspective is intended to allow for the societal selection of justice

principles that are not influenced by preferences skewed towards any individual (Rawls,

1971). The *veil of ignorance* refers to the idea that members of a society are to choose

principles of justice that are fair to everyone, without knowing their own position and

condition, so as not to unfairly select principles that would benefit them (Rawls, 1971).

This *original position* behind the *veil of ignorance,* Rawls argued, where everyone is

considered truly equal in their lack of knowledge, leads to just selection of principles and

just decision-making that is fundamentally fair. To Rawls, the social contract within a

society is tied to fairness and his theory of justice is built on *justice as fairness*, meaning

that everyone would accept the proposed principles because they are formed from a

position of equality.

From this standpoint, two main principles form the basis of Rawls' social justice

theory that are sequentially organized. The first principle, which is sometimes referred to

as the liberty principle, refers to an assurance of adequate freedoms for everyone and is

perceived as a constitutional principle by Rawls (Rawls, 1971; Rawls & Kelly, 2001).

This principle must be met before the second principle, which consists of two parts and

concerns itself with social and economic justices, can be met. Rawls notes in his second

principle that equal opportunity must be provided to all societal members across social

and economic opportunities, including education, occupational choices, and political

offices, among others (Rawls, 1971). If such fair opportunities are afforded equally to

everyone, inequalities would be acceptable since each societal member is at liberty to

choose for themselves in the same manner as everyone else (Rawls, 1971). Furthermore,

Rawls also argued in his second principle that social and/or economic inequalities are

justified if they are to the greatest advantage of the disadvantaged (Rawls, 1971). He

termed this part of the second principle the *difference* principle in which he called for the

equal distribution of goods organized in a legislative manner that ensures maximization

of goods for the socially and economically disadvantaged (Rawls & Kelly, 2001). It is

important to note, however, that the principle of equal liberties must be ensured first and

that the second principle in all of its parts cannot be in lieu of the first one.

International Policy Focus

It is said that Rawls' principles of justice are reflected in most social democracies,

forming the theoretical foundations of governments, thereby providing an ethical and

moral framework for consideration of social justice in the legislative and policy process

(McCorquodale, 2021; United Nations, 2006). Rawls' philosophical thought experiment

to build a just society without bias, in consideration of a legal order and societal

allocations, coupled with an early Christian understanding of social justice to further the

common good for all, has far-reaching and real-world implications. Social justice, as

continuously influenced by historical and societal events, takes on the shape of a

worldview paradigm that is reflected in institutional declarations and decision-making

mechanisms by policy-making bodies across the globe that are of significant importance

to healthcare service provision and global healthcare education.

In 1969, the United Nations adopted social justice in article 2 in the *Declaration*

on Social Progress and Development, committing to the promotion of social justice

internationally (United Nations, 1970). Social justice is viewed in this declaration as the

purpose of social development and social progress, along with human rights, and is

described to be reliant on the erasure of inequality in any form as well as the assurance of

basic social, political, and economic rights (United Nations, 1970). As an international

policy organization built in the immediate aftermath of World War II and dedicated to

peace, security, international law, and human rights, the social justice commitment by the

United Nations in the 1969 charter focuses on social development in LMIE countries

specifically (United Nations, 1970; United Nations, n. d.).

In a subsequent United Nations publication in 1995 called the *Copenhagen*

Declaration on Social Development, social justice is explicitly described as a necessary

element of sustaining peace and security and as an outcome of sustainable development

across interconnected social and economic development efforts (United Nations, 1995).

In the 1995 declaration, 185 member nations, among them the United States as one of its

charter members, committed to "promote democracy, human dignity, social justice, and

solidarity at the national, regional, and international levels; ensure tolerance, non-

violence, pluralism and non-discrimination, with full respect for diversity within and

among societies" (United Nations, 1995, p. 4). Furthermore, the *Copenhagen Declaration*

on Social Development specifically highlights the social justice commitment to

indigenous people through social, cultural, political, and economic participation and to

universal access to basic health services as an expression of social justice (United

Nations, 1995). In addition, in 2015, the United Nations adopted the *2030 Agenda for*

Sustainable Development and published 17 sustainability goals to be achieved by the year

2030 (United Nations, 2015). The focus in this declaration of 169 targets is placed on a

unified vision with a universal agenda to address the three inextricably linked dimensions

that collectively impact sustainable development globally, namely economic, social, and

environmental dimensions (United Nations, 2015). The declaration is a call to action by

and for all nations to promote social justice through sustainable development by

recognizing that the three dimensions are linked to one another (Juergensen et al., 2020;

United Nations, 2015) and that good health is therefore a measure and outcome of

economic, social, and environmental realities (Dye & Acharya, 2017).

Consequently, according to the United Nations, which is considered the most

prominent international policy organization globally, social justice falls under the

framework of human rights. As such, social justice takes a rights and equality-oriented

approach that is viewed as central, thereby facilitating peace and security and yielding

sustainable social developments. As a global policy organization, the United Nations'

declaration of and commitment to social justice is an imperative for all sectors across

dimensions, but specifically for healthcare and, by extension, for Global North healthcare

education programs that engage in activities in the Global South that could and should

contribute to sustainability.

Social Justice in Healthcare and Healthcare Education

As illustrated, social justice as a concept applicable to this study has evolved from

an early Christian understanding of a moral and societal order, committed to the common

good in support of human dignity, to core philosophical justice questions that guide

society's thinking about the distribution of goods. Most recently, our understanding of

social justice has resulted in global proclamations and commitments to social justice as a

right for all humans, as declared by global policy. Health, as a common good that

contributes to human dignity, as an outcome that is interconnected to the distribution of

and access to goods and services, and as a human right, calls for a central place in our

understanding of social justice. Relevant to this study, it is necessary to examine how

healthcare and healthcare education programs understand, teach, and exhibit the

intersectionality between health and healthcare and social justice and how this

understanding is reflected in the international learning opportunities offered to OT

students.

A Right to Health

In 1978, the World Health Organization (WHO), an agency of the United Nations,

published the *Declaration of Alma-Ata*, which frames health as a human right and calls

for primary healthcare, which includes rehabilitative care, as a cornerstone to social

justice (World Health Organization, 1978). In this declaration, health is understood as

being linked to the sociocultural and economic conditions in the country of origin and

primary healthcare is defined by its interrelatedness to many other societal sectors,

including education, housing, food, and agriculture, among others (World Health

Organization, 1978). Health is not defined by an absence of illness in this context, but as

an outcome that is the direct result of social justice practices.

In 2008, WHO's Commission on Social Determinants of Health, which was

called to action to promote global health equity, published a comprehensive report that

came to the conclusion that "social justice is a matter of life and death" (World Health

Organization, 2008, p. 3). With the recognition that social injustices are having

detrimental impacts on people's lives, the WHO considers actions to address health

inequities an ethical imperative (World Health Organization, 2008). Furthermore, in

2015, the WHO publicized a training manual that recommends inclusion of health in all

policies, suggesting that since health is impacted by factors that are governed by social,

economic, and environmental regulations, health is central to social justice (World Health

Organization, 2015). Therefore, if health is a human right and social justice is central to

human rights, then addressing health inequities appears to be at the core of social justice.

As universities that send students to cross borders and provide healthcare services in the

form of international service learning, adherence to the World Health Organization's

understanding of everyone's right to health should be a guiding imperative.

Social Determinants of Health, Health Disparity, and Health Equity

To grasp fully the application of social justice to health, healthcare, and healthcare

education and apply WHO's ethical imperative, defining the core elements that

collectively enable and lead to social justice in health is necessary for further discussion

and in consideration of the proposed study. Most scholars would agree that first and

foremost, social determinants of health (SDOH) are the basic building blocks that

contribute to or impact a person's basic health status and their ability to benefit from

healthcare (Carey & Crammond, 2015; Garg et al., 2016; Magnan, 2017). They are the

non-medical aspects that contribute to good or ill health. Social determinants of health, as

defined by the World Health Organization (2018), refer to the "circumstances in which

people are born, grow, work, live, and age" (p. 7), and the systems that impact these

circumstances, including social policies, economic conditions, and political systems. The

U.S. Office of Disease Prevention and Health Promotion categorizes SDOH into five

domains, including economic stability, education access and quality, healthcare access

and quality, neighborhood and built environments, and social and community context

(Office of Disease Prevention and Health Promotion, 2020). Furthermore, since social

determinants of health are related to conditions and circumstances that are closely linked

to factors outside of the person's ability to influence, they are predominantly "shaped by

the distribution of power, money, and resources at global, national, and local levels"

(World Health Organization, 2022, para. 1). As such, SDOH are the primary drivers of

health disparities (or root causes), which are defined as a difference in health that is

associated with disadvantages experienced socially, economically, and/or

environmentally (Office of Disease Prevention and Health Promotion, 2021). If health

disparities are eliminated by systematically addressing social determinants of health that

negatively influence people's health, then health equity may be achieved. Health equity is

therefore defined as achieving the highest level of health for everyone, leading to social

justice in health (Office of Disease Prevention and Health Promotion, 2021).

     In summary, social justice in global healthcare can be understood as an expected

outcome when health is treated as a human right by systematically addressing the

underlying social determinants of health that create health disparities, leading to health

inequities. For the purpose of this study that focuses on short-term healthcare provision

that crosses borders, it is imperative to consider the SDOH in the country of travel in

order to adhere to WHO's ethical call to action as a reflection of acting on social justice.

Occupational Therapy Profession, Practice, and Education

OT is a global healthcare profession concerned with the meaningful participation in society in various self-determined roles independent of diagnosis or functional status. It is practiced by 580,000 occupational therapists globally on all continents (World Federation of Occupational Therapists, 2020). Participation in society is framed as enabled engagement, termed occupational performance, across three interconnected relationships: the person, the context, and the task (or occupation) (American Occupational Therapy Association, 2020b). Each of the three elements collectively contributes to allowing meaningful and satisfactory engagement in society for persons, groups, and communities. Occupational therapists work in a variety of clinical and community settings, including hospitals, private clinics, governmental and public health agencies, rehabilitation centers, correctional facilities, schools, mental health institutions, nursing homes, and others (World Federation of Occupational Therapists, 2020). In the United States, OT practice, and by extension OT education, is guided by two core guiding documents that direct and frame our understanding of occupational therapy practice. Both guiding documents, the Occupational Therapy Practice Framework and the Occupational Therapy Code of Ethics, serve as binding social contracts for students and practitioners. Both documents inform occupational therapy's conceptualization of social justice.

Occupational Therapy Core Constructs

The Occupational Therapy Practice Framework (OTPF) is the premier guiding document for OT practice in the United States, intended to describe the core constructs of this rehabilitation profession (American Occupational Therapy Association, 2020b). It

was first published by the American Occupational Therapy Association in 2007 and is

now in its fourth revision, representing a dynamic framework to help guide OT practice

in the United States. It is used across all OT curricula in the United States to teach

students the domain and process of OT practice (American Occupational Therapy

Association, 2020b). The OTPF, in many parts, is modeled after the World Health

Organization's International Classification of Function (ICF), attributing health and well-

being not to disease and illness, but to levels of societal participation (American

Occupational Therapy Association, 2020b; World Health Organization, 2001). As

described in the OTPF, societal participation is so central to OT practice that it is

included 130 times in this 87-page document (American Occupational Therapy

Association, 2020b). Fundamentally, societal participation as a focused outcome of

intervention in the profession of OT, is directly related to social justice as those factors

that impact societal participation for populations, namely SDOH as described elsewhere

in this document, can significantly impact societal participation. Keeping this in mind, a

closer examination of participation follows.

Participation in desired occupations, according to the OTPF, always occurs in a

given context that may support or impede occupational engagement and, by extension,

may impact participation levels (American Occupational Therapy Association, 2020b).

Two distinct parts constitute context, namely the environment and the person, both of

which contribute to the outcome of OT practice, leading to various participation levels.

The environment, as described in the OTPF, consists of physical aspects (e.g., objects

such as housing), natural aspects (e.g., the local geography), and social aspects (e.g.,

relationships with others), as well as belief-value systems held by others (American

Occupational Therapy Association, 2020b). Environment may further include the societal

infrastructure that is built by international, regional, and local regulatory systems and

policies that provide economic and social services to meet the needs of the population

(American Occupational Therapy Association, 2020b). As understood in light of social

justice in healthcare, the environment is a crucial aspect to consider in OT when working

with populations as the underlying environmental infrastructure may impede

occupational engagement rather than or perhaps in addition to any specific disease

processes. For OT practice, participation in society is therefore clearly linked to factors

that influence social justice outcomes and are called for to be addressed by OT

practitioners. Personal factors, on the other hand, according to the OTPF, are those

attributes that are unique to the person and may include race/ethnicity, gender identity,

socioeconomic status, sexual orientation, cultural background, and life experiences, etc.

(American Occupational Therapy Association, 2020b).

Taken together, the significance of the environment and the personal factors are

upheld in the core construct of *occupational justice*, which acknowledges that the right to

inclusive participation is considered justice "…for all persons in society, regardless of

age, ability, gender, social class, or other differences" (American Occupational Therapy

Association, 2020b, p. 11). In essence, the OTPF directs OT practitioners and OT

students to promote social justice by contextualizing their practice for persons, groups,

and populations because every person has a right to socially just outcomes in OT. As an

outcome of intervention, occupational justice is specifically defined as "access to and

participation in the full range of meaningful and enriching occupations afforded to others,

including opportunities for social inclusion and resources to participate in occupations to

satisfy personal, health, and societal needs" (American Occupational Therapy

Association, 2020b, p. 79).

Even though the current discourse in the profession may not yet have settled

whether occupational justice is to be understood as a distinct concept separate from social

justice, at this current time, at the very least, it is understood as clearly falling under the

social justice umbrella (Kirsh, 2015). As such, an inclusion of human rights consideration

in the practice of occupational therapy, inherent in the construct of occupational justice,

allows and demands of practitioners to contribute to an occupationally just society.

Occupational Therapy Ethics

Just like other healthcare professions, the profession of OT is guided by a code of

ethics that illustrates occupational therapy's values and guides the conduct of its

practitioners and students (American Occupational Therapy Association, 2020a). Core

ethical values of OT that specifically inform this study include equality and justice. In the

code of ethics, equality is defined as all people having "fundamental human rights and

the right to the same opportunities" (American Occupational Therapy Association, 2020a,

p. 3). As a core ethical value of OT, the profession, its practitioners, and its students are

called to view persons, groups, and populations from a human rights framework that

supports a rights-based approach to all societal and occupational opportunities. This

rights-based expression of justice is also supported by the position statement on global

health published by the World Federation of Occupational Therapists (WFOT). The

WFOT considers global health "central to occupational therapy practice, education, and

research" (p. 1) and urges the profession to build and engage in sustainable partnerships

in global health, in particular by facilitating and investing in community-building at the

local level (World Federation of Occupational Therapists, 2014). By partnering with other organizations and networking, the WFOT declares occupational therapy's potential to become an influential contributor to making a difference in global health, especially in areas of the world that face long-standing social and economic struggles due to war, revolutions, and other social upheaval (World Federation of Occupational Therapists, 2014). The WFOT fully endorses the 1948 United Nations Universal Declaration of Human Rights and demands the profession to take actions that support human rights by countering injustices that are worsened by various factors and may include economic and social problems, historic disadvantages, severe poverty, and others (World Federation of Occupational Therapists, 2019).

Justice, as the second ethical value that is particularly important to the proposed study, is defined as:

The pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. OT personnel, by virtue of the specific nature of the practice of OT, have a vested interest in social justice: addressing unjust inequities that limit opportunities for participation in society. They also exhibit attitudes and actions consistent with occupational justice: full inclusion in everyday meaningful occupations for persons, groups, or populations. (American Occupational Therapy Association, 2020a)

Occupational therapy as a profession is therefore concerned with full participation in society that is just for everyone and is committed to righting the injustices that prevent full inclusion and participation. The OT code of ethics charges all OT practitioners to act in support of full societal participation. These constructs should apply to all U.S. OT practitioners and students when providing services, regardless of whether these services are provided, in the United States or abroad.

At this time, however, the profession of OT shies away from using a rights-based approach reflective of social justice considerations that would underscore an adherence to our code of ethics and respond to WFOT's call for such actions. In part, this can be explained by a historic professional focus on service provision for individual clients rather than viewing the client's service needs as at least partially attributable to social inequalities as a result of systemic failures (Hammell, 2015; Kirsh, 2015). Traditionally, in OT practice, a heavy focus on clinical services, designed for the individual, have taken precedence over the recognition and acknowledgment of the social and political systems that may contribute to the marginalization of the populations served in OT (Guajardo & Mondaca, 2016). These traditional practices and narrow ways of thinking about OT services have stymied professional capacities and have resulted in a lack of adherence to the code of ethics and WFOT's rights-based ethical imperative, which is also seen in current ISL practices. Lattanzi and Pechack (2011) questioned whether the ethical call to "do good" for individual recipients of services in the practice of ISL is sufficient justification to not consider the potential for harm of this practice for the community as a whole. Laliberte Rudman (2013) asked that the profession problematize the focus on

individual occupational performance and instead conceive of occupations as political,

social, and economic expressions that may contribute to inequities.

Occupational Therapy Education

OT students in the United States are educated in graduate master and doctoral

programs that are accredited by the Accreditation Council for Occupational Therapy

Education (ACOTE) and both degree programs serve as entry-level degrees. Most master

programs last two and a half years while doctoral programs typically last three years.

Both culminate in a national certification exam that serves as the entry way to practice

(National Board for Certification in Occupational Therapy, 2022). Didactic instruction is

supplemented with clinical fieldwork experiences throughout both types of degree

programs, organized in part-time level I and full-time level II fieldwork experiences

(Accreditation Council for Occupational Therapy Education, 2020). Level I clinical

experiences are of particular interest for the purpose of this study as they are oftentimes

utilized for international travel opportunities that are the focus of this study.

Prior to the beginning of the study, there were 196 graduate degree programs

offered in the United States, which are distributed across 133 master level and doctoral

level degree programs (the total population changed by the time of the of the study). In

combination, 23,436 OT students are enrolled in these 196 entry-level degree programs

(American Occupational Therapy Association, 2022). As an introduction to the topic of

social justice in international education in higher education and in OT programs in

particular, it seemed relevant to take a precursory glance at the visions and missions of

such programs. Of the 196 occupational therapy programs in the United States, 62 are

located in faith-based institutions and 159 are non-faith-based institutions, translating to

38% of all occupational therapy programs in the United States being housed in faith-based Christian institutions.

As displayed in Table 1, results for the prevalence of specific terms that may be of interest to this study were searched across all university and OT program visions and missions. They included the terms "service," "social," and "global/international" in an attempt to potentially detect a reflection of social-justice and international service learning elements in these prominently published guides. A distinction between faith-based and non-faith-based institutions was made to account for the potential difference in commitment to these terms, even though an overall prevalence of each term across both types of institutions was also included.

Overall, it can be said that the visions and missions of both types of universities are dedicated to service, as are OT programs. In addition, two thirds of universities include the term global or international in their vision and mission statements, as do about one third of OT programs. And lastly, the term "social," with a wide range of usages of this term, was included in the vision and mission statements for about one quarter of universities, but for about only 11% of OT programs. As a quick examination of the available visions and missions, this provides insight into, at the very least, what is published at the current time. Not all programs had information listed and it was discovered that some programs list their international travel opportunities for OT students through the study abroad office's website, which were not further scrutinized.

Table 1

Faith-Based vs. Non-Faith-Based OT Institutions

Term	Faith-Based	Non-Faith-Based	Total

	(47 institutions)		(159 institutions)		(196 institutions)	
	University	OT Program	University	OT Program	University	OT Program
Service	71%	58%	35%	39%	44.8%	44.3%
Social	12.2%	16.4%	18.35%	14.5%	24.5%	11%
Global or International	85%	48%	52%	24%	62%	31.5%

Note. "social" was used in various ways, such as social inclusion, social diversity, social welfare, social problems, social responsibility, social justice, social systems, etc..

In addition, 38 of 196 OT programs prominently listed their study abroad, ISL, and/or IFW opportunities on their departmental website. While this seems like a small number, it can also be said that not all programs have dynamic websites that are current and some international service learning is housed and administered through university study abroad offices.

Social justice commitments in OT curricula across the United States are expressed in a number of different guidance documents published by educationally relevant organizations. These social justice commitments are in addition to the call for the consideration of social justice in higher education institutions that house OT programs across the U.S.

Accreditation Standards for the Education of Occupational Therapists

OT education in the United States is guided by a thorough accreditation process that is administered by the Accreditation Council of Occupational Therapy (ACOTE). The accreditation standards are informed by the World Health Organization's (WHO) constitution, the WHO's International Classification of Functioning, Disability, and Health, and draws on several of WHO's definitions related to social justice, such as social determinants of health and health equity (Accreditation Council for Occupational Therapy Education, 2020). All entry-level master and doctorate degree granting

institutions must meet 123 standards each accreditation and re-accreditation cycle. The

accreditation standards are classified into three categories, including general requirements

(A standards), content requirements (B standards), and fieldwork education (C

standards). In the preamble of the most current 2018 standards, ACOTE (2020) indicated

that a student who graduates from a master or doctoral level OT program must have

"acquired, as a foundation for professional study, a breadth and depth of knowledge in

the liberal arts and sciences and an understanding of issues of diversity" (p. 1),

highlighting the fundamental importance placed on a core element that intersects with

social justice, namely diversity. In addition, there are several specific standards that relate

to holding OT programs accountable to teaching concepts related to social justice. They

include standard B 1.1. *Social Determinants of Health*, which indicates that students

must:

> Demonstrate knowledge of the social determinants of health for persons, groups,
>
> and populations with or at risk for disabilities and chronic health conditions. This
>
> must include an analysis of the epidemiological factors that impact the public
>
> health and welfare of populations. (p. 26)
>
> In the glossary, social determinants of health, as utilized here, are defined as:
>
> Conditions in which people are born, grow, work, live, and age, and the wider set
>
> of forces and systems shaping the conditions of daily life. The forces and systems
>
> include economic policies and systems, development agendas, social norms,
>
> social policies, and political systems. (p. 54)
>
> It is evident that this standard is closely aligned with the World Health

Organization's understanding of social justice and social determinants of health, as

described in the Commission on Social Determinants of Health's report (2008). As such,

it directs OT programs in the United States to prepare students to recognize and act upon

the root causes of health disparities that are caused by social determinants of health for

people and populations.

In addition, five specifically applicable B. 7.0. standards are summarized under

the *professional ethics, values, and responsibilities* standards category, which is defined

as:

> Professional ethics, values, and responsibilities include an understanding and
>
> appreciation of ethics and values of the professional of OT. Professional
>
> behaviors include the ability to advocate for social responsibility and equitable
>
> services to support health equity and address social determinants of health. (p. 38)

In the glossary, two terms to understand the above description are of importance

to mention: *equity* and *health inequities*. Equity is defined as "the absence of avoidable or

remediable differences among groups of people, whether those groups are defined

socially, economically, demographically, or geographically" (p. 50). Health inequities, on

the other hand, are defined as involving "more than inequality with respect to health

determinants and access to resources needed to improve and maintain health or health

outcomes. They also entail a failure to avoid or overcome inequalities that infringe on

fairness and human rights norms" (p. 50)

These definitions require OT programs in the United States to go beyond teaching

clinical practice skills that focus on individual clients in order to address the upstream

factors that impact the need for healthcare service provision. In essence, based on the

binding accreditation standards applicable to all OT curricula in the United States, OT

programs are mandated to act on human rights by educating students to become vocal

advocates for social justice as an expression of ethical professionalism.

World Federation of Occupational Therapist Guidance

In addition, the World Federation of Occupational Therapists (WFOT) publishes

the Minimum Standards for the Education of Occupational Therapists, which provides

additional educational guidelines for OT programs globally (2016). The WFOT is a

global organization that represents 580,000 occupational therapists and students

worldwide and is officially recognized by the United Nations as a non-governmental

organization (World Federation of Occupational of Occupational Therapists, 2016).

While the WFOT standards are subsumed in countries that have independent accrediting

bodies like in the United States, the WFOT as a global entity provides a unifying

perspective with attention to anticipating global health trends that are of concern to all

OT curricula.

In the 2016 educational standards, the educational purpose of said standards is to

"produce graduates with a strong sense of social justice plus the capability and desire to

be global citizens" (p. 12). The WFOT acknowledges that the 2016 minimum educational

standards are a committed shift away from an exclusive focus on individual-oriented

clinical care towards an inclusive focus on population-oriented health, as expressed and

mandated by the United Nations and the World Health Organization (World Federation

of Occupational Therapists, 2016). In addition, the WFOT's standards draw on the

WHO's 1993 report *Increasing the Relevance of Education for Health Professionals*,

which strongly emphasizes healthcare education programs' needed commitment to

educate students in relevance to local and global community and population concerns

(World Federation of Occupational Therapists, 2016). Furthermore, healthcare programs are called upon to evaluate the efficacy of such programming and partner with community stakeholders in the development of and evaluation of said programs (World Federation of Occupational Therapists, 2016). OT programs globally are called to educate future graduates from a macro-level systems perspective that views social, economic, and political forces as shaping service provision that is anticipatory and focused on societal capacity building (World Federation of Occupational Therapists, 2016). The 2016 WFOT standards additionally require OT programs to maintain currency with global OT practice, education, and research trends, thereby not acting in isolation (World Federation of Occupational Therapists, 2016).

Global Citizenship Education

In the United States, the internationalization of curricula in higher education over the course of the past two decades has been shaped by what is termed *global citizenship education* (Massaro, 2022; Perry et al., 2013). Apart from a global focus, civic engagement that allows for citizenship development in college students is a common focus and an integral element of democracy education in academia (Falk, 2013; Perrin & Gillis, 2019; Rogers et al., 2000). To facilitate active community engagement for citizenship education, more than 1,200 U.S. universities and colleges have joined Campus Compact, a national coalition dedicated to civic education (Campus Compact, n.d.). Citizenship education in both forms, local as well as global, is closely tied to community engagement, most often in the form of service learning (Falk, 2013), which is discussed in more detail below.

Global citizenship education traditionally targets the idea that population diversity and the associated competencies of living and working in a globalized world require global core competencies (Aktas et al., 2017). As institutions of higher education are dedicated to learning as well as marketable student outcomes that provide a competitive skill set, global citizenship education has been adopted en masse in the United States. Various approaches and dimensions to global citizenship education have been proposed and utilized, but most commonly now include a focus on social responsibility, global awareness or competence, and civic engagement (Massaro, 2022; Morais & Ogden, 2011). In 2015, UNESCO published a report entitled *Global Citizenship Education (GCE): Preparing Learners for the Challenges of the 21st Century* with the goal of clarifying GCE concepts and acknowledging the role education plays in recognizing students as contributors to and makers of just societies (UNESCO, 2015). In addition, global citizenship education is viewed to play a role in contributing to the intent of the United Nations' 2030 Sustainability Agenda in educating students to contribute to a more sustainable and just world (Blackmore, 2016). At this time, most global citizenship education programming in higher education is situated to teach students more critically about global citizenship, framing their activities and programming around concepts of justice, shared humanity, interconnectivity, and human rights, as guided by global policy organizations (Adarlo, 2020). As a reflection of this trend, the Association of International Educators (NAFSA) published a book entitled *Social Justice and International Education* in 2020, which outspokenly targets and commits to social justice as an outcome of international education. Specifically, NAFSA argues that critical

pedagogy, to be discussed further below, is to help guide the process of achieving social

justice outcomes through international education (Berger, 2020).

A more traditional approach to achieving core global citizenship education

outcomes is a focus on global issues of concern. These include but are not limited to

immigration policies or climate change, international employability and functioning in

linguistically and culturally diverse contexts as successful global citizens (Aktas et al.,

2017; Massaro, 2022). To meet these objectives, universities have traditionally offered

study abroad programs with cultural immersion programs and language instruction but

have more recently shifted their focus in objectives and types of activities (Aktas et al.,

2017). As a type of study abroad opportunity, global citizenship opportunities are now

oftentimes offered as ISL activities (Aktas et al., 2017), which are modeled after (local)

service learning activities, a form of immersive teaching practice. Service learning and

ISL are also both transforming into considering and utilizing more critical approaches

(Larsen, 2014; McKinnon et al., 2016; Mitchell, 2007), a trend that is demanded across

global citizenship models with a shift in focus towards social justice.

(Local) Service Learning

Service learning (SL), as a method to achieve global citizenship objectives, can be

understood as an experiential pedagogy that focuses on volunteering in the community

through a structured project that students participate in as part of their college learning

experiences, either through a credit-based course format or through service projects

organized by various university-affiliated student organizations (Johnson et al., 2021;

Megivern, 2010). The American Association of Colleges and Universities identifies SL

as one of 11 high-impact practices (American Association of Colleges and Universities,

2022), which are defined as evidence-based instructional practices that yield significant

learning outcomes and facilitate student retention through active student engagement

(Kuh et al., 2017). As a common pedagogy in U.S. higher education, SL is now so

prominent that the U.S. News Report ranking system started to include SL (and study

abroad opportunities) as a ranking category in 2018 (Morse & Brooks, 2021). The

prominence of SL is particularly significant in health education programs, as the 2019

National Survey of Student Engagement results indicate that 78% of health profession

students participated in SL opportunities as part of their college education (Indiana

University, 2020).

SL is offered across many academic disciplines, including engineering, teacher

education, business and economics, and the arts, but is most prominently used in the

health sciences (Salam et al., 2019). Common SL projects may include volunteering at a

soup kitchen, teaching children from lower socio-economic backgrounds in an

afterschool program, or working at free community health clinics. SL projects may also

include indirect service activities such as one-time events like a canned food drive,

oriented towards charity rather than service. Traditionally, SL models have focused on

allowing students to engage with diverse communities through volunteering activities and

centered these activities around student learning outcomes (Barrera et al., 2017; Salam et

al., 2019). In OT programs in the United States specifically, SL activities, as a form of

active learning in context, are commonly included in most curricula to teach a variety of

content (Krishnagiri et al., 2019; Schaber, 2014). "Active learning" refers to both SL and

fieldwork, and oftentimes fieldwork placements, especially in non-traditional, non-

clinical settings, are considered a type of SL (Schaber, 2014). Service learning is used to

teach OT students critical thinking (Nielsen et al., 2020), professional competencies

(George-Paschal & Saviers, 2016), health promotion (Lau, 2016), interprofessional

competencies (Seif et al., 2014), clinical reasoning (Seif et al., 2014), civic responsibility

(Maloney et al., 2014), and other skills. As a form of active engagement, SL is utilized as

an umbrella approach without a specific content focus.

International Service Learning

ISL is an outgrowth of service learning occurring in the international context and

aligning with global citizenship education objectives (Johnson et al., 2021). ISL activities

are frequently offered as embedded international travel experiences that allow college

students from a variety of disciplines to engage in community service in an international

context abroad (Curtin et al., 2015; Larsen, 2014). ISL trips are often of short duration, 2-

4 weeks in length, and mostly focus on providing a service to a community group or

individuals with specific health conditions while addressing specific student learning

outcomes. The populations served are often considered vulnerable population in

impoverished environments. Examples of these populations include those seeking access

to medical care, orphanages, and rural areas with limited access to basic health and social

services.

Most ISL activities are carried out in the *Global South* by *Global North*

University programs and a clarification of these terms is needed in order to position ISL

as a practice of interest for inquiry. The *Global South* is a geopolitical term used to refer

to countries that have in the past been termed *third world or developing* countries, which

are roughly said to be located in the southern hemisphere (Adams et al., 2019). Global

South countries are also sometimes referred to as resource-poor or low- and middle-

income economies, including the Caribbean, and parts of the African continent, etc. In

geopolitical contrast, the *Global North* then refers to countries located roughly in the

Northern hemisphere, which collectively and traditionally have been termed *first world*

or developed countries. It is important to note that these terms are not at all precise, and

many Global South countries take offense with a terminology that is so clearly coined by

the Global North. In reality, countries that are currently considered to be in the Global

South are multi-faceted and not homogenous, as perhaps is suggested by this term. For

the purpose of further discussion and the proposed study, however, this terminology will

be utilized. Much of the ISL criticism under consideration for this study is directly related

to the geopolitical and historical tension found in this global North-South dichotomy.

In many healthcare education programs, ISL opportunities, also referred to as

global health opportunities (GHO) or short-term medical missions (STMM), have

become standard pedagogy (Rovers et al., 2016). It is estimated that in the United States

alone there are more than 500 organizations that partner with universities to provide more

than 6,000 placement-based GHO annually (Maki et al., 2008). In addition, in 2008, the

Consortium of Universities in Global Health was formed, a U.S.-based organization

representing more than 170 academic institutions with the purpose to address global

health challenges in a systematic way through education, research, service, and advocacy

(Consortium of Universities for Global Health, n. d.)

In medical schools, 24-28% of students participate in placement-based GHO as

part of their medical school education (Association of American Medical Colleges,

2020). In the academic year 2020-2021, 95,475 students were enrolled in medical school,

which means that between 22,914 to 26,733 medical students participated in global ISL

activities (Association of American Medical Colleges, 2021). ISL activities that are

carried out by medical students often focus on clinical and surgical care that teach

medical students to provide services for less common diseases and illnesses that they

otherwise may not encounter in the Global North.

      In other health professions, such as nursing and the rehabilitation professions, ISL

is often utilized in interdisciplinary models to increase cultural awareness (Fell et al.,

2019; Kohlbry & Daugherty, 2015), facilitate interprofessional outcomes (Johnson &

Howell, 2017), explore personal and professional growth (Borstad et al., 2018;

Kovalenko & Vellenga, 2021), and expand clinical skills (Lattanzi & Pechak, 2011;

Lembo et al., 2020; Trotter et al., 2021). In OT curricula specifically, international

service learning is a growing phenomenon (Suarez-Balcazar et al., 2015) and is similarly

structured to ISL opportunities offered in the medical, nursing, and other allied health

sciences programs (Cipriani, 2017). The focus of ISL is on student learning outcomes and

while ISL opportunities for OT students are sometimes structured in interprofessional

learning trips, they most frequently occur in isolation to countries in the Global South.

Common student learning outcomes include transformational personal and professional

growth (Lawson & Olson, 2017; Lunsford & Valdes, 2020a; Schnedl & Milton, 2021),

cultural responsivity and competence (Brown & Stav, 2020a; Chabot et al., 2021; Haro et

al., 2014; Humbert et al., 2012; Meaux et al., 2021), clinical reasoning (Brown & Stav,

2020a), and interprofessionalism (Andonian, 2018; Beitman et al., 2016; Meaux et al.,

2021). Most ISL trips are designed so OT students practice clinical service provision for

1-2 weeks in a designated location where they encounter language barriers (Haro et al.,

2014; Humbert et al., 2012; Lunsford & Valdes, 2020a), limited resources (Lunsford &

Valdes, 2020a), limited supervision (Haro et al., 2014), varying amounts of structure, resource-poor economic conditions, and other culturally unfamiliar contexts. Despite this, preparations for ISL trips are minimal and brief, oftentimes very limited in scope (e.g., logistical preparations, interprofessional service aspects, safety considerations, etc.), lacking structured and comprehensive learning about the host country (e.g., geopolitical histories, cultural and linguistic learning, local healthcare systems, socioeconomic conditions, etc.) (Bessette & Camden, 2016; Fell et al., 2019; Meaux et al., 2021). In addition, an examination of and preparation for the ISL Global North-South program structure as a potentially rich source of tension and conflict is non-existent in preparation for ISL trips. Across allied health disciplines, including OT, most ISL opportunities have been designed from an exclusive learning perspective for students, which are narrowly defined, without much consideration for and planning with the host community abroad (O'Sullivan & Smaller, 2019). Little consideration, if any, is given to guiding frameworks, professional position papers, professional codes of conduct, or global policy organizations. This appears in stark contrast to the intent of global citizenship education, which proclaims to educate students to become well-informed citizens who are socially responsible that can function in diverse societies. Furthermore, since OT is a healthcare profession, a disregard in the planning and execution of ISL that considers the many calls for a justice-oriented health equity contribution can be considered unethical, especially given the profession's own code of ethics.

Over the years, a shift towards utilizing a more critical approach to service learning has evolved, however, taking into view social justice principles (Butin, 2015; Mitchell, 2007). Critical service learning focuses on the exploration of societal power

distribution through meaningful relationship-building between the community being

serviced and the student representatives of the higher education institution (Mitchell,

2007). The intent is to understand what causes the need for the service in the first place

by examining patterns of inequality and for the student to take on a critical perspective as

they explore the action-oriented social responsibility afforded to them through the service

learning project (Barrera et al., 2017). Medical schools are now called to radically revise

their curricula and shift their focus towards health equity by teaching medical students to

understand the structures that create inequities and develop the skills needed for effecting

systemic changes (Drobac & Morse, 2016). Grain and Lund (2016) suggested that the

transformation from SL to critical SL is based on three evolving pillars that are slowly

taking root. They reflect an emerging willingness to scrutinize the roots of charity and

Salvationism-thinking that pervades service learning, a willingness to recognize, grapple

and make known the dominance of White perspectives in this field to the detriment of

silencing diverse voices, and an embrace of the discomfort and tension that is brought to

light in the transformative process when SL shifts towards a social justice perspective

(Grain & Lund, 2016). Butin (2015) provocatively suggested that the "dream of social

justice" through critical SL at this time is being dreamt by those developing such SL

activities, namely education programs from the Global North, but that the "dreams" to be

fulfilled through such "dreaming" are not achieved because they center on those doing

the dreaming.

     The World Federation of Occupational Therapists (WFOT) published a position

statement in 2016 that acknowledges the increasing presence of ISL and IFW in OT

curricula in the Global North and highlights some of the major concerns (World

Federation of Occupational Therapists, 2016). The WFOT (2016) noted that this educational practice "hovers delicately close to an interpretation of colonialism" (p. 2) while challenging those engaged in this practice to view it not from a "giving" paradigm (doing good), but shifting towards an "investing" paradigm. Central to this shift is a reframing of building a reciprocal and mutually beneficial relationship between the university program and the host community. In addition, the WFOT's educational standards demand that OT programs ensure a systems level understanding of the local social and health needs that are expressed in culturally relevant ways while teaching students how to analyze systemically for programming purposes (World Federation of Occupational of Occupational Therapists, 2016).

Considering the prevalent and growing practice of ISL as global citizenship initiatives and the criticisms presented, the Global Burden of Disease studies, as conducted and published in partnership by the Institute for Health Metrics and Evaluation and the World Health Organization, provides a sobering picture of the need for rehabilitation globally. In 2019, 2.41 billion people were estimated to be in need of rehabilitation services, which indicates that 1:3 people worldwide live with a condition that would benefit from rehabilitation, representing a 63% increase since 1990 (Cieza et al., 2020). The three most common rehabilitation conditions across all age groups and all geographical areas are musculoskeletal and sensory conditions, and neurological disorders (Cieza et al., 2020). OT is well positioned to contribute to meeting the global rehabilitation need as it concerns itself with societal participation through maximizing participation. Educational OT programs that want to contribute to meeting the global rehabilitation needs by utilizing a global citizenship framework through ISL are called to

evaluate their ISL practices so that they indeed are ethically achieving the social justice

outcomes expected of healthcare professions guided by global policy and professional

organizations.

Theoretical Guidance

Theoretical guidance for this study relies on a contextual exploration of an

immersive environment that offers practical learning opportunities for students enrolled

in a higher education healthcare degree program in the resource-rich Global North. The

immersive environment is presumed to be in the resource-poor(er) Global South that is

structured to allow OT students from the Global North to engage in clinical activities

with clients of all ages in various settings. Experiential learning (EL), service learning

(SL), and critical pedagogy (CP) will inform the pursuit of this study, as they are each

linked to one another and may even be understood as embedded elements of the same

theoretical framework.

Experiential Learning Theory

Experiential learning is a learning theory based on a four-part learning cycle that

focuses on transformational experiences that anchor learning, as informed by different

learning styles (Gencel et al., 2021; Kolb & Kolb, 2017). Learning-by-doing, as

experiential learning theory is sometimes referred to, credits learning through experiential

application that is process-oriented. Experiential learning theory (ELT) draws on a

number of theorists that underscore the importance of active experience in their

conceptualization of learning and include, most prominently, John Dewey, Jean Piaget,

and of special importance to this study, Paulo Freire, who developed the theory of critical

pedagogy, which also informs this study (Kolb & Kolb, 2017).

The four-stage, process-oriented experiential learning cycle, according to ELT,

includes the concrete learning experience (experiencing), reflective observation

(reflecting), abstract conceptualization (thinking), and active experimentation (acting)

(Kolb & Kolb, 2017; McCarthy, 2016). The first two stages of this dynamic model,

experiencing and reflecting, allow the learner to grasp the experience while the last two

stages, thinking and acting, result in a transformation in the learner (Kolb, 2015). The

learning cycle is dynamic and intentionally not linear and both learner and educator go

through the concrete experience, which can be on any subject matter, followed by

transformation, thereby collectively contributing to the creation of and experiencing new

knowledge (Kolb & Kolb, 2017). In addition, the learning process is impacted by

different learning styles that rely on different perceptions and perspectives, influencing

the outcome of the learning cycle. According to Kolb, there are nine different learning

styles that are used solve the dual dialectics between the first two and last two stages of

the learning cycle, reflecting a learning preference that is influenced by the person and

the environment (Kolb & Kolb, 2017).

ELT is a common/signature pedagogy in OT programs utilized to teach students

hands-on clinical skills in the classroom and in clinical environments (Benevides et al.,

2015; Giesbrecht et al., 2020; Giles et al., 2014; Krishnagiri et al., 2019; Reimer, 2020;

Whalley et al., 2020). Many experiential learning activities are threaded throughout the

curriculum that offer students the opportunity to practice skills and reflect on student

growth. IFW and ISL are two prime examples of the use of ELT (Nielsen et al., 2020;

Sullivan & Mendonca, 2017). Since ELT is highly flexible, various outcomes can be

studied that are pertinent to immersive IFW and ISL and may include cultural awareness,

interprofessional outcomes, personal transformations, critical thinking, professional

identity, and communication skills, among others (Andonian, 2018; Brown & Stav,

2020a; Brown & Stav, 2020b; Cipriani et al., 2021; Lunsford & Valdes, 2020a; Saviers et

al., 2021). Social justice, as the core element of interest to the proposed study, has

increasingly been the focus of experiential learning in higher education, which is

especially true for SL activities that are being approached and examined from a more

critical lens (Green, 2021; Warren, 2019). In line with a more critical inquiry,

experiential learning activities in the form of SL are not always fully aligned with ELT as

they heavily tend to focus on providing the experience itself, but may lack an inclusion,

adequate description of, or application of some of the other core elements of the

theoretical application (such as reflection in the learning cycle) (Brown & Schmidt,

2016). In the OT literature specifically, experiential learning is oftentimes claimed by a

simple statement or a short description, but it is not evident that the process-oriented

learning cycle is fully applied (or at least not described).

Service Learning

SL is commonly understood as a type of experiential learning, though in higher

education, its prominence as a method of instruction is such that it warrants its own space

as a theoretically driven pedagogy, especially given the topic of inquiry. As a theory and

as a pedagogy, SL is rooted in John Dewey's educational philosophy (Megivern, 2010),

which posits that knowledge acquisition should be situated in real life experience that

presents a challenge for the learner, a core construct that Dewey regarded as learning by

doing (Dewey & Hinchey, 2018). In addition, Dewey viewed learning as socially

constructed (Speck & Hoppe, 2004) and emphasized learning in various heterogenous

social environments as a conduit for deep knowledge (manifestation) while specifically

crediting (and challenging or calling on) the carefully constructed educational

environment with facilitating such learning (Dewey, 1997). As a pedagogy that is rooted

in Dewey's progressive and constructivist educational philosophy, SL as a teaching and

learning method situates intentional community service at its core, combined with

structured student learning objectives that are guided by reflection (Flecky & Gitlow,

2011). Dewey is also credited with purposing SL with civic engagement as an expression

of democratic education (Flecky & Gitlow, 2011; Lake et al., 2015). As such, it is often

utilized for citizenship education and concerns itself with questioning power and

privilege as elements of social justice (Grain & Lund, 2016).

SL can be understood as a type of experiential learning method by providing a

guided community-embedded, interactive experience and it is utilized in OT education in

the form of ISL opportunities (Kolb & Kolb, 2017). As such, SL is well-suited to help

guide the inquiry of interest.

Critical Pedagogy

Critical pedagogy (CP) is a theory explicitly concerned with viewing education as

a political and moral practice that calls for critical civic engagement to form an

understanding of and to impact social injustices (Giroux, 2010; Joseph Jeyaraj, 2020).

According to CP, society and education are inextricably linked (Joseph Jeyaraj, 2020) in

a socialized world that learners transcend daily. According to Paulo Freire, one of the

main theorists of CP, education's purpose is to liberate those who are oppressed

structurally in society through a transformative education process focused on gaining an

understanding of one's place in the world and the factors that contribute to the oppressive

circumstances (Freire et al., 2014). This is achieved through raising awareness, termed

critical consciousness, by using a probing and experientially guided approach to

education in which the oppressed learner utilizes reflection that leads to transformation

and action, termed praxis (Freire et al., 2014; Villanueva & O'Sullivan, 2019). As a form

of liberation, praxis is the direct result and outcome of greater critical consciousness,

leading to authentic transformation in the understanding of oppression and actions toward

social justice. Central to CP is the idea that those that experience oppression need to

perceive themselves as the main subjects in the transformative process in order to create a

new society that deeply values human dignity in everyone (Freire et al., 2014).

In developing CP, Freire initially attempted to address the conditions of peasants

that were dependent on their "masters" in his native Brazil, whom he viewed as

oppressed in a structurally unfair system (Freire et al., 2014). To him, education is a

political act and needs to be directive and never neutral (Freire et al., 2014). Of particular

interest to this study is the affirmation that charity, oftentimes disguised as generosity,

has no place in this theoretical educational model as it only serves to perpetuate the social

injustice (Freire et al., 2014). True generosity, according to Freire, is instead seen in

addressing the underlying causes that create conditions that feed such false acts of

charity.

Since CP was first developed and since it was first received in higher education,

and especially in the recent past, CP has been scrutinized and studied for use in various

higher education contexts, evaluating its applicability. Even though CP was envisioned

by Freire from the perspective of an oppressed group of citizen learners in the Global

South, institutions of higher learning in the Global North have attempted to utilize CP for

various purposes and in various instructional spaces (Allen & Rossatto, 2009; Joseph

Jeyaraj, 2020; McArthur, 2010; Serrano et al., 2018). The context of this study, which

examines the doings of learners from the Global North in spaces and with marginalized

people in the Global South, appears supremely suited to be guided by critical pedagogy.

And lastly, critical pedagogy contributes to both experiential learning and SL as it

posits that practical educational experiences in a context of inequity raise critical

consciousness with the hope to transform social injustices (Villanueva & O'Sullivan,

2019). ISL as well as IFW are both practical educational experiences that often are

carried out in a Global North-Global South context, raising questions about inequities and

social injustices. Collectively, these theories share a dedicated focus on learning that is

tied to interactive and immersive community experiences that are guided by critical

reflection with the purpose of discovering and impacting social justice.

Gaps in the Literature

Social justice missions across global policy-making agencies, healthcare

organizations, and academic institutions are demanding contributions and accountability

from everyone. In light of the WHO's finding that "social justice is a matter of life and

death" (World Health Organization, 2008, p. 3), the urgency for action is now. OT

programs in the United States are called to heed these summonses in their pursuits of ISL

in countries in the Global South, and as they are further directed by the ethos of their

profession and educational programs. Specifically, the World Federation of Occupational

Therapists calls for educational research in their 2021 position statement that contributes

to anti-oppressive educational approaches informed by equity and occupational justice

(World Federation of Occupational Therapists, 2021).

The literature suggests that SL opportunities overall are not well defined, with poorly described learning outcomes, and questionable study methodologies (Lahav et al., 2018). Whitley (2014) noted that while SL research has grown considerably, the rigor, due to a lack of theory integration, is missing. Additionally, a lack of theory foundation is also reflected in the larger body of research on global citizenship education, as well as in ISL research across rehabilitation disciplines, including occupational therapy (Horey et al., 2018; Stein, 2015). Instead, specific to ISL research in OT, a mention of ethics (Lunsford & Valdes, 2020b) and an overreliance of superficially described experiential learning (Brown & Stav, 2020b), and/or a focus on the positive outcomes of SL and ISL (Schnedl & Milton, 2021), serve as a supposed theoretical research foundation. The lack of theoretical constructs in ISL OT research calls into question findings and recommendations. Because experiential learning is an ingrained pedagogy in OT curricula and SL is often viewed as a type of experiential learning, an inherent assumption is seemingly made that the theory or pedagogy that informs the research does not require further description. In addition, while some theory-informed ISL guiding frameworks have been developed for healthcare education programs and by extension could assist to direct research endeavors, best practice parameters for OT-lead ISL programs are lacking (Cipriani, 2017; Lasker et al., 2018; Schnedl & Milton, 2021).

In recent years, a call for a more critical approach to ISL study designs and program evaluations applicable to healthcare education programs is slowly impacting theory-informed research endeavors. Critical pedagogy is well positioned to be utilized for this purpose as it draws on both experiential and SL pedagogy that form the basis for ISL. The American Occupational Therapy Association (2020c) specifically calls for OT

graduates to be more critically informed in order to meet the needs of marginalized

populations. Graduates are called to attending to social and structural determinants as

they interact with and intersect sociocultural characteristics (e.g., gender, ethnicity,

geography, etc.) of the population being served (American Occupational Therapy

Association, 2020c). Critical pedagogy allows for the study of practices that are utilized

for the purpose of easing oppression by increasing awareness through authentic

reflection, leading to action. Currently, a call for more critical research addressing these

concerns is gaining momentum and this study aligns with this intent and need.

A critique (and a gap) at the heart of the proposed study is that the movement

towards internationalization on college campuses, and in particular ISL, contains the

threat of designing ISL programs that use a neocolonial mentality (Berger, 2020). There

are signs in the literature that point to the fact that ISL opportunities for OT students may

utilize this mentality, but there is currently insufficient data to make a clear

determination. The "savior" mentality is based on the idea that providing clinical services

in the Global South can only be interpreted from an altruistic perspective of "doing good"

since people in the Global South need "saving" because they can't provide the services

themselves. Furthermore, there is an assumption that services provided by healthcare

students are better than none. For example, in a study conducted by Lawson and Olson

(2017), OT students who participated in an ISL experience in Guatemala described

helping others as satisfying and that it made them feel proud, pointing to the fact that ISL

activities are inherently "good." All participants in this study recommended that every

(U.S.) OT student participate in an ISL experience in order to "to become a better

person" (p. 10), which highlights the idea that since ISL activities are perceived as

innocently "good" and lead to becoming a better person, all Global North OT students

should have this opportunity in the Global South. In another study conducted by Schnedl

and Milton (2021), OT students describe their ISL experiences as "life-changing," and as

"once-in-a-lifetime" (p. 10) experiences that allowed them to "try things you wouldn't

get to try otherwise" (p. 10). Some researchers caution us to examine the potential for

"doing harm" with this mentality (DeCamp et al., 2018), as ISL can serve to benefit the

student participant at the expense of the host community, thereby breaking the ethical

code of conduct and opening up the possibility to perpetuate a neocolonial mindset in the

Global-North to Global South dichotomy. Elliott (2015) offered that while some

transformation to counteract colonial mindsets in ISL designs for OT students is evident,

a lot of work is still to be done.

In addition, most ISL research in OT (as well as other rehabilitation professions)

rely on case study reports or small convenience samples that focus on summarizing

student learning outcomes in various Global South locations (Cipriani, 2017). Cipriani

(2017) noted that most ISL opportunities are developed in isolation by various programs

or individual faculty members and that the profession lacks any central location for

collated information, exchange, and training. Therefore, there is no research that provides

information about the number of OT programs that engage in ISL and how ISL is

structured across OT curricula in the United States. This likely is a detriment to

coordinating efforts that would allow for a more critical examination of our ISL practices.

Chapter 3

Methodology

Study Design

This study utilized a quantitative cross-sectional survey design to collect information about what ISL practices OT programs in the United States currently utilize, which types of reported outcomes are predominant, and whether and which social justice attitudes and practices are reflected and possibly correlated in the ISL programs administered. The study surveyed all entry-level OT degree-granting institutions with available contact information in the United States, utilizing two validated scales, including the SErviceLEarningBEnefit (SELEB) Scale (Appendix A) and the Social Justice Attitude Subscale (SJA) of the Social Justice Scale (Appendix B). The final survey contained 15 questions, including 13 PI-generated questions, one question reflecting the 12-item SELEB Scale and one question reflecting the 11-item SJA Subscale for a total of 15 questions (Appendix C).

Target Population

The target population for this study were all ACOTE-accredited graduate programs in the United States that offer entry-level OT degrees at the master, doctoral, or combined master/doctoral level. Collectively, this includes a total of 206 graduate degree programs, which are distributed across 130 master-level degree programs, 56 doctoral-level degree programs, and 21 combined master/doctoral-degree programs (Accreditation Council for Occupational Therapy Education, 2022). The regional distribution of degree programs is fairly balanced with about 43-46% of degree programs located each in the Midwest, the Northeast, and the South. The Southwest and the West of the United States,

however, house a smaller number of programs, namely 29-33% of programs

(Accreditation Council for Occupational Therapy Education, 2022).

Sampling

Total population sampling (or purposive sampling) was used for this study since

all accredited OT graduate entry-level degree programs were included in the survey

sample for this national study.

Inclusion

OT programs in the United States that currently offer entry-level OT degrees

(master, doctoral, or combined) and that were listed in the directory of accredited

graduate degree programs on ACOTE's website were included in the national sample.

Entry-level programs are those that offer first-time degrees to OT students at the

culmination of their studies, including both master and doctoral degrees. Only fully

accredited programs were eligible for inclusion in the study, which is a status granted by

ACOTE when programs adequately meet and maintain all accreditation standards.

Exclusion

ACOTE-applicant and candidacy master and doctoral degree programs that were

seeking accreditation during the time of the study were excluded as they were not yet

fully accredited. Programs that had previously been accredited by ACOTE, but that were

temporarily (at the time of the study) placed on probationary status, were also excluded

from the study.

OT entry-level programs that had international locations outside of the United

States or those that did not have email contact information listed on the program's

website for the program chair or academic fieldwork coordinator were further excluded

from the study. In addition, post-professional degree programs were excluded from the

study since they do not fall under ACOTE's accreditation purview. These types of

programs are not considered entry-level degrees, are most commonly offered in distance

education program formats, and as such are geared towards working professionals. It is

therefore much less likely that ISL opportunities are offered by such programs or if they

are, the number of students that participate is likely going to be low due to their

employment status. In addition, programs that offer associate degrees for occupational

therapy assistant (OTA) students are also excluded since OTA degree programs do not

typically offer ISL opportunities to their student body. Similarly, OTA-to-MOT bridge

programs were also excluded from the sample since these programs are geared towards

working professionals with instructional formats that most commonly include weekend

programs, hybrid models, and asynchronous instructions.

Sample Size

The total available target population was 206 entry-level master and doctoral OT

programs. The study sample included 191 of 206 programs,, which were selected based

on the above described inclusion and exclusion criteria. The final study sample represents

117 of 130 master level degree programs, 20 of 21 combined MOT/OTD degree

programs, and 54 of 56 doctoral level degree programs. Specific reasons for excluding 15

(207-16 = 191) programs at the different degree levels can be found in Appendix J. A

power analysis was not completed since the target population is the total available

population without the possibility of increasing the sample size beyond the available OT

programs that offer entry-level OT degrees.

Data Collection

Data for this study was collected via survey method. In preparation for data collection, several steps were taken to ensure a smooth data collection process and maximize accurate survey distribution. The four steps completed include:

1. Generating a master contact list of all accredited master and doctoral OT programs

2. Generating the survey in Qualtrics

3. Pilot-testing the Qualtrics survey for any technological issues

4. Pilot-testing the Qualtrics survey with content experts for any content issues

Step 1: On the ACOTE website, all accredited entry-level degree programs are listed and are searchable by accreditation status, type of degree, institution classification (e.g., private vs. public), and state location. The results of all searchable criteria are organized in alphabetical order and a link to each OT program's website is provided. From this directory, three master contact lists (public institutions, private non-profit institutions, and private for-profit institutions) were generated by visiting all program websites and collecting the names and email addresses for program chairs (PC) and academic fieldwork coordinators (AFWC). Two contacts per program site were identified because in many instances, the AFWC would be coordinating any potential ISL opportunities, so they would have the most pertinent knowledge applicable to this study. The program chair, however, may also serve as the most pertinent person to participate in the survey as not all programs necessarily have the AFWC oversee ISL opportunities.

The final list contained all master, combined master/doctoral, and doctoral-level programs that met inclusion criteria, thereby generating a list of 191 programs. The contact list included the name of the university program, state, institution type, program chair contact information, AFWC contact information, and any pertinent notes.

Once the master list was finalized, a spot check of every 10th contact was conducted to check for accuracy of names and associated email addresses. Since the sample population was small, extra care was taken to ensure that recorded and utilized email addresses were correct so that all 191 program sites could be reached during the first mailing.

Step 2: An electronic survey using Qualtrics, an online survey platform that is accessible at no cost for Radford University faculty (please see Appendix C for survey), was utilized to transfer the 15 survey questions to and develop a pilot version of the survey. The intent of the pilot version was to test for both functionality and to solicit face and content validity feedback from content experts.

Step 3: Eight pilot survey links were sent to current Radford University Master of Occupational Therapy students (where the PI teaches) to test the functionality of the survey. An email containing the link and nine guiding review questions were included, instructing students to complete the survey items randomly without consideration for accuracy. The guiding questions were as follows:

1. Did you see the consent form?

2. How long did it take you to complete the survey?

3. Did you see one question per page?

4. Did the arrow buttons work?

5. Could you read/see all questions/answers on the screen?

6. Did the survey get hung up?

7. Did you notice any typos?

8. Was there anything unusual that you noticed as a user that I should know about and fix?

9. Please feel free to share any other observations that you think would be important for me to know about.

Five students completed the survey and responded to the guiding questions by email. Some minor settings-related issues were identified and were fixed, and most students confirmed the 8-10 minute completion time frame.

Step 4: The pilot survey was also reviewed by a small number of content experts for the purpose of soliciting feedback regarding overall face and content validity. The focus of the expert review was placed on the 13 PI-generated questions rather than the two validated instruments that were part of the survey for a total of 15 survey questions. Ten content experts were selected from professional connections as well as randomly from a pool of rehabilitation degree programs involved in ISL and/or knowledgeable about social justice. Random experts were selected through the Commission on Accreditation in Physical Therapy Education (CAPTE) and the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), both of which have a searchable program feature that lists website links to all accredited programs. A CAPTE and CAA search was conducted to identify programs that offer ISL opportunities, confirm the appropriate ISL contact person, and generate an email contact list. Eight experts were selected in this manner, representing four PT programs and four SLP

programs that carry out ISL programming abroad. In addition, two faculty experts were

selected from professional connections the PI already had, one in social work and one in

physical therapy. An email containing the survey link, information about the proposed

study, and the desired feedback requested was sent to all ten experts. Feedback was

received from four content experts, collectively indicating that the survey was well done,

comprehensive, and asked about social justice in an un-biased way. Reviewers also

indicated that questions were worded without judgment and that the overall focus was not

exclusively on social justice, which likely was helpful to elicit truthful responses. One

reviewer noted that it can be difficult to elicit truthful responses about social justice from

participants and remarked that information can also be gained from the information that

is not evident in the responses. And lastly, one reviewer expressed some concern about

the two validated questionnaires, as represented in the last two questions of the survey.

The reviewer noted that there may be some response fatigue and that participants may not

know which answer choice to select when only part of the statement applies to them.

Based on the provided feedback from the content experts, no changes were made to the

survey, even though a concern was raised with the two back-to-back validated

questionnaires at the end of the survey. Since these are validated instruments, with some

clarifying changes that were already made with permission of the authors (please see

below) prior to the expert review, no further changes were made so as not to compromise

the validity of the instruments. A consideration was made to possibly separate the two

instruments and position one of the questionnaires earlier in the survey, but only the

beginning or the end are appropriate options, based on the interconnected 13 PI-generated

questions. A decision was made to not place one of the surveys at the beginning because

it seemed that participants first needed to answer some generic questions about their ISL

program before more deeply thinking about social justice.

Survey Emails

After steps 1-4 were completed, the final survey was sent out to all 191 OT degree

programs via PCs and AFWCs using their university-affiliated email addresses with

personalized, confidential survey links in three batches across three days. The Qualtrics-

generated link was individualized to a particular email address to ensure that each

program and only one person from each program completes the survey. Responses were

anonymized, but this set-up allowed for double-checking which participants completed

the survey without linking the email address to the recorded response. There were two

duplications and the responses that were last submitted were expelled.

The email containing the survey link explained the purpose of the study, provided

IRB review and approval status, and a request for participation. As a token of

appreciation and to potentially entice participants to complete the survey, the email also

contained information about a pledged donation to UNICEF of a final sum that reflects

the total number of participating OT programs. In addition, since the email was sent to

two potential participants, instructions directed the program to have the person most

familiar with the program's ISL opportunities to complete the survey.

Three follow-up emails were sent to participants (who had not completed the

survey) over a 21-day time span, after the initial survey invitation was sent (4 to 6 days, 7

to 9 days, 11 to 14 days after the initial invitation). Before the first follow-up, an IRB

modification was sought (and granted) for a minor wording adaptation to suggest that

unless otherwise indicated, the AFWC should complete the survey. This IRB

modification was initiated due to a slow response in the first week, possibly due to a

hesitancy on the participant's part to complete the survey because it was not as clear as to

who should complete the survey. The survey was closed five days after the last follow-up

email was sent.

Survey Instruments

The first part of the survey contained 13 questions that were developed by the PI.

They are informed by previous ISL research that surveyed programs regarding their ISL

practices as well as the ISL literature. The second part of the survey contained the two

validated survey tools, the SELEB Scale and the SJA, organized into two rating scales for

a total of 15 survey items.

The 13 survey questions generated by the PI contained questions related to ISL

practices (e.g., which countries programs travel to, which learning objectives are targeted,

pre-departure training content, etc.). They were intended to collect information about

what OT programs actually do since there is no collated information about these practices

currently available. All survey questions are informed by the extensive literature review

conducted. A small pilot-test of the 13-question survey was completed (described earlier)

to ensure that the content is clear and yields responses that are meaningful and aligned

with the purpose of the study. In addition, internal consistency was calculated for seven

of 20 PI-generated response options to a question about most commonly conducted ISL

in-country activities on the survey instrument using Cronbach's alpha. These seven

response options were drawn from the literature and relate to social justice. Cronbach's

alpha values are included in the data analysis section.

Beyond the 13 survey questions described and the attempt to establish some level of internal consistency for PI-generated social justice response items, measuring elements of social justice is a difficult endeavor conceptually. Locating an appropriate and validated instrument that measures programmatic ISL activities, intentions, and outcomes is nearly impossible. The vast majority of SL and social justice instruments available focus on student perceptions and student reports and not on programmatic perspectives. Since this is the case, it is not surprising that no tool exists that is informed by critical pedagogy and experiential learning at the same time, focusing on programs that offer ISL. Two validated scales, however, were identified for data collection purposes that could serve the intended study purpose to the best degree possible at the time of the study. The first scale is the SErviceLEarningBEnefit (SELEB) Scale and the second scale is the Social Justice Attitude Subscale (SJA) of the Social Justice Scale (SJS).

The SELEB Scale was developed by five researchers in 2006 in an attempt to capture the benefits of SL and is promoted as a SL outcome assessment tool (Toncar et al., 2006). It is a 12-item scale that requires the participant to rate the perceived benefit of each item on a 7-point Likert scale (Appendix A). The responses on the 12-item scale are ordered into four commonly described service learning outcome dimensions, namely practical skills (e.g., workplace skills), interpersonal skills (e.g., working with others), citizenship (e.g., understanding cultural and racial differences), and personal responsibility (e.g., ability to assume personal responsibility). Each dimension yields a sub score mean and a total score is defined as the mean of the four subscale scores. The SELEB Scale was initially developed through a process of reviewing the literature that generated six hypothesized benefit domains distributed across a 27-item scale. A two-step

factor analysis conducted with a sample of 245 subjects indicated significant loading of 20 items across four dimensions, each of which yielded a Cronbach's alpha reliability score between a 0.79 to 0.90 (Toncar et al., 2006). In a second study, the SELEB authors attempted to further establish validity for their scale, specifically examining convergent and discriminant validities and conducting a confirmatory factor analysis. An almost identical factor structure confirmed the four original dimensions, but several items loaded on more than one factor, which was further addressed through an item purification process. This yielded 12 items on the finalized scale, all of which demonstrated significant loading between 0.69 to 0.91, establishing satisfactory construct validity (Toncar et al., 2006). Discriminant validity was established with all four dimensions demonstrating average extracted variances between 0.59 and 0.68 (Toncar et al., 2006). In a third study, the authors were able to establish criterion-related validity by administering the scale to two different groups with results favoring those engaged in service learning.

The SELEB Scale has been used in numerous studies for a variety of purposes since it was first published and has also been adapted to fit the needs of particular research interests. The SELEB Scale has been used to evaluate the efficacy of online versus face-to-face service learning activities (McGorry, 2012), to evaluate the value of service learning from different stakeholder perspectives (Lester et al., 2005), and to compare the benefits of local SL versus ISL opportunities (Feld et al., 2021). For the purpose of this study, the 12-item SELEB scale will be used as originally designed, but the instructional wording will be slightly changed to address the intended audience. The

original instructions note: "Please indicate how important each of the following are to you in your educational experience with 1 being not at all and 7 being very much so." These instructions were changed to: "Please indicate how important you consider each of the following (benefits or outcomes) in the ISL program you offer with 1 being not at all and 7 being very much so." The change in instructional wording is to help clarify that the importance rating is based on the ISL program that the participant will rate. Permission to use the scale with the modified wording was solicited and granted by the scale authors prior to the start of the study (C. Anderson, personal communication, May 16, 2022).

The second scale that was used in this research study is the Social Justice Attitude (SJA) Subscale of the Social Justice Scale (SJS). The SJS is a 24-item scale intended to measure several dimensions related to social justice, focusing on the idea that social justice values and attitudes may impact and predict behavioral performance (Torres-Harding et al., 2012). In the original version with 44 items, social justice definitions and social justice indicative behaviors described in the literature are utilized and defined by the scale author as

> empowerment of people from disadvantaged groups, the need to minimize power differentials and work collaboratively with others, helping others to access community or societal resources, the need to acknowledge existing societal inequalities that may be harmful, the importance of making society more fair for all people, and the belief that one should work for social justice. (Torres-Harding et al., 2012)

The development of the SJS was guided by Azjen's theory of planned behavior, which links attitudes with behavioral performance through the predictive qualities of

attitudes, intentions to act, subjective norms, and perceived behavioral control (Torres-

Harding et al., 2012). For the purpose of this study, which is guided by critical pedagogy,

the author of the SJS, however, acknowledges that the scale may also reflect elements of

associated critical consciousness in the combined subscales. Since the SJS was first

published, various researchers, including one of the original authors of the SJS, have used

the scale in studies utilizing a critical pedagogy framework. For example, Torres-Harding

et al. (2014) used a critical pedagogy framework to evaluate social justice components

related to SL while Henderson and Wright (2015) used the SJS to study the pedagogical

practices that impact global citizenship and social justice attitudes, also utilizing a critical

pedagogy framework.

Overall, the SJS has been found to be valid and reliable in measuring intent to

engage in social justice actions, demonstrating a Cronbach's alpha range of 0.82 to 0.95

for all subscales (Torres-Harding et al., 2012). In addition, convergent and discriminant

validity were confirmed through correlations with the results on several external scales.

In the proposed study, only the SJA will be utilized. The SJA consists of 11 items that

ask the participant to rate the importance of or the value attributed to a specific attitude

related to social justice on a 7-point Likert scale. A rating of one indicates "strongly

disagree" while a rating of seven indicates "strongly agree." Permission for the use of the

scale was solicited and was granted by the author, who kindly sent a word document of

the scale (S. Torres-Harding, personal communication, May 31, 2022).

Two changes in wording were made to the instructions of the original scale in

order to reflect the intended audience of this study.

Original Version Scale Instruction	Study Version Scale Instruction

The following statements ask you to indicate how *important* or how much you *value* the following activities. Please answer these questions based not on whether you actually engage in these activities, but whether you feel that these activities are important and worthwhile. Please indicate the degree to which you either agree to disagree with the following value statements on a 7-point scale, with 1 = strongly disagree, and 7 = strongly agree.	The following statements ask you to indicate the importance or value of the activities below to your ISL program. Please indicate the degree to which you either agree to disagree with the following value statements on a 7-point scale, with 1 = strongly disagree, and 7 = strongly agree.
SJA Subscale Original Wording "I believe it is important to"	SJA Subscale Study Wording "It is important to"

Data Analysis

Data collected for this study was examined using SPSS software to conduct descriptive and inferential statistical analyses. The research study had a total of 21 research questions, nine of which were analyzed using descriptive statistics and 12 of which were analyzed using inferential statistics. The research questions associated with descriptive statistics are labeled RQ1-RQ9 while the research questions associated with inferential statistics are labeled RQ1a-RQ12a for ease of differentiation. The initially proposed data analysis can be found in Appendix D (descriptive analysis) and Appendix E (inferential analysis), along with the associated codebook in Appendix F.

Statistical Analysis

The first nine research questions (RQ1-RQ9) were analyzed using descriptive statistics. The questions were designed to learn about what OT programs actually do in their ISL programs prior to leaving the United States and once they are in the host country. In order to answer most questions, frequency distributions, means, modes, median ranks, and interquartile ranges were utilized to analyze the data. Please see Appendix D for a table of the conducted descriptive analyses and the associated codebook in Appendix F.

The 12 main research questions (RQ1a-RQ12a) and their associated hypotheses were answered by conducting several inferential statistical analyses. A comprehensive table of the completed statistical tests and analyses can be found in Appendix E with the associated codebook in Appendix F.

Institutional Review Board

IRB approval for this study, entitled "The Power of Social Justice: How do Occupational Therapy Programs in the U.S. Apply Social Justice Principles to International Travel Experiences for OT Students?", was granted on December 14, 2022. The study was assigned IRB reference #2022-2021 with an approved enrollment of 250 participants and was considered exempt in category 2, requiring only limited IRB review. The IRB approval letter can be found in Appendix G, along with a copy of the study consent form. An amendment to the original IRB protocol was submitted and granted on February 17, 2023 to make minor changes to the wording in the reminder emails to participants. The intent of this change was to clarify who should complete the survey.

Chapter 4

This chapter describes the results of the statistical analyses of the completed cross-sectional study focusing on ISL practices of U.S. OT programs. A 15-item electronic survey was distributed to entry-level OT programs in the United States over a 3-week period beginning on February 13, 2023, and closing on March 3, 2023. Since this study attempted to answer 21 research questions, the results of the statistical analysis are provided in detail in Appendix H (descriptive analysis results) and in Appendix I (inferential statistical analysis results), in addition to information provided in this chapter.

Sample

The electronic survey was sent to 191 entry-level OT programs, including master, combined master/doctoral, and doctoral degree programs. Of these 191 surveys disseminated, 57 completed surveys were returned, which reflects a response rate of 29.84%. Since the survey asked participants to first identify whether their program participates in ISL, the final analysis was conducted based on those programs that indicated that they do participate in ISL travel activities. Therefore, 30 of 57 program responses were utilized in the descriptive and inferential statistical analysis sample. For specific questions where not all 30 participants responded or where participants were grouped for specific analysis purposes, N is clarified.

Recruitment Strategies

A variety of recruitment strategies were employed to elicit the best possible response rate from the defined total target population. Special consideration was paid to generating the contact list with built-in verification procedures to ensure accuracy. The survey was specifically launched a few weeks after the start of the semester to allow for

the initial activity burst to settle and before midterms (assuming a start of the semester

after Martin Luther King Junior Day, as is common in higher education). In addition, the

survey was designed to be completed in no more than ten minutes. The invitation email,

as well as follow-up emails, were visually designed and organized to look professional.

Demographics

The sample population of 191 OT programs represented 117 master level degree

programs, 20 combined MOT/OTD programs, and 54 doctoral level degree programs.

Eighty-one of the surveyed programs are public institutions, while 108 programs are non-

profit private institutions and two are private for-profit organizations. Overall, these

programs were geographically distributed across all regions of the United States,

including 25% from the Midwest, 27% from the Northeast, 20% from the South, and to a

much smaller degree from the Southwest (0.1%) and the West (0.05%). The ratio of how

many programs participated from each geographic region corresponds to the number of

accredited OT programs in each of these regions, however, and is referenced in Appendix

J. There were 32 Academic Fieldwork Coordinators and 25 Program Chairs from

different OT programs who completed the survey for a total of 57 returned surveys.

Results of the Study

Descriptive and inferential statistical analyses were conducted on 21 combined

research questions. As a first step in the data analysis process, a test of normality on all

variables was performed to determine whether to utilize parametric or nonparametric

statistical tests. The data across the tested variables of interest was not normally

distributed, so non-parametric testing procedures were chosen for all inferential statistical

analyses. The results for all tests of normality can be found in Appendix K.

In addition, Cronbach's alpha was calculated for seven social justice-related response items that were included on the 20 PI-generated pre-departure content items represented in survey question #12. Internal consistency for constructs related to social justice using the study sample was calculated for occupational justice ($\alpha = .80$), historical and political aspects of the host country/region ($\alpha = .74$), social determinants of health of the host country/region population ($\alpha = .69$), health disparities related to host country/region ($\alpha = .80$), health equity related to host country/region ($\alpha = .83$), human rights ($\alpha = .79$), and power differentials in the international service learning healthcare context ($\alpha = .84$). The seven social justice-related items demonstrated an overall Cronbach's alpha of .93, demonstrating good internal consistency for a self-generated response item scale that seemingly presents as a unidimensional scale.

The first nine research questions, RQ1 through RQ9, were answered using descriptive statistical analyses and are further described below, question by question, as well as in Appendix H. The remaining 12 research questions, RQ1a through RQ12a, with their associated hypotheses, were tested using a variety of inferential statistical analyses. RQ1a through RQ8a were tested using Spearman rank correlations while RQ9a through RQ12a were tested using Mann-Whitney U comparisons. The results of RQ1 through RQ12 are described below, question by question, as well as in Appendix I. The overall results for RQ1a through RQ12a indicate that there were no significant correlations nor significantly different performances between groups that would allow for the rejection of any of the null hypotheses. There were, however, some significant results for some of the tested variables that are further presented below.

Descriptive Analysis

Nine research questions of interest (RQ1 through RQ9) were answered by using descriptive statistical analyses. A detailed summary table with all descriptive analysis results can be found in Appendix H, organized by research question and numbered tables. Thirty OT programs provided data for descriptive analysis, but not all 30 programs answered all questions. Please note the actual sample size N for each question.

Research Question 1 (RQ1): How many U.S. OT programs in the sample offer ISL opportunities to their student body? More than half, 52.6% (N = 30) of programs in the sample indicated that they offer ISL opportunities to their student body while 47.4% (N = 27) noted that they did not. The majority of OT programs, 64.2% (18 of 28) offer one to two ISL opportunities while 32.1% (9 of 28) offer between three to five ISL opportunities (as differentiated by country traveled to). More detailed results can be found in Table 1 in Appendix H.

Research Question 2 (RQ2): On which continents and in which geographic regions/countries do OT programs most commonly conduct their ISL activities? All survey-included geographic regions/continents, namely Africa, Asia, the Caribbean, Central America, and South America were represented in the geographic regions reported and 38 different countries were specifically identified. The highest number of ISL opportunities in the sample take place in Europe (21%, N = 12) and Central America (19%, N = 11). The 12 ISL opportunities taking place in Europe are representative of eight OT programs while the 11 ISL opportunities that take place in Central America correspond to 11 OT programs that carry them out. All other regions/continents are

represented by 14-15.5% of all ISL opportunities respectively, corresponding to eight or

nine ISL opportunities in each of these geographic areas.

Regions with the highest number of ISL opportunities carried out in the same

countries are South America, Central America, and the Caribbean. Specifically, the

countries with the highest number of ISL opportunities include Guatemala (five

programs), Ecuador (four programs), and three ISL opportunities in each of these

countries: Belize, Dominican Republic, Haiti, Ghana, and China. Detailed information

about the geographic locations of ISL programs carried out by the sampled OT programs

can be found in Appendix H under Table 2. Information about which countries were not

associated with any ISL opportunity is also provided ($N = 28$ OT programs, $N = 58$ ISL

opportunities).

Research Question 3 (RQ3): On average, how many days do ISL trips

typically last? On average, ISL trips for the sampled population ($N = 23$) last 12.48 days

with a range of 24 days, a median of ten days, a minimum of seven, and a maximum of

31 days. The results are illustrated in Appendix H, Table 3.

Research Question 4 (RQ4): Which ISL learning objectives (LO) are most

frequently rated as primary (secondary, tertiary) by the sampled U.S. OT

educational programs? The primary ISL learning objective identified by most OT

programs in the sample is cultural competence/cultural humility (83.3%, $N = 20$) with

about half of the surveyed programs identifying four additional primary learning

objectives, including clinical hands-on skills global citizenship/civic

engagement/internationalization of curriculum, clinical reasoning, and social justice

(please see Table 4 below and in Appendix H). Of further note, however, is that social

justice and clinical hands-on skills are also identified by about one-quarter of the surveyed population as secondary or tertiary learning objectives only. For additional reference and ordering of secondary and tertiary learning objectives, please see Tables 5 and 6 in Appendix H.

Table 4

Primary ISL Learning Objectives

Learning Objective	N	Primary Objective	Secondary Objective	Tertiary Objective
Cultural Competence/Cultural Humility	N = 24	83.3% (N = 20)	12.5% (N = 3)	4.2% (N = 1)
Clinical Hands-On Skills	N = 18	55.6% (N = 10)	22.2% (N = 4)	22.2% (N = 4)
Global citizenship/civic engagement/internationalization of curriculum	N = 20	55% (N = 11)	30% (N = 6)	15% (N = 3)
Clinical Reasoning	N = 22	54.5% (N = 12)	31.8% (N = 7)	13.6% (N = 3)
Social Justice	N = 23	52.2% (N = 12)	21.7% (N = 5)	26.1% (N = 6)
Interprofessional Collaboration/Teamwork	N = 23	39.1% (N = 9)	56.5% (N = 13)	4.3% (N = 2)
Professional Skills Development	N = 24	37.5% (N = 9)	37.5% (N = 9)	25% (N = 7)
International Travel Opportunity	N = 20	35% (N = 7)	15% (N = 3)	50% (N = 10)

Note. Categories ranked by primary learning objectives from most to least common.

Research Question 5 (RQ5): How much time do the sampled OT programs in the U.S. commonly dedicate to ISL pre-departure training? Over two-thirds of respondents (70.8%, N = 17) indicated that they provide mandatory pre-departure training for students, while 29.1% (N = 7) do not provide any formal preparations. The average number of pre-departure training hours is 9.88 hours with 76% (14 of 17) of all

programs providing less than 10 hours of ISL pre-departure training (please see Table 7 in Appendix H).

Of those programs indicating that require mandatory training, 65% (11 of 17) prepare students in credit-bearing courses while 35% (6 of 17) noted that their ISL preparations are not part of a credit-bearing course (please see Table 8 below). On average, programs that provide pre-departure training in credit-bearing courses provide 11.63 hours of training while those that do not provide an average of 6.67 hours of training.

Table 8

OT Programs That Provide Mandatory Pre-Departure Training: Course-Based vs. Non-Course Based

Training	ISL Course-Based Pre-Departure Training (65%, N = 11)								ISL Non-Course based Pre-Departure Training (35%, N = 6)			
Hours of Preparatory Training	2	4	5	10	12	16	25	30	2	6	8	10
Number of OT Programs	1	2	1	3	1	1	1	1	1	2	2	1
Mean Training Hours	11.63 hours								6.67 hours			
Minimum/Maximum	2 hours (minimum) 30 hours (maximum)								2 hours (minimum) 10 hours (maximum)			
Range	28 hours								8 hours			

Research Question 6 (RQ6): Which content is most commonly included in pre-departure training as part of ISL programming by the sampled U.S. OT educational programs? Participants (N = 17) rated 20 pre-departure training content items on a scale of "in depth" (1), "a good amount" (2), "introductory" (3), "barely covered" (4), and "not covered" (5). Three content topics, including "behavioral and professional expectations," "cultural aspects of host country," and "what to pack and

bring" were rated by 100% (N = 17) of participants as being covered "in depth/a good amount." Language instruction was only covered at the "introductory" to "not covered" level by 70.59% (N = 12) while one specific topic, Global North/Global South terminology framework was not covered at all by 43.75% (N = 7). Please see Table 11 below and in Appendix H.

Table 11

Pre-Departure Topic Content Rated by Depth of Coverage

Pre-Departure Training Content	In-Depth (1)	A Good Amount (2)	Introductory (3)	Barely Covered (4)	Not covered (5)
Behavioral and Professional Expectations	88.24% (N = 15)	11.76% (N = 2)	0%	0%	0%
Cultural aspects of the host country	76.47% (N = 13)	23.53% (N = 4)	0%	0%	0%
What to pack and bring	58.82% (N = 10)	41.18% (N = 7)	0%	0%	0%
Ethical Aspects related to Global Health	58.82% (N = 10)	23.53% (N = 4)	11.76% (N = 2)	5.88% (N = 1)	0%
Safety & Security	52.94% (N = 9)	35.29% (N = 6)	11.76% (N = 2)	0%	0%
Social determinants of health of the host country/region	41.18% (N = 7)	35.29% (N = 6)	23.53% (N = 4)	0%	0%
Culture shock and cultural adaptation	35.29% (N = 6)	41.18% (N = 7)	23.53% (N = 4)	0%	0%
Definition of global health	11.76% (N = 2)	47.06% (N = 8)	29.41% (N = 5)	5.88% (N = 1)	5.88% (N = 1)
Global North/Global South terminology framework	6.25% (N = 1)	18.75% (N = 3)	25% (N = 4)	6.25% (N = 1)	43.75% (N = 7)
Occupational justice	6.25% (N = 1)	56.25% (N = 9)	25% (N = 4)	6.25% (N = 1)	6.25% (N = 1)
Language instruction	11.76% (N = 2)	17.65% (N = 3)	23.53% (N = 4)	23.53% (N = 4)	23.53% (N = 4)
Host country perception of U.S. culture and customs	17.65% (N = 3)	41.18% (N = 7)	29.41% (N = 5)	11.76% (N = 2)	0%
White saviorism	11.76% (N = 2)	41.18% (N = 7)	11.76% (N = 2)	0%	35.29% (N = 6)
OT Education and/or OT profession in the host country/region	23.53% (N = 4)	35.29% (N = 6)	23.53% (N = 4)	17.65% (N = 3)	0%
Historical and political aspects of the host country/region	17.65% (N = 3)	58.82% (N = 10)	11.76% (N = 2)	5.88% (N = 1)	5.88% (N = 1)
Socioeconomic conditions of the host country	29.41% (N = 5)	58.82% (N = 10)	11.76% (N = 2)	0%	0%

Health disparities related to host country/region	35.29% (N = 6)	35.29% (N = 6)	23.53% (N = 4)	5.88% (N = 1)	0%
Health equity related to host country/region	29.41% (N = 5)	29.41% (N = 5)	29.41% (N = 5)	11.76% (N = 2)	0%
Human rights	11.76% (N = 2)	29.41% (N = 5)	35.29% (N = 6)	11.76% (N = 2)	11.76% (N = 2)
Power differentials in the international service learning health care context	11.76% (N = 2)	29.41% (N = 5)	29.41% (N = 5)	5.88% (N = 1)	23.53% (N = 3)

The median values and interquartile ranges for all pre-departure training content items are illustrated in Table 12 below and in Appendix H. The pre-departure content with zero amount of variability for the middle 50% of all surveyed OT programs (N = 17) was "Behavioral and Professional Expectations," indicating that most participants rated this content item as "in-depth" with very little variation between OT programs. "White saviorism," "language instruction," "power differential in the international service-learning context," and "global north/global south terminology framework" had the highest median scores and highest interquartile ranges, which indicates that these topics have the highest variability in terms of depth of coverage in pre-departure trainings offered.

Table 12

Pre-Departure Training Content Ranked by Interquartile Range

Pre-Departure Training Content	Median	Interquartile Range Middle 50%			
		0	1	2	3
Behavioral and Professional Expectations	1.00	x			
Cultural aspects of the host country	1.00		x		
What to pack and bring	1.00		x		
Ethical Aspects related to Global Health	1.00		x		
Safety & Security	1.00		x		
Host country perception of U.S. culture and customs	2.00		x		
Definition of global health	2.00		x		
Occupational justice	2.00		x		
Culture shock and cultural adaptation	2.00		x		
Historical and political aspects of the host country/region	2.00		x		

Socioeconomic conditions of the host country	2.00	x		
Social determinants of health of the host country/region	2.00		x	
OT Education and/or OT profession in the host country/region	2.00		x	
Health disparities related to host country/region	2.00		x	
Health equity related to host country/region	2.00		x	
Human rights	2.00		x	
White saviorism	2.00			x
Language instruction	3.00			x
Power differentials in the international service-learning health care context	3.00			x
Global North/Global South terminology framework	3.50			x

Research Question 7 (RQ7): Which types of ISL activities do the sampled U.S. OT programs most commonly conduct while in-country? Participants (N = 23) rated 13 in-country ISL activities on a scale of "very common" (1), "fairly common" (2), "not common" (3), "not common, but sometimes" (4), "hardly ever" (5), and "not at all" (6), and results are summarized in Table 13 below and in Appendix H. The two in-country activities that received the highest ratings ("very common") by the surveyed OT programs were "engage in cultural activities" (69.57%, N = 16) and "tour clinical facilities" (56.62%, N = 13). Activities that were rated by at least one third of the surveyed population as not being carried out "at all" included "reach out to meet with local OT educational programs (if available)" (39.13%, N = 9), "reach out to or meet with local OT practitioners (if available)" (30.43%, N = 7), and "engage in language training" (30.43%, N = 7).

Table 13

In-Country ISL Activity Ratings

ISL In-Country Activities	Very Common (1)	Fairly Common (2)	Not common, but sometimes (3)	Hardly ever (4)	Not at all (5)
Engage in cultural activities	69.57% (N = 16)	21.74% (N = 5)	8.70% (N = 2)	0% (N = 0)	0% (N = 0)
Tour clinical facilities	56.62% (N = 13)	26.09% (N = 6)	4.35% (N = 1)	4.35% (N = 1)	8.70% (N = 2)

Collaborate with community or governmental agencies to learn about their needs	47.83% (N = 11)	34.78% (N = 8)	8.70% (N = 2)	8.70% (N = 2)	0% (N = 0)
Collaborate with community or governmental agencies to learn about how to best address their needs	47.83% (N = 11)	30.43% (N = 7)	13.04% (N = 3)	8.70% (N = 2)	0% (N = 0)
Educate service recipients	34.78% (N = 8)	39.13% (N = 9)	13.04% (N = 3)	0% (N = 0)	13.04% (N = 3)
Reach out to or meet with local OT practitioners (if available)	30.43% (N = 7)	21.74% (N = 5)	8.70% (N = 2)	8.70% (N = 2)	30.43% (N = 7)
Provide clinical care for OT concerns that would be commonly seen in the U.S.	26.09% (N = 6)	34.78% (N = 8)	21.74% (N = 5)	4.35% (N = 1)	13.04% (N = 3)
Provide training and/or in-services to local service providers	21.74% (N = 5)	43.48% (N = 10)	13.04% (N = 3)	8.70% (N = 2)	13.04% (N = 3)
Provide equipment and supplies to facilities and/or service recipients	21.74% (N = 5)	26.09% (N = 6)	43.48% (N = 10)	4.35% (N = 1)	4.35% (N = 1)
Provide clinical care for OT concerns that would not be commonly seen in the U.S.	17.39% (N = 4)	34.78% (N = 8)	26.09% (N = 6)	4.35% (N = 1)	17.39% (N = 4)
Reach out to or meet with local OT educational programs (if available)	17.39% (N = 4)	21.74% (N = 5)	17.39% (N = 4)	4.35% (N = 1)	39.13% (N = 9)
Teach service recipients how to use equipment and supplies	13.04% (N = 3)	39.13% (N = 9)	39.13% (N = 9)	4.35% (N = 1)	4.35% (N = 1)
Engage in language training	4.35% (N = 1)	17.39% (N = 4)	21.74% (N = 5)	26.09% (N = 6)	30.43% (N = 7)

The median values and interquartile ranges for all ISL in-country activity items are illustrated in Table 14 below and in Appendix H. Eight ISL in-country activities display an interquartile range of 1 with item medians ranging from 1.00 to 3.00. These eight activities demonstrate the smallest variance in scores but are still spread across the rating scale. Since the rating scale is divided into 5-rating points with 1 being the highest rating ("very common") and 5 being the lowest rating ("not at all"), a rating of 3 ("not common, but sometimes") could be said to split the scale between those items that are (more) commonly done and those that are not done as often. With this in mind, and referencing both, Table 13 above and Table 14 below, there are several of the same ISL in-country activities of interest that are rated above the "not common, but sometimes" and below the "not common, but sometimes" level by a substantial number of OT programs. For example, "provide equipment and supplies to facilities and/or service

recipients" scores a median of 3 and has an interquartile range of 1. While the

interquartile range is small for the middle 50% of OT programs and 43.48% (N = 10)

indicated that they conduct this activity at the "not common, but sometimes" level, a

combined 47.83% (N = 11) of OT programs conduct this activity "very commonly" or

"fairly commonly." Similarly, "teach service recipients how to use equipment and

supplies" has a median of 2.00 and an interquartile range of 1, but 39.13% (N = 9) of OT

programs carry out this activity at the "not common, but sometimes" level, while a

combined 52.18% (N = 12) conduct this activity "very commonly" or "fairly commonly."

Furthermore, the data for item "provide clinical care for OT concerns that would not be

commonly seen" indicates a median of 2.00 and an interquartile range of 1 for the middle

50% of surveyed OT programs, which suggests a small variance. A combined 52.17% (N

= 12) of OT programs, however, conduct this activity "very commonly" or "commonly"

while a combined 47.83% (N = 11) of OT programs conduct this activity at the "not

common, but sometimes," "hardly ever," and "not at all" levels.

Items "reach out to or meet with local OT educational programs (if available)"

and "reach out to or meet with local OT practitioners (if available)" present with the

greatest spread, as represented by an interquartile range of 3 and 4 respectively. Just as

many OT programs reach out to or meet local OT practitioners as do not (30.43%, N = 9)

and 39.43% (N = 9) of the surveyed population does not reach out to OT educational

programs at all, while a combined 39.13% (N = 9) do so "very" or "fairly commonly."

Table 14

In-Country ISL Activities Ranked by Interquartile Range

In-Country ISL Activities	Median	Interquartile Range Middle 50%			
		1	2	3	4
Tour clinical facilities	1.00	x			

Engage in cultural activities	1.00	x		
Provide clinical care for OT concerns that would not be commonly seen in the U.S.	2.00	x		
Provide training and/or in-services to local service providers	2.00	x		
Collaborate with community or governmental agencies to learn about their needs	2.00	x		
Collaborate with community or governmental agencies to learn about how to best address their needs	2.00	x		
Teach service recipients how to use equipment and supplies	2.00	x		
Provide equipment and supplies to facilities and/or service recipients	3.00	x		
Provide clinical care for OT concerns that would be commonly seen in the U.S.	2.00		x	
Educate service recipients	2.00		x	
Engage in language training	4.00		x	
Reach out to or meet with local OT educational programs (if available)	3.00			x
Reach out to or meet with local OT practitioners (if available)	3.00				x

Research Question 8 (RQ8): Which service learning benefit/outcome do the sampled U.S. OT programs most frequently report (practical skills, citizenship, personal responsibility, or interpersonal skills)? The SErviceLEarningBEnefit (SELEB) scale was used to determine which service learning benefit/outcome U.S. OT programs most frequently report. Programs were asked to rate each item from "not important" (1) to "very important" (2). The results are provided in Table 15 below and in Appendix H. Citizenship was most often reported as a service-learning benefit/outcome with the smallest variance, followed by interpersonal skills and personal responsibility (N = 23). Practical skills were reported least frequently with the greatest range and largest variance.

Table 15

SELEB Scale Mean

	SELEB SCALE (N = 23)			
	Citizenship	Interpersonal Skills	Personal Responsibility	Practical Skills
Mean	7.62	7.26	7.07	6.42
Median	7.67	7.67	7.34	6.67
Mode	8.00	7.67	7.33	6.00
Standard Deviation	.048	.67	.958	1.18
Variance	.235	.67	.919	1.406
Range	1.33	2.00	4.00	4.67

Minimum	6.67	6.00	4.00	3.33
Maximum	8.00	8.00	8.00	8.00

It is important to note that the 7-point SELEB scale was presented on the

Qualtrics survey as an 8-point scale with the 2-rating listed twice in a row (1, 2, 2, 3, 4, 5,

6, 7). The only text descriptor on the scale was next to scale point 1 (not important) and

next to scale point 7 (very important). The results indicate that one program used the

ratings of 1 and 2 three times and one program used the rating of 2 one time. All other

ratings are 3 or above.

Research Question 9 (RQ9): Which social justice attitudes do the sampled

U.S. OT programs rate as most highly valued or important in relation to their ISL

program? The Social Justice Attitude (SJA) scale was used to collect data on which

social justice attitudes are most highly valued by the surveyed OT programs (N = 23).

Programs were asked to rate each item from "strongly disagree" (1) to "neutral" (4) and

"strongly agree" (7). The results are provided in Table 16 below, which can also be found

in Appendix H. Overall, the mean for the entire scale is 5.965, which indicates that most

items on the SJA scale were rated on the upper end of the importance agreement by the

majority of OT programs. Social justice is therefore highly valued by the sampled

population.

Table 16

Social Justice Attitude Scale Ratings

Social Justice Attitude Scale (SJA) Items (individual items)	Mean	S.D.
respect and appreciate people's diverse social identities	6.57	1.199
make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups	6.35	1.434
allow individuals and groups to define and describe their problems, experiences and goals in their own terms	6.30	1.428
support community organizations and institutions that help individuals and group achieve their aims	6.22	1.380
allow others to have meaningful input into decisions affecting their lives	6.22	1.380
promote the physical and emotional well-being of individuals and groups	6.13	1.424
to act for social justice	5.91	1.535

help individuals and groups to pursue their chosen goals in life	5.74	1.514
talk to others about societal systems of power, privilege, and oppression	5.70	1.608
promote fair and equitable allocation of bargaining powers, obligations, and resources in our society	5.39	1.588
try to change larger social conditions that cause individual suffering and impede well-being	5.00	1.679
SJA Scale Mean & SJA Scale S.D.	5.9565	1.21994

Inferential Analysis

The inferential statistical analysis included hypothesis testing for 12 research

questions (RQ1a through RQ2a) with several of them testing a large number of variables.

The data analysis results are predominantly provided in table format in Appendix I and

focus on significant results to allow for the management of presentable information. All

results are also described below, and hypothesis testing results are provided. A

probability value (p) of < 0.05 was used to determine whether the statistical results

yielded significance, thereby determining whether the null hypotheses could be rejected.

The results failed to reject any of the null hypotheses of the posed research questions,

though some significant results were found. The overall results can be found in Table 17

below (please note that due to the large number of correlation calculations for several

research questions, only significant or manageable results are reported in the summary

table; additional details can be found in Appendix I).

Table 17

Summary of Inferential Statistical Analysis Results

Research Question RQ1a-RQ12a	Hypotheses H1a-H12a	Statistical Test	Results
RQ1a: Among the U.S. OT programs that offer pre-departure training, is there a significant relationship between the training content covered and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills)?	H1a: There is a significant relationship between the ISL pre-departure training content and the importance of different ISL outcomes.	Spearman's Rank Correlation, 2-tailed N = 17 (20 pre-departure content items correlated with four different ISL outcomes)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. Significant correlations: Four pre-departure training content items demonstrated a significant negative correlation to different ISL outcomes.
RQ2a: Is there a significant relationship between the targeted learning objectives and the rated importance of different ISL	H2a: There is a significant relationship between the targeted learning objectives and	Spearman's Rank Correlation, 2-tailed N = 23	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found.

outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?	the rated importance of different learning outcomes.	(eight learning objectives correlated with four ISL outcomes)	Significant correlations: Four learning objectives demonstrated a significant negative correlation to different ISL outcomes and one learning objective demonstrated a significant positive correlation to one specific ISL outcome.
RQ 3a: Is there a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs	H3a: There is a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes.	Spearman's Rank Correlation, 2-tailed $N = 23$ (social justice attitude scale correlated with four different ISL outcomes)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. Social justice attitude was not correlated to any of the rated ISL outcomes, including practical skills, $r(23) = .15, p = .47$, citizenship $r(23) = .37, p = .08$, personal responsibility, $r(23) = .36, p = .08$, and interpersonal skills, $r(23) = .33, p = .11$.
RQ4a: Among the OT programs that conduct pre-departure training, is there a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes reported by U.S. OT programs?	H4a: There is a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitude of the ISL program.	Spearman's Rank Correlation, 2-tailed $N = 17$ (21 pre-departure training content items correlated with social justice attitude scale)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. Significant correlations: Two pre-departure training content items were significantly correlated. Occupational justice $r(17) = -.53, p = .035$ and White saviorism $r(17) = -.62, p = .008$ were both negatively correlated with social justice attitudes while none of the other content items displayed any observable relationship to social justice attitudes.
RQ5a: Is there a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered, as reported by U.S. OT programs?	H5a: There is a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered.	Spearman's Rank Correlation, 2-tailed $N = 17$ (number of pre-departure training hours correlated with the type and depth of content covered in pre-departure training)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. No significant relationship between the number of hours spent in pre-departure training and the type and depth of content covered (please see Appendix I).
RQ 6a: Is there a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs?	H6a: There is a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs.	Spearman's Rank Correlation, 2-tailed $N = 17$ (number of pre-departure training hours correlated with social justice attitudes)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. No significant relationship between the number of hours spent in pre-departure training and the social justice attitudes reported by U.S. OT programs, $r(17) = .37, p = .142$.
RQ7a: Is there a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?	H7a: There is a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes.	Spearman's Rank Correlation, 2-tailed $N = 23$ (13 in-country activity variables correlated with four ISL outcomes)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. Significant correlations: "Provide clinical care that would not be commonly seen in the U.S.", $r(23)$

			= -.619, $p = .002$, was negatively correlated to practical skills, as was "provide clinical care that would commonly be seen in the U.S.", $r(23) = -.660$, $p = <.001$. In-country activity, "engage in language training", was also negatively correlated to practical skills, $r(23) = -.469$, $p = .024$.
RQ8a: Is there a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes reported by U.S. OT programs?	H8a: There is a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes.	Spearman's Rank Correlation, 2-tailed N = 23 (13 in-country activity variables correlated with social justice attitude scale)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. None of the 13 in-country variables were significantly correlated with the social justice attitude scale (please see Appendix I).
RQ9a: Is there a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives, as compared to those OT programs that do not?	H9a: There is a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives as compared to those that do not.	Mann Whitney U Test N = 17 (comparison of 11 OT programs offering course-based pre-departure training with six who do not, comparing learning objectives)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. Significance values ranged from .147 to .792 across the eight learning objectives, indicating that the distribution is similar between the groups.
RQ10a: Is there a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming, as compared to OT programs that do not?	H10a: There is a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming as compared to those that do not.	Mann Whitney U Test N = 17 (comparison of 11 OT programs offering course-based pre-departure training with six who do not, comparing 13 in-country activities)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. No significant difference between twelve of the activities conducted in-country between the groups with significance values ranging from .180 and 1.000. The distribution is therefore very similar between the groups. Significant difference: The non-course based group had a significantly higher median rank (12.25) in "collaborate with community or governmental agencies to learn about how to best address their needs" than the course-based group (7.23). The results of the Mann Whitney U for the non-course based group was $U = 52.500$, $z = 2.153$, $p = .048$.
RQ11a: Is there a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) as compared to OT programs that do not?	H11a: There is a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes as compared to those that do not.	Mann Whitney U Test N = 17 (comparison of 11 OT programs offering course-based pre-departure training with six who do not,	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. No significant difference between the SELEB scale and the four subscales between the two groups with significance values ranging from .301 to 1.000. The distribution between the groups is therefore very similar across all outcome scales.

		comparing four ISL outcomes)	
RQ12a: Is there a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to OT programs that do not?	H12a: There is a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to those that do not.	Mann Whitney U Test N = 17 (comparison of 11 OT programs offering course-based pre-departure training with six who do not, comparing social justice attitudes)	Results failed to reject the null hypothesis since a significant relationship between all of the tested variables was not found. No significant difference on the social justice scale and its associated items between the two groups with significance values ranging from .098 to .884. The distribution between the groups is therefore very similar across the entire scale as well as individual items.

Research Question 1a (RQ1a): Among the U.S. OT programs that offer pre-departure training, is there a significant relationship between the training content covered and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills)? Spearman's rank correlation was calculated to assess the relationship between pre-departure training content and the importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills). There were 20 pre-departure content items and four ISL outcome scales to correlate. A 2-tailed test of significance indicated that there was a significant negative correlation between four pre-departure training content items to different ISL outcomes (please see Table 18 below and in Appendix I).

Table 18

Pre-Departure Training Content and SELEB Scale Correlations

Training Content Items		SELEB Scale	PS	CTZ	PR	IP
Occupational justice						
	Correlation Coefficient	-.660			-.573	-.529
	Sig.	.005			.047	.035
Language instruction (language of the host country)						
	Correlation Coefficient	-.681	-.559		-.603	
	Sig.	.003	.020		.010	
Global North/Global South terminology/framework						
	Correlation Coefficient	-.606			-.573	
	Sig.	.013			.020	
Behavioral and professional expectations						
	Correlation Coefficient			-.579		

	Sig	.015

Note. No significant relationship between any of the other variables than the ones listed in this table; PS = practical skills, CTZ = citizenship, PR = personal responsibility, IP = interpersonal skills.

Occupational justice was negatively correlated to the ISL outcome of personal responsibility, $r(17) = -.57$, $p = .047$ (moderately strong) and interpersonal skills, $r(17) = -.52$, $p = .035$ (moderately strong). This indicates an inverse relationship that may suggest that as the surveyed OT programs place a higher importance on personal responsibility and interpersonal skills as an outcome of their ISL activities, they are less likely to cover occupational justice in depth in their pre-departure training. Or conversely, it may suggest that OT programs that minimally cover occupational justice in their pre-departure training, consider personal responsibility and interpersonal skills important outcomes of their ISL activities.

Language instruction (language of the host country) was negatively correlated to practical skills, $r(17) = -.55$, $p = .02$, and personal responsibility, $r(17) = -.60$, $p = .01$. This indicates an inverse relationship, suggesting that as the surveyed OT programs place higher importance on practical skills and personal responsibility as outcomes of their ISL activities, they are less likely to cover language instruction in-depth in their pre-departure training. Or conversely, the results may suggest that as OT programs provide in-depth language instructions, they place less importance on practical skills and personal responsibility as outcomes of their ISL activities.

Global North/Global South terminology/framework was negatively correlated to personal responsibility, $r(17) = -.57$, $p = .02$. This indicates another inverse relationship, suggesting that as the surveyed OT programs place higher importance on personal responsibility, the less likely they are going to cover Global North/Global South terminology/framework in-depth in their pre-departure training content. Or conversely,

the results may suggest that as OT programs consider personal responsibility an

important outcome of their ISL activities, they provide less in-depth coverage of Global

North/Global South terminology/framework.

And lastly, behavioral and professional expectations were negatively correlated

with citizenship, $r(17) = -.57, p = .01$, which may indicate that OT programs that

consider citizenship a highly important outcome of their ISL activities cover behavioral

and professional expectations to a lesser degree in their pre-departure activities. But since

it is an inverse relationship, it may instead mean that OT programs that cover behavioral

and professional expectations in-depth in their pre-departure training, consider citizenship

less important as an overall ISL outcome.

Research Question 2a (RQ2a): Is there a significant relationship between the

targeted learning objectives and the rated importance of different ISL outcomes

(practical skills, citizenship, personal responsibility, or interpersonal skills) reported

by U.S. OT programs? Spearman's rank correlation was computed to assess the

relationship between targeted learning objectives and the importance of different ISL

outcomes. There were eight learning objectives and four ISL outcome scales to correlate.

A 2-tailed test of significance indicated that there was a significant negative correlation

between several of the tested variables as well as one positive correlation (please see

Table 19 in Appendix I). Four learning objectives demonstrated a significant negative

correlation to different ISL outcomes and one learning objective demonstrated a

significant positive correlation to one specific ISL outcome.

Table 19

Learning Objectives and SELEB Scale Correlations

Learning Objectives	SELEB Scale	PS	CTZ	PR	IP
Clinical hands-on skills					
Correlation Coefficient	-.533	-.681			
Sig.	.023	.002			
Social justice					
Correlation Coefficient		-.5.75			
Sig.		.005			
Clinical reasoning					
Correlation Coefficient		-.496			
Sig.		.019			
International travel opportunity					
Correlation Coefficient		.448			
Sig		.048			
Professional skill development					
Correlation Coefficient	-.627	-.638	-.448	-.453	
Sig	.001	.001	.032	.030	

Note. No significant relationship between any of the other variables than the ones listed in this table; PS = practical skills, CTZ = citizenship, PR = personal responsibility, IP = interpersonal skills.

Clinical hands-on skills, $r(23) = -.68$, $p = .002$, social justice, $r(23) = -.57$, $p = .005$, clinical reasoning, $r(23) = -.49$, $p = .019$, and professional skill development, $r(23) = -.63$, $p = .001$, were negatively correlated with practical skills. These results potentially indicate that OT programs that value practical skills as an important ISL outcome identify clinical hands-on skills, social justice, clinical reasoning, and professional skill development as primary learning objectives of their ISL program less often. Conversely, it may instead mean that OT programs that consider clinical hands-on skills, social justice, clinical reasoning, and professional skill development as important primary ISL learning objectives place less importance on practical skills. In contrast, international travel opportunity was positively correlated with practical skills, $r(23) = .44$, $p = .048$, possibly indicating that programs that consider practical skills an important ISL outcome also consider international travel opportunity an important learning outcome and vice versa.

Professional skill development was additionally negatively correlated with professional responsibility, $r(23) = -.44$, $p = .032$, and interpersonal skills, $r(23) = .45$, $p = .03$. This potentially means that programs that consider professional responsibility and interpersonal skills as highly important to their ISL outcomes, rate professional skill development as a less important learning objective. On the other hand, the inverse relationship may instead suggest that OT programs that consider professional skill development a primary learning objective, consider professional responsibility and interpersonal skills as less important ISL outcomes.

Research Question 3a (RQ3a): Is there a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs? Spearman's rank correlation was computed to assess the relationship between the importance/value ascribed to social justice attitudes and the importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills). A 2-tailed test of significance indicated that there was no significant relationship between the tested variables (please see Table 20 in Appendix I). Social justice attitude was not correlated to any of the rated ISL outcomes, including practical skills, $r(23) = .15$, $p = .47$, citizenship, $r(23) = .37$, $p = .08$, personal responsibility, $r(23) = .36$, $p = .08$, and interpersonal skills, $r(23) = .33$, $p = .11$.

Research Question 4a (RQ4a): Among the OT programs that conduct pre-departure training, is there a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes reported by U.S. OT programs? Spearman's rank correlation was computed to assess the relationship

between the 21 mandatory pre-departure training content items and the ascribed social

justice attitude ranked by U.S. OT programs. A 2-tailed test of significance indicated that

there were two significant relationships between two content variables and the social

justice attitude scale (please see Table 21 in Appendix I).

Table 21

Pre-Departure Training Content Items and Social Justice Attitude Correlations

Pre-Departure Training Content Items			SJA Scale
Spearman's rho	Occupational Justice		
		Correlation Coefficient	-.530
		Sig.	.035*
	White Saviorism		
		Correlation Coefficient	-.620
		Sig.	.008**

Note. No significant relationships between any of the other variables than the ones listed in this table.
*p < .05. **p <. 001

Occupational justice, $r(17) = -.53$, $p = .035$, and White saviorism, $r(17) =$

$-.62$, $p = .008$, were both negatively correlated with social justice attitudes while none of

the other content items displayed any observable relationship to social justice attitudes.

These inverse relationships potentially indicate that OT programs that rate social justice

attitudes highly, do not cover occupational justice and White saviorism to a great degree

in their pre-departure training content. Or conversely, these results may suggest that those

OT programs that cover occupational justice and White saviorism in-depth in pre-

departure trainings do not value social justice attitudes as highly.

Research Question 5a (RQ5a): Is there a significant relationship between the

number of hours of the mandatory pre-departure training and the type and depth of

content covered, as reported by U.S. OT programs? Spearman's rank correlation was

computed to assess the relationship between the number of hours of the pre-departure

training and the type and depth of content covered, as reported by U.S. OT programs. A

2-tailed test of significance indicated that there were no significant relationships between

the number of hours spent in pre-departure training and the type and depth of content

covered. For results of the 21 variables correlated with number of hours spent in pre-

departure training, please see Table 22 in Appendix I. The results seem to indicate that

there is no relationship between how many hours an OT program spends in ISL pre-

departure training and the type of content they cover and to what degree.

Research Question 6a (RQ6a): Is there a significant correlation between the

number of hours of the mandatory pre-departure training and the ascribed social

justice attitudes reported by U.S. OT programs? Spearman's rank correlation was

computed to assess the relationship between the number of hours of the pre-departure

training and the ascribed social justice attitudes, as reported by U.S. OT programs. A 2-

tailed test of significance indicated that there were no significant relationships between

the number of hours spent in pre-departure training and the social justice attitudes

reported by U.S. OT programs, $r(17) = .37$, $p = .142$. The results seem to suggest that

there is no relationship between the number of hours spent in pre-departure training and

social justice attitudes expressed by U.S. OT programs (please see Table 23, Appendix I).

Research Question 7a (RQ7a): Is there a significant correlation between the

ISL activities commonly conducted in-country and the importance of rated

outcomes (practical skills, citizenship, personal responsibility, or interpersonal

skills) reported by U.S. OT programs? Spearman's rank correlation was computed to

assess the relationship between the 13 in-country activity variables and the importance of

rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal

skills), as reported by U.S. OT programs. A 2-tailed test of significance indicated that

there were significant relationships between three in-country activity variables and practical skills (please see Table 24 in Appendix I).

"Provide clinical care that would not be commonly seen in the U.S.," $r(23) = -.619$, $p = .002$, was negatively correlated to practical skills, as was "provide clinical care that would commonly be seen in the U.S.," $r(23) = -.660$, $p = <.001$. Another in-country activity, "engage in language training," was also negatively correlated to practical skills, $r(23) = -.469$, $p = .024$. The negative correlations between these three in-country activities carried out by U.S. OT programs and practical skills seems to suggest that those programs that place low value on practical skills as an outcome of their ISL programs, consider these three in-country activities as important. Conversely, this inverse relationship may instead suggest that those programs that highly value practical skills as an outcome of their ISL program, conduct these three in-country activities less often.

Research Question 8a (RQ8a): Is there a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes reported by U.S. OT programs? Spearman's rank correlation was computed to assess the relationship between the ISL activities commonly conducted in-country and the social justice attitudes reported by U.S. OT programs. A 2-tailed test of significance indicated that there were no significant relationships between the ISL activities carried out in-country and the social justice attitudes reported. For results of the 13 variables correlated with social justice attitudes, please see Table 25 in Appendix I. The results seem to indicate that the type of activities carried out as part of ISL activities in-country do not have an impact on the social justice attitudes considered important by U.S. OT programs and vice versa.

Research Question 9a (RQ9a): Is there a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives, as compared to those OT programs that do not? Eleven programs in the sample offer course-based pre-departure training and were compared to six programs that do not offer course-based pre-departure training using the Mann-Whitney U test. The results indicated that there is no significant difference between the reported learning objectives of programs that offer course-based pre-departure training versus those that do not. The significance values ranged from .147 to .792 across the eight learning objectives, indicating that the distribution is similar between the groups. Detailed results for all Mann Whitney U analyses between the two groups and across learning outcomes can be found under Table 26 in Appendix I.

Research Question 10a (RQ10a): Is there a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming, as compared to OT programs that do not? Thirteen in-country ISL activities were compared between 11 course-based and six non-course-based pre-departure training groups using the Mann Whitney U statistical test. The results indicated that there is no significant difference between 12 of the activities conducted in-country between the groups with significance values ranging from .180 and 1.000. The distribution is therefore very similar between the groups.

Only one in-country activity was found to be significantly different between the course-based and non-course-based groups. The non-course-based group had a significantly higher median rank (12.25) in "collaborate with community or

governmental agencies to learn about how to best address their needs" than the course-based group (7.23). The results of the Mann Whitney U for the non-course based group were $U = 52.500$, $z = 2.153$, $p = .048$. This suggests that the non-course-based group conducts this in-country activity significantly more frequently than the course-based group. Detailed results for all Mann Whitney U analyses between the two groups and across all 13 in-country ISL activities can be found under Table 27 in Appendix I.

Research Question 11a (RQ11a): Is there a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) as compared to OT programs that do not? One outcome scale (SELEB) and four subscales (practical skills, citizenship, interpersonal, and personal responsibility) were compared between 11 programs that offer course-based pre-departure training and six programs that do not. Mann Whitney U analyses were conducted and the results indicated that there was no significant difference between the SELEB scale and the four subscales between the two groups with significance values ranging from .301 to 1.000. The distribution between the groups is therefore very similar across all ISL outcomes. Detailed results for all Mann Whitney U analyses between the two groups and across the overall SELEB outcome scale and the four subscales can be found under Table 29 in Appendix I.

Research Question 12a (RQ12a): Is there a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to OT programs that do not? The social justice attitudes scale and the individual items on this scale were compared between 11 programs

that offer course-based pre-departure training and six programs that do not. The results

indicated that there was no significant difference on the social justice scale and its

associated items between the two groups with significance values ranging from .098 to

.884. The distribution between the groups is therefore very similar across the entire scale

as well as individual items. Detailed results for all Mann Whitney U analyses between the

two groups and across the social justice attitude scale can be found in Table 30 in

Appendix I.

Chapter 5

The purpose of this research study was to learn about ISL practices commonly carried out in the international context by U.S. OT educational programs and the potential relationship between service delivery, ISL outcomes, and social justice attitudes.

Discussion

Results

The collective results of the study, based on the numerous research questions, attempt to answer two overarching questions: What is the prevalence of ISL in U.S. OT educational programs, and how do the current ISL structures and practices interact with programmatic social justice attitudes and ISL outcomes? Specifically, the relationship between ISL pre-departure training (content, hours, and format), learning objectives, in-country activities, and four possible ISL outcomes (practical skills, citizenship, personal responsibility, and interpersonal skills), as well as the OT program's overall ISL social justice attitudes were explored. The results indicate that there are no significant relationships between any of the main variables, which is a result worthy of interpretation on its own merit. The data also provides a preliminary first picture of current ISL practices and some of the more nuanced interactions between various variables that contribute to a better understanding of what is being done, how it is done, and what implications to consider.

ISL Prevalence and Structure

The results indicate that 52.6% (30 of 57) of the responding entry-level OT programs offer ISL opportunities/trips to their student body, which last an average of 12.25 days with two thirds of the studied population offering ISL programs for 10 days or

less. This time frame aligns with previously published literature that predominantly

describes short-term ISL trips across various disciplines, such as nursing, physical

therapy, physician assistant, social work, etc., including OT, to last between 7 and 14

days (Borstad et al., 2018; Cotten & Thompson, 2017; Fell et al., 2019; Kovalenko &

Vellenga, 2021; Rovers et al., 2016; Trotter et al., 2021). The response rate of 29.84%

(57 of 191) suggests that, at a minimum, 15.7% (30 of 191) of all entry-level OT

programs (total population) in the United States offer ISL programming. There are no

previous studies that provide information as to how many OT programs offer ISL

opportunities to their student body, so this study is an important first attempt at providing

some pilot ISL prevalence data. If 15.7% is the minimum, which reflects a 29.84%

response rate of the surveyed total population, then it is likely that more OT programs

offer ISL, especially since about half of the OT programs that responded do. This is also

supported by the fact that in the pre-study review of the vision and mission statements of

all universities that offer entry-level OT degrees, along with reviewing the vision and

mission statements of their respective OT programs, 44.8% of universities and 44.3% of

all OT programs included "service" in their vision and mission statements while 62% of

universities and 31.5% of OT programs included the terms "global" or "international."

Furthermore, faith-based universities and their OT programs have an even higher

percentage of "service" (71% and 58%) and "global/international" (85% and 48%) in

their respective university and OT program visions and mission represented and only 20

of 62 faith-based OT programs participated in the survey. Universities and OT programs

that include this type of terminology in their vision and mission statements are probably

more likely to potentially offer or plan to offer ISL than those that do not. Since the

percentage of universities and programs that do is higher than the prevalence rate in this study, considering the response rate, it is likely that the actual number of OT programs conducting ISL is higher. And lastly, additional support for a likely higher number of ISL prevalence in entry-level OT programs is also supported by the 38 OT programs that were found in the pre-study review that specifically listed their international experiences, focusing on ISL and IFW, on their program websites, which is also higher than the 30 study participant programs that indicated they did. This provides additional support that the ISL prevalence in OT programs is very likely higher than what the data of this pilot study suggests.

A recent prevalence study conducted by Hartman and Magnusson (2021) surveyed all physical therapy (PT) programs in the United States and found that 73% of respondents offered some type of international experience, while 38% specifically offered ISL (based on a 45% response rate). In comparison, in 2009, only 41% of PT programs offered international experiences (also based on a 45% response rate), which demonstrates a growth of 32% in the last decade (Pechak & Thompson, 2009). Since OT/PT programs are similarly structured by enrolling students interested in healthcare, relying on accreditation standards, guided by a healthcare code of ethics, housed in many of the same universities with shared vision and mission statements, and functioning as an interprofessional rehab discipline that is bound by the same healthcare policies and organizations as OT (e.g., World Health Organization), the PT ISL programs trends may provide additional support as to a potentially higher ISL prevalence rate for OT programs as well.

Two thirds of the studied sample offers 1-2 ISL programs, but several programs offer more than that, which are differentiated by country traveled to. There is currently no available literature that describes the number of ISL opportunities offered per educational OT program and most published studies focus on only one particular ISL opportunity taking place in a specific country carried out by a specific educational program or a specific university (Borstad et al., 2018; Fell et al., 2019; Lawson & Olson, 2017; Tupe et al., 2015). This study asked participants how many ISL programs are offered per OT program, but then directed the participant to focus on the primary ISL program to answer the remainder of the survey, so no additional information was collected regarding aspects of the other ISL opportunities offered per academic OT program. Therefore, if prevalence is calculated based on number of ISL programs offered by the responding OT program, then the overall prevalence rate for this study is 58 (based on number of ISL programs) rather than 30 (based on the number of OT programs offering ISL opportunities). This is a significant consideration in light of the focus of the study: More ISL trips with more students means a potentially greater impact of ISL practices in host countries, thereby warranting greater examination of OT programs creating such practices abroad.

On average, nine OT students participate in offered ISL opportunities per trip and 75% of OT programs take 15 students or less with a range of one to 25 students. This is in alignment with the current literature, which indicates that 10-14 students is a common range, especially for ISL opportunities offered by just one discipline (Perkinson, 2021; Trotter et al., 2021). The total number of students that participate in the various ISL programs that a university or specific educational program may offer, however, is not currently captured, even though some information exists that points to the number of

healthcare students participating in ISL, rather than the number of programs that offer

them. For example, in the 2017-2018 academic year, 1,024 PT students reportedly

participated in ISL experiences, which represents just 41 PT schools and is a significantly

higher number than the average number of students the literature suggests per ISL trip

(Hartman & Magnusson, 2021). If, as in this example, 41 PT schools send an average of

10-14 students on ISL trips and only one ISL opportunity per PT program is considered,

as was the case in this study, then a maximum number of 574 students would be

participating. However, 1,024 PT students participated, which is almost double that

number.

The results of this study perhaps add data of interest to the literature pool by

showcasing that there may be more ISL programs per educational program than the

literature currently seems to suggest. If this is, in fact, the case, then more students, from

OT programs as well as from other healthcare education programs, participate in ISL than

could be accounted for by focusing on just the primary ISL program (as was the case in

this study) or by presenting studies that focus on specific, singular ISL programs.

ISL Country Locations

The greatest number of distinct ISL programs carried out by OT programs occur

in Central America with a fairly even distribution among ISL programs taking place in

Africa, Asia, the Caribbean, Central America, South America, and Europe. The Central

American nations where most ISL programs are reported to take place include Belize,

Costa Rica, Guatemala, Mexico, and Nicaragua while the countries with the highest

overall number of ISL programs (three to five) include Ecuador, the Dominican Republic,

Haiti, Ghana, and China (in addition to Belize and Guatemala already mentioned above).

The literature suggests that many of these countries are commonly visited on ISL trips, not just by OT programs, but also by several other healthcare programs and healthcare disciplines (Beitman et al., 2016; Brown & Stav, 2020a; Coffin et al., 2021; Cotten & Thompson, 2017; Curtin et al., 2015; Johnson & Howell, 2017; Kohlbry & Daugherty, 2015; Lawson & Olson, 2017; Lunsford & Valdes, 2020b; Perkinson, 2021; Rovers et al., 2016; Saviers et al., 2021). Hartman and Magnusson (2021) reported many of the same countries as ISL travel locations in their recent PT ISL prevalence study. By looking at the most common overlap countries between just these two healthcare disciplines and utilizing this study's data, the potential scope of ISL carried out in the same countries, especially when considering the many other healthcare programs that also take their students to these locations, is highly informative. In particular, Guatemala (12 PT programs, five OT programs), Haiti (five PT programs, three OT programs), and Belize (four PT programs, three OT programs) were countries with high numbers of both types of disciplines carrying out various ISL activities by individual OT or PT programs. If these three countries and these two healthcare disciplines can perhaps be viewed as sample indicators as to the number of and overlap between disciplines and educational programs carrying out ISL programs in the same countries, it is evident that a mass descent of Global North healthcare students in the Global South is likely taking place. This is of concern as there is very little, if any, coordination and collaboration between educational programs (same discipline, across universities) and between disciplines (within and across educational programs). Going back to the idea that it is likely that the prevalence is higher for both, OT and PT, and that the overlap described here only focuses on two disciplines in three countries, the number of overlap countries and overlap

disciplines is likely much higher, resulting in high numbers of healthcare students from

various disciplines and various programs traveling to the same ISL host countries. In

2017, Cipriani (2017) identified a lack of centralized coordination in ISL activities in the

Global South specifically and called for more efforts from OT educational programs as

well as from other educational institutions offering interdisciplinary ISL opportunities to

pool their efforts. In particular, Cipriani (2017) suggested that a more centralized

coordination and collaboration may serve the purpose of actually impacting the quality of

life and occupational justice for people served in the host country by the many different

ISL programs and disciplines. This type of centralized effort has not yet come to fruition

in OT, but is taking on shape in PT. The American Physical Therapy Association Global

Health Special Interest Group developed a database that shows all of the international

activities carried out abroad by specific PT programs. The map uses color-coded pins in

various locations and by clicking on the pin, the university program, along with contact

information and what type of international experience is offered, is provided (American

Physical Therapy Association, 2020). While this is not an all-encompassing database,

provides no information about how many PT students travel to the pinned locations, what

the purpose of the ISL programs are in these locations, and it is not clear if the database

has been updated since it was first developed in 2020, it is a start.

Another layer to the complexity of having multiple programs from various

healthcare disciplines travel with many students to the same country locations, many of

which are most often identified as ISL travel locations by OT programs in this study, as

well as by other healthcare education programs, are classified by the World Bank as low

and middle income economies (LMIE) (World Bank, 2021). Many LMIE face complex

human development index challenges (life expectancy, education, and standards of

living) that are further impacted by multidimensional poverty factors (United Nations,

2022a; United Nations, 2022b), collectively contributing to highly interrelated social

determinants of health that affect health equity. Even though all regions were represented

as ISL travel locations in this study, travel to LMIE countries occurs almost twice as

often. In view of these multi-faceted social realities that populations face in host countries

that OT programs carry out many of their ISL activities, pre-departure training that

humbly prepares students for these complex life realities, sensitive learning objectives

that are realistically aligned within this context, and in-country activities that

contextualize the complexity of providing short-term ISL activities by students is

urgently warranted.

Pre-Departure Training

Overall, there is limited research on the existence of pre-departure training for

ISL trips across disciplines, including its format, content, and hours spent, but

preliminary data points to the overall deficits of pre-departure training (Bessette &

Camden, 2017; Butteris et al., 2015; Fell et al., 2019; Kalbarczyk et al., 2019; Lu et al.,

2018). Even though 71% of OT programs in the current study report conducting pre-

departure training as part of their ISL programming, the format varies and the amount of

time spent is very limited with an average of just under 10 hours. The study results also

suggest that there is no relationship between the amount of time spent in pre-departure

training and the type and depth of content covered in such training, which is not

surprising given the limited number of hours and the small sample size (N = 17). Beyond

the small sample size, this likely suggests that the amount of time is too limited to have

an effect on differentiating content between those with higher and lower training hours or those that utilize credit-bearing courses to conduct pre-departure training and those that do not. Since no differences were found, the question as to whether the number of training hours were different for programs traveling to LMIE countries versus high income economy (HIE) countries was additionally explored due to the complexities of providing ISL in a LMIE country and the prevalence of ISL activities in these countries. Indeed, OT programs that offer ISL opportunities in countries with HIE (e.g., Denmark, United Kingdom, Spain, etc.) prepare students with significantly higher training hours (14 hours vs. 7 hours), however, than those that travel to LMIE countries (please see Appendix L). This is a surprising finding since the number of pre-departure training hours is already so limited and being able to differentiate training hours between LMIE and HIE countries within these constraints seems to suggest that the results should carefully be examined.

Of course, the overall sample size is tiny, but if these results are even possibly true for the larger population of OT programs carrying out ISL programs, then the results are cause for concerning scrutiny. As stated above, countries with LMIE are highly complex across many intersecting factors that require, if anything, more hours of ISL pre-departure training rather than less. At first glance, the difference seems stark, but it also raises questions: Do the ISL programs run in HIE countries differ from those run in LMIE with regards to the in-country activities? Are the preparation needs different because of it? The number of hours to prepare for ISL activities in HIE are not in question, regardless of what ISL activities may take place. In comparison, however, it is difficult to explain why OT programs that travel to LMIE countries in the Global South

would spend so much less time preparing their students for an immersive experience in a linguistically diverse, socioculturally complex, and human development index-challenged environment. Is this just?

In terms of content covered during ISL pre-departure trainings, albeit limited in hours and scope, a wide range of topics are covered with variable formats across disciplines (Bessette & Camden, 2016). Culture, professional expectations, and practical aspects are commonly identified as included content areas in the limited literature on ISL pre-departure training (Kalbarczyk et al., 2019). These three content areas were also specifically identified in the current study as the most common pre-departure training topics, independent of ISL program location and pre-departure training format, which did not have an effect on content covered at all. This suggests that the limited amount of time spent in pre-departure training is utilized primarily to address practical aspects, communicate overall conduct expectations and explore the host country's culture. Respondents in the study, however, also indicated that they cover most of the 20 pre-departure topics to a great degree, even though they report such limited pre-departure training hours. Specifically, content items related to social justice (e.g., social determinants of health related to the host country/region or historical and political aspects of the host country/region), among others, are complex and likely time-intensive, especially when applied to LIME countries where most ISL activities take place. They can unlikely be meaningfully and effectively prepared for in the average 10 hours of training.

Another topic commonly identified in the literature as not being sufficiently addressed in pre-departure training is language instruction, which was confirmed by

about two thirds of the respondents in this study as being limited during ISL pre-

departure training. Given that English is identified as an official language in only 15% of

countries where ISL programs are reportedly carried out by OT educational programs, it

seems rather dismissive that language instruction is not included to a greater degree in

pre-departure training. But it is perhaps not surprising, given the limited number of hours

of pre-departure training. The literature often indicates that this is a particular

shortcoming of ISL programs and language instruction in both pre-departure training as

well as during in-country stays, is typically limited, if included at all (Black et al., 2013;

Kovalenko & Vellenga, 2021). This is not true when language acquisition is specifically

identified as an outcome of the ISL program.

Learning Objectives and In-Country Activities

The ISL learning objectives set by OT programs and their in-country activities are

thought to be related since the activities that are being carried out should logically lead to

acquiring the skills identified in set learning objectives. The format of preparing students

(course-based vs. non-course-based), however, does not demonstrate any significant

relationship with learning objectives or in-country activities. The majority of OT

programs in the study share a common focus on cultural competence/cultural humility as

a primary learning objective of their ISL programs, which is well aligned with the most

commonly reported pre-departure training topic of "cultural aspects of the host country."

This combination seems to suggest that the emphasis on cultural outcomes and learning

begins in pre-departure activities and then continues with in-country activities, supporting

the achievement of the most commonly set learning objective regardless of travel

location. The literature across ISL disciplines underscores the ISL learning focus on

cultural competence (Coffin et al., 2021; Cotten & Thompson, 2017; Kovalenko & Vellenga, 2021; Perkinson, 2021). Interprofessional collaboration is the most common secondary learning objective identified by over 50% of the studied population, which in combination with cultural competence/cultural humility are also the most common ISL learning foci identified in the literature across disciplines (Chakraborty & Proctor, 2019; Coffin et al., 2021; Johnson & Howell, 2017).

Clinical reasoning and clinical hands-on skills are additionally identified as primary learning objectives by over half of the studied population, which aligns with several of the commonly carried out in-country activities, including touring clinical facilities, provide clinical care for OT concerns commonly seen in the United States, provide equipment and supplies to facilities and/or service recipients, and teach service recipients how to use equipment and supplies. In combination, this study suggests that learning objectives and ISL in-country activities for OT programs jointly focus on cultural competence, clinical skills, and interprofessional collaboration.

In addition, more than half of OT programs in the study commonly provide clinical care for OT concerns not commonly seen in the United States. This was a surprising finding, even though the literature identifies this as an ISL concern for other disciplines. If OT students who are still in the process of acquiring the needed clinical skills to provide clinical care for common U.S. OT concerns, but then travel abroad to provide clinical care for concerns that are not commonly seen (and therefore unlikely taught), a question about the ethics of this practice needs to be raised. If this in-country activity is then situated in the Global South, in countries such as Guatemala, Ecuador, or Haiti (three of the most commonly identified ISL countries with the highest number of

ISL programs), then the question of ethics is further layered with concerns. Providing

clinical care to a population in a LMIE country with a heightened need to study and

understand the influence of sociocultural, sociopolitical, and socioeconomic conditions

that shape localized social determinants of health, but with limited pre-departure training

and skills, seems poorly informed and perhaps even harmful. It raises questions as to the

legitimacy of such ISL practices and is flavored perhaps with an arrogant Western charity

perspective of "offering anything is better than nothing," which is not socially just, but

instead a reflection of an uncritical neocolonial mindset.

ISL Outcomes and Social Justice Attitudes

Two validated measures, the SELEB and the SJA scale, were utilized in this study

and were correlated with pre-departure training, learning objectives, and in-country

activities to determine whether the ISL outcomes identified as most important and the

expressed social justice attitudes by OT programs demonstrated any meaningful

relationship. Overall, no significant relationships were identified between the ISL

outcomes and social justice attitudes and the three main variables (pre-departure training,

learning objectives, and in-country activities). A few patterns, however, of significant

correlations were found between some items and the two validated scales. But before

discussing those, it is helpful to gain an overall picture of which ISL outcomes (practical

skills, citizenship, interpersonal skills, or personal responsibility) OT programs identify

as most common and whether social justice attitudes in relation to the ISL programs

being carried out are high or not. The collected data suggests that citizenship (SELEB

subscale) is considered the most important ISL outcome and that participating OT

programs highly value social justice in relation to their ISL activities. This suggests that

OT programs align their thinking of the importance of their ISL activities with understanding cultural and racial differences, developing social responsibility and citizenship skills, and the ability to make a difference in the community (SELEB items related to citizenship) as well as express strong attitudes in alignment with and towards social justice (see Appendix B for items on the SJA scale). These findings are not surprising, as they underscore the profession's long-standing commitment to a social justice value system. The results of the study, however, did not find any correlation between social justice attitudes (SJA) and citizenship (SELEB subscale), or any of the other ISL outcome dimensions (practical skills, personal responsibility, and interpersonal skills). This finding seems to indicate that social justice attitudes do not impact the perceived ISL outcomes, as measured by the SELEB. This is a curious finding, as the mean ratings for all SELEB subscales are very high and the mean for the SJA scale is also high. The authors of the SELEB scale describe their tool as a measure to capture self-perception of a range of ISL benefits or outcomes (Toncar et al., 2006) while the authors of the SJA developed their tool based on Azjen's theory of planned behavior, specifically building an argument of the potentially predictive abilities of their scale, possibly linking social justice attitudes to social justice behaviors (Torres-Harding et al., 2012). This potential claim does not hold true in this study, since the data suggests that there is no relationship between common ISL outcomes and high social justice attitudes, even when the most common ISL outcome contains elements related to social justice. But since actual social justice behaviors are not measured with the SELEB scale and with results being reliant on perceived importance of ISL outcomes, OT programs may simply

have overreported the importance of specific outcomes, which best align with their social justice value system.

When the ISL outcomes (SELEB) and social justice attitudes (SJA) were correlated with pre-departure training items, learning objectives, and in-country activities, a few significant relationship patterns emerged. All patterns demonstrated an inverse relationship, except for one. Practical skills as an outcome or benefit of ISL was positively correlated to the learning objective of "international travel opportunity." Since the queried OT programs rated practical skills lowest of the four ISL outcomes and international travel opportunity is rated by 50% of the sample as a tertiary learning objective, this finding seems to suggest that practical skills in the ISL context is similarly valued to ISL being seen as an international travel opportunity. All other learning objectives (clinical hands-on skills, social justice, clinical reasoning, and professional skill development), as well as all in-country activities (provide clinical care for OT concerns that would/would not commonly be seen in the United States and engage in language learning), and pre-departure content areas (occupational justice, language instruction, and global North/South terminology), were found to be negatively correlated to the ISL outcome of practical skills to a significant degree. This seems to indicate that as programs value practical skills the least as an ISL outcome, they may place greater importance on these types of learning objectives, in-country activities, and pre-departure activities.

In addition, a significant negative correlation was found between two pre-departure content items (occupational justice and White saviorism) and the social justice attitudes expressed by OT programs. Since occupational justice was reportedly covered

by 62.5% of OT programs to a great degree, the results seem to suggest that as OT

programs cover occupational justice more in their pre-departure training, they express a

relatively lesser overall social justice attitude towards their ISL program. This finding

may indicate that a shift towards a greater emphasis and understanding of occupational

justice is taking place, differentiating it from social justice. The inverse relationship of

White saviorism and social justice attitudes may be explained by a varying understanding

of what White saviorism refers to and how it may be linked to social justice.

Given the previous finding that differentiated the pre-departure training hours

between OT programs that carry out their ISL activities in LMIE countries versus HIE

countries, the social justice attitudes between these programs was compared. OT

programs that carry out their ISL programs in HIE countries display significantly higher

social justice attitudes than OT programs that conduct their ISL activities in LMIE (see

Appendix L). This is a rather interesting and unexpected finding. Those OT programs

that travel to countries where social justice in healthcare is more significantly challenged

due to social determinant of health challenges (influenced by poverty, etc.), value social

justice to a lesser degree, even though the average social justice attitude score is still

fairly high. It may be that the focus of ISL activities in HIE countries is different from

those in LMIE countries and that social justice is a cognitive concept that is theoretically

appreciated as a value, but not necessarily expressed in ISL structures and practices.

Conversely, it is surprising that social justice attitudes are lower in OT programs that

carry out ISL programming in locales where social justice challenges are complex and

likely experienced first-hand by OT programs. This can perhaps be explained by the

reality of recognizing the limits of ISL in an environment challenged by social justice.

OT programs may still highly value social justice as part of their ISL activities but may also recognize the limitations and perhaps difficulties of putting their attitudes into action.

Limitations

There are several limitations in the study that may have an effect on the validity of its results. One of the limitations is that available instruments for the specific purpose of the study were not available, so an educated decision had to be made as to which instruments may be permissible without compromising the validity of the tool or impacting the rigor of the study. The SELEB scale was originally designed as an outcome measure for service learning, but not necessarily for international service learning, and is intended to collect information from students rather than educational programs. Similarly, the SJA is also a measure designed to elicit student perspectives about their social justice attitudes, not the perspectives from educational programs.

Another limitation of the study is the small sample size overall, but in particular the further reduced sample size when grouping and comparing participants (e.g., course-based vs. non-course-based). In addition, the PI self-generated 13 questions were not comprehensively validated, even though attempts were made to establish face validity and further establish internal consistency for a specific survey question. The self-restricted 3-week time frame to keep the survey open was a limitation that may have impacted the overall response rate.

Delimitations

Only entry-level occupational therapy programs in the United States were included in the sample, even though many other health disciplines engage in ISL

programming inside and outside the United States. Focusing on just OT programs provided a more meaningful and focused data collection process for the purpose of characterizing discipline specific ISL practice patterns. In addition, OTA entry-level degree programs as well as post-professional degree programs may offer ISL opportunities to a limited degree but were not included in the study population. Only quantitative data collection methods were chosen for this research study in order to streamline the data analysis process.

Future Research and Programmatic Questions to Ponder

The results of this research study provide information that may assist U.S. OT programs to begin critically evaluating their ISL program structures and give other researchers an opportunity to further scrutinize OT ISL practices abroad. The results of this study yield a few evaluative question prompts that may assist U.S. OT programs who currently engage in ISL practices or are considering doing so.

- Who are you serving? Why? Is your answer ethical and just for all stakeholders? Is the service desired, defined, and evaluated by all stakeholders?

- What criteria do you utilize to determine your service qualifications? Are qualifications needed?

- What responsibility do you have towards utilizing outcome measures related to social justice given the problematic ISL structure in the Global South?

- Does the most common ISL outcome of cultural humility/cultural competence justify the current ISL practice patterns?

- How do you structure, justify, and evaluate your approach to pre-departure

  training, based on where you are traveling and what your outcomes are?

- Is ISL an educational practice that your program wants to support and invest

  in? Why? Why not? What is the impact for all stakeholders?

- What criteria are you utilizing to select, establish, and/or maintain your ISL

  country location? Are you connecting and collaborating with others (within

  the discipline and across disciplines) who may already be traveling to the

  same location?

This research study also provides several pathways of studying and learning more

about ISL. These opportunities can perhaps be viewed in several research tracks,

including HIE country versus LMIE country (what does ISL look like in these locations,

are ISL programs different, why, etc.), pre-departure training structure and needs (how

long should it be, what format is best, which content has a direct impact on outcome,

etc.), and ISL outcomes (e.g., are the right things being measured, what outcome

measures are used, which ones are needed, etc.). In addition, the overall purpose of ISL

requires further critical scrutiny since governing healthcare educational and practice

organizations demand social justice outcomes while the current research in this field is

not focused on such. This specific study highlights the divide between social justice

attitudes and ISL structures and patterns, suggesting a need for focused research in this

area.

Conclusion

Entry-level OT educational programs in the United States regularly offer ISL

opportunities to their student body with one to two or more ISL opportunities per

program offered. Most ISL programs are carried out with nine students, last 12.25 days,

and take place in Central America with the largest number of individual ISL programs

occurring in Guatemala, Belize, Ecuador, the Dominican Republic, Haiti, Ghana, and

China. The Global South hosts a larger number of ISL programs, even though ISL

programs occur in countries not considered the Global South as well. Pre-departure

training is more often offered in credit-bearing course formats, but average training hours

do not exceed 10-12 hours, regardless of format and not all OT programs conduct pre-

departure training. The type of format also does not have any impact on learning

objectives, pre-departure training, or in-country activities overall. Language instruction is

included in pre-departure training only minimally while content covered most in-depth is

related to practical concerns, conduct, and the host country's culture. ISL learning

objectives and in-country activities predominantly focus on cultural competence, clinical

reasoning, and professional skills while clinical skill development is also often identified.

The most commonly identified ISL outcome is citizenship, but no significant overall

relationship exists between ISL learning objectives, pre-departure training, or in-country

activities. In addition, OT programs express high social justice attitudes towards their ISL

programs, but no correlation was found between ISL outcomes and social justice

attitudes. This is true for learning objectives, pre-departure training, and in-country

activities as well.

Concerns identified in this study relate to the high social justice attitude expressed

by U.S. OT educational programs and the overall lack of significant impact of these

attitudes on the ISL structure, practices, and outcomes, as measured in this study. Social

justice is a complex, poorly defined construct, even though it is central to many of the

current healthcare directives issued by governing organizations, such as the WHO and the

United Nations, as applicable to OT (United Nations, 2006; World Health Organization,

2008). Social determinants of health, as direct drivers of enabling social justice by

facilitating health equity, are under the ever-impeding influence of resource and power

distributions (World Health Organization, 2022). As such, social justice in healthcare is

facilitated by addressing the underlying social determinants of health, which are

contextualized further by cultural, historical, geopolitical and other influences. If ISL

programs are viewed as a resource that has power (e.g., traveling ability, skills,

equipment, etc.) with high social justice attitudes, but the ISL structure, practices,

activities, and outcomes do not relate to or only minimally support social justice (e.g.,

social determinants of health), then what is the purpose of ISL programs abroad? Of

greatest interest and applicability, perhaps, is the delineating dividing line between ISL

programs that take place in LMIE countries and those that take place in HIE countries, as

associated activities seem to suggest. The different structures and practices between

programs that take OT students to LMIE countries versus HIE countries seem to

underscore the idea that high social justice attitudes do not drive social justice actions and

that U.S. OT programs need to critically examine the relationship between their high

social justice attitudes and their ISL program structures and practices, especially in LMIE

countries.

In conclusion, the results of the study provide information about the prevalence of

ISL in U.S. OT education programs for the first time and suggest that ISL structures and

practices of U.S. OT programs currently interact only minimally with programmatic

social justice attitudes and ISL outcomes.

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Appendix A

SErviceLEarningBEnefit Scale (SELEB Scale)

Please indicate how important you consider each of the following (benefits or outcomes) in the ISL program you offer, with 1 being not important at all and 7 being very much so.

Scale	Rating						
Items	Not important ←				Very important →		
Applying knowledge to the "real world"	1	2	3	4	5	6	7
Developing workplace Skills	1	2	3	4	5	6	7
Acquiring organization Skills	1	2	3	4	5	6	7
Understanding cultural and racial differences	1	2	3	4	5	6	7
Developing social responsibility and citizenship skills	1	2	3	4	5	6	7
Ability to make a difference in the community	1	2	3	4	5	6	7
Demonstrating social self-confidence	1	2	3	4	5	6	7
Ability to assume personal responsibility	1	2	3	4	5	6	7
Gaining the trust of others	1	2	3	4	5	6	7
Ability to work with others	1	2	3	4	5	6	7
Acquiring leadership skills	1	2	3	4	5	6	7
Improving communication skills	1	2	3	4	5	6	7

The questionnaire is divided into 4 SL dimensions, which are not included on the tool used for administration purposes:

4 Service Learning (SL) Dimensions	Items		
PRACTICAL SKILLS	Applying knowledge to the "real world"	Developing workplace skills	Acquiring organizational skills
CITIZENSHIP	Understanding cultural and racial differences	Developing social responsibility and citizenship skills	Ability to make a difference in the community
PERSONAL RESPONSIBILITY	Demonstrating social self-confidence	Ability to assume personal responsibility	Gaining the trust of others
INTERPERSONAL SKILLS	Ability to work with others	Acquiring leadership skills	Improving communication skills

Appendix B

Social Justice Attitude (SJA) Subscale

The following statements ask you to indicate the importance or value of the activities below to your ISL program.

Please indicate the degree to which you either agree or disagree with the following value statements on a 7-point scale, with 1 = strongly disagree, and 7 = strongly agree.

Item **Rating**

IT IS IMPORTANT TO:	Strongly disagree		Neutral			Strongly Agree	
make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups	1	2	3	4	5	6	7
allow individuals and groups to define and describe their problems, experiences and goals in their own terms	1	2	3	4	5	6	7
talk to others about societal systems of power, privilege, and oppression	1	2	3	4	5	6	7
try to change larger social conditions that cause individual suffering and impede well-being	1	2	3	4	5	6	7
help individuals and groups to pursue their chosen goals in life	1	2	3	4	5	6	7
promote the physical and emotional well-being of individuals and groups	1	2	3	4	5	6	7
respect and appreciate people's diverse social identities	1	2	3	4	5	6	7
allow others to have meaningful input into decisions affecting their lives	1	2	3	4	5	6	7
support community organizations and institutions that help individuals and group achieve their aims	1	2	3	4	5	6	7
promote fair and equitable allocation of bargaining powers, obligations, and resources in our society	1	2	3	4	5	6	7
to act for social justice	1	2	3	4	5	6	7

Appendix C

Survey

Please note that the questions below are targeting your ISL activities that occurred prior to COVID-19, unless you have resumed your ISL activities at this point. When asked what is common for your program, please answer from the perspective of what was common prior to COVID-19 or, if ISL activities have already resumed, please answer from that perspective.

Definition of terms

- o International Service Learning (ISL)
    - o For the purpose of this study, international service learning is defined as learning opportunities for graduate occupational therapy students that occur abroad and that contain an element of service. Common names that may be utilized for ISL include global health opportunities, short-term medical missions, level I fieldwork, interprofessional service learning, study abroad, etc.)

Survey

1. Within the last 10 years, have you offered any international service learning (ISL) opportunities for your OT students that involved traveling abroad (outside of the continental U.S.)?
    a. Yes
    b. No

2. How many different ISL programs do you offer (differentiated by country traveled to):
    a. Drop-down menu: 1-15 (in increment of 1)

3. Which countries do you travel to (mark all that apply)?
   Dropdown list (organized by continent)

For the remaining questions, please focus on your PRIMARY ISL program:

4. On average, how often do you offer your primary ISL program (primary is defined as the ISL project you most regularly carry out)?
   Per year: 1 2 3 4 5 (slider)

5. In total, how many times have you offered your primary ISL program and traveled abroad (to the same country) in the last 10 years
   Drop-down menu, 1-20 (in increments of 1), >20

6. How long does your in-country stay of your primary ISL typically last (including travel to and from the U.S.)?
   Drop-down menu, 1-30 days (in increments of 1), >30 days

7. On average, how many students participate in your primary ISL program each time it is offered?:
   Drop-down menu, 1-30 (in increments of 1), >30

8. Which learning objectives are you mainly targeting with your primary ISL program? (please indicate whether it is a primary objective, a secondary objectives, or a tertiary objective, or if the listed objective is not applicable). You may also enter your own objective(s).
   a. Clinical hands-on skill development
   b. Interprofessional collaboration/team work
   c. Cultural competence/cultural humility
   d. Social justice
   e. Clinical reasoning
   f. International travel opportunity
   g. Professional skill development
   h. Global citizenship/civic engagement/internationalization of curriculum
   i. Other:

9. Does your primary ISL program include mandatory or formal pre-departure training for students?
   a. Yes
   b. No
   (skip to question #13 if the answer here is no)

10. If you provide pre-departure training for students, what format does it have?
    a. Course-based (ISL program is part of a credit-based course)
    b. Non-course based (ISL program is not part of a credit-based course)
    c. Other:

11. If you provide mandatory or formal pre-departure training, approximately how much time (in hours) is dedicated to pre-departure training overall?
    Insert number of hours

12. If you provide mandatory or formal pre-departure training, which topics are covered and to what degree? (rating choices for each item will include "in-depth", "a good amount", "introductory", "barely covered, or "not covered"). You may also enter additional topics you cover that are not listed.
    a. Definition of global health
    b. Safety & security
    c. Cultural aspects of the host country
    d. Global North and Global South terminology/framework
    e. Occupational justice

     f.   Culture shock and cultural adaptation
     g. Language instruction (language of the host country)
     h. Behavioral and professional expectations
     i.   Ethical aspects related to global health
     j.   Host country perception of U.S culture and customs
     k. What to pack and bring
     l.   White saviorism
     m. OT education and/or OT profession in the host country/region
     n. Historical and political aspects of the host country/region
     o. Socioeconomic conditions of the host country/region
     p. Social determinants of health of the host country/region population
     q. Health disparities related to host country/region
     r.   Health equity related to host country/region
     s.   Human rights
     t.   Power differentials in the international service learning context
     u. Other themes (please specify)

13. While carrying out ISL activities in the host country, which activities do you most commonly conduct? (rating choices will include "very common", "fairly common", "not common, but sometimes", "hardly ever/not at all")
     a.   Provide clinical care for OT concerns that would be commonly seen in the US
     b. Provide clinical care for OT concerns that would not be commonly seen in the US
     c.   Provide training and/or in-services to local service providers
     d. Educate service recipients
     e.   Collaborate with community or governmental agencies to learn about their needs
     f.   Collaborate with community or governmental agencies to learn about how to best address their needs
     g. Provide equipment and supplies to facilities and/or service recipients
     h. Teach service recipients how to use equipment and supplies
     i.   Reach out to or meet with local educational OT programs (if available)
     j.   Reach out to or meet with local OTs for
     k. Engage in cultural activities
     l.   Engage in language training
     m. Tour clinical facilities
     n. Other:

14. Please indicate how important you consider each of the following (benefits or outcomes) in the ISL program you offer with 1 being not at all and 7 being very much so.

   1 =   not important at all
   7 =   very important

	Scale				Rating				
Items	Not important						Very important		
	←						→		
Applying knowledge to the "real world"	1	2	3	4	5	6	7
Developing workplace Skills	1	2	3	4	5	6	7
Acquiring organization Skills	1	2	3	4	5	6	7
Understanding cultural and racial differences	1	2	3	4	5	6	7
Developing social responsibility and citizenship skills	1	2	3	4	5	6	7
Ability to make a difference in the community	1	2	3	4	5	6	7
Demonstrating social self-confidence	1	2	3	4	5	6	7
Ability to assume personal responsibility	1	2	3	4	5	6	7
Gaining the trust of others	1	2	3	4	5	6	7
Ability to work with others	1	2	3	4	5	6	7
Acquiring leadership skills	1	2	3	4	5	6	7
Improving communication skills	1	2	3	4	5	6	7

15. The following statements ask you to indicate the importance or value of the activities below to your ISL program.

Please indicate the degree to which you either agree to disagree with the following value statements on a 7-point scale, with 1 = strongly disagree, and 7 = strongly agree.

Item	Rating						
IT IS IMPORTANT TO:	Strongly disagree		Neutral			Strongly Agree	
make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups	1	2	3	4	5	6	7
allow individuals and groups to define and describe their problems, experiences and goals in their own terms	1	2	3	4	5	6	7
talk to others about societal systems of power, privilege, and oppression	1	2	3	4	5	6	7

try to change larger social conditions that cause individual suffering and impede well-being	1	2	3	4	5	6	7
help individuals and groups to pursue their chosen goals in life	1	2	3	4	5	6	7
promote the physical and emotional well-being of individuals and groups	1	2	3	4	5	6	7
respect and appreciate people's diverse social identities	1	2	3	4	5	6	7
allow others to have meaningful input into decisions affecting their lives	1	2	3	4	5	6	7
support community organizations and institutions that help individuals and group achieve their aims	1	2	3	4	5	6	7
promote fair and equitable allocation of bargaining powers, obligations, and resources in our society	1	2	3	4	5	6	7
to act for social justice	1	2	3	4	5	6	7

Appendix D

PROPOSED DATA ANALYSIS			
DESCRIPTIVE STATISTICAL ANALYSIS			
Research Question 1 (RQ1)			
How many U.S. OT programs in the sample offer ISL opportunities to their student body?			
Q #	Response Code	Variable Type	Analysis
#1	1=yes, 0=no	Categorical (dichotomous) variable	Count
Research Question 2 (RQ2)			
On which continents and in which countries do OT programs most commonly conduct their ISL activities?			
Q #	Response Code	Variable Type	Analysis
# 3	Each continent and its corresponding countries are coded numerically 1-33 (please see Appendix F, question #3)	Categorical: nominal	Frequency distribution, mode
Research Question 3 (RQ3)			
On average, how many days do ISL trips typically last?			
Q #	Response Code	Variable Type	Analysis
# 6	Hours are coded 1-30+ days in 1-day increments (please see Appendix F, questions #6)	Continuous	Mean, median, mode
Research Question 4 (RQ4)			
Which ISL learning objectives (LO) are most frequently rated as primary (secondary, tertiary) by the sampled U.S. OT educational programs?			
Q #	Response Code	Variable Type	Analysis
#8	Each LO is coded with a different 4-letter acronym; primary, secondary, and tertiary ratings are coded 1-3 (please see Appendix F, question #8)	Categorical: ordinal	Frequency distribution, mode
Research Question 5 (RQ5)			
How much time do the sampled OT programs in the U.S. commonly dedicate to ISL pre-departure training?			
Q#	Response Code	Variable Type	Analysis
#11	Hours are coded 1-80+ hours in 1-hour increments (please see Appendix F, questions #11)	Continuous	Mean, median, mode, variability
Research Question 6 (RQ6)			
Which content is most commonly included in pre-departure training as part of ISL programming by the sampled U.S. OT educational programs?			
Q#	Response Code	Variable Type	Analysis
Q#12	Each content topic is coded with a different 5-letter acronym; Likert scale ratings from barely (0) to in-depth (3) are coded numerically from 0-3 (please see Appendix F, question #12)	Categorical: ordinal	Listing of content ranked by median and interquartile range (Frequency distribution, mode)
Research Question 7 (RQ7)			
Which types of ISL activities do the sampled U.S. OT programs most commonly conduct while in-country?			
Q#	Response Code	Variable Type	Analysis
Q#13	Each ISL activity type is coded with a different 5-letter acronym; Likert scale ratings from hardly ever (0) to very common (3) are coded numerically from 0-3 (please see Appendix F, question #13)	Categorical: ordinal	Listing of content ranked by median and interquartile range (Mean, median, mode)
Research Question 8 (RQ8)			
Which service learning benefit/outcome do the sampled U.S. OT programs most frequently report (practical skills, citizenship, personal responsibility, or interpersonal skills)?			

Q#	Response Code	Variable Type	Analysis
Q#14	Each learning benefit/outcome is coded according to the 4 subscales and each subscale, along with each item on the subscale, is coded using a 4-letter acronym; ratings range from not important (1) to very important (7) are coded numerically from 1-7 (please see Appendix F, question #14)	Categorical: ordinal	Means for 4 subscales and SDs
Research Question 9 (RQ9) Which social justice activities do the sampled U.S. OT programs rate as most highly valued or important in relation to their ISL program?			
Q#	Response Code	Variable Type	Analysis
#15	Each social justice activity is coded with a different 5-letter acronym; ratings range from strongly disagree (1) to strongly agree (7) are coded numerically from 1-7 (please see Appendix F, question #15)	Categorical: ordinal	Mean and SD for entire scale

Appendix E

PROPOSED INFERENTIAL STATISTICAL ANALYSIS			

RQ 1a: Among the U.S. OT programs that offer pre-departure training, is there a significant relationship between the training content covered and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills)?

> o   H1a: There is a significant relationship between the ISL pre-departure training content and the rated importance of different ISL outcomes.

Q#	IV & DV	Variable Type	Analysis
Q#12 (content covered) & Q#14 (SELEB Scale)	Independent Variable: o Content covered in pre-departure training (Q#12) (please see coding for Q#12 in Codebook in Appendix F)	<u>IV</u> Discrete variable: Ordinal	Spearman Correlation (Pearson correlation may be possible) *(large number of correlations, need to use Bonferroni correction for p-value)*
	Dependent Variable o SELEB Scale outcomes reported in 4 service learning dimensions (Q#14) (please see coding for Q#14 in Codebook in Appendix F)	<u>DV</u> Continuous variable: Interval	

RQ2a: Is there a significant relationship between the targeted learning objectives and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?

> o   H2a: There is a significant relationship between the targeted learning objectives and the rated importance of different ISL outcomes.

Q#	IV& DV	Variable Type	Analysis
Q#8 (learning objectives) & Q#14 (SELEB Scale)	Independent Variable: o Targeted learning outcomes (Q#8) (please see coding for Q#8 in Codebook in Appendix F)	<u>IV</u> Discrete variable: Ordinal	Spearman Correlation *(large number of correlations, need to use Bonferroni correction for p-value)*
	Dependent Variable: o SELEB Scale outcomes reported in 4 service learning dimensions (Q#14) (please see coding for Q#14 in Codebook in Appendix F)	<u>DV</u> Continuous variable: Interval	

RQ3a: Is there a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?

> o   H3a: There is a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes.

Q#	IV & DV	Variable Type	Analysis
Q#15 (SJA) & Q#14 (SELEB Scale)	Independent Variable: o SJA Scale (Q#15) (please see coding for Q#15 in Codebook in Appendix F)	<u>IV</u> Continuous variable	Pearson correlation (not certain that all assumptions for parametric tests are met) – try Spearman
	Dependent Variable: o SELEB Scale (Q#14) (please see coding for Q#14 in Codebook in Appendix F)	<u>IV</u> Continuous variable (4 variables)	

RQ4: Among the OT programs that conduct pre-departure training, is there a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes reported by U.S. OT programs?

o H4a: There is a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitude of the ISL program.

Q#	IV & DV		Variable Type	Analysis
Q#12 & Q#15 (SJA Scale)	Independent Variable: o Pre-departure training content (please see coding for Q#12 in Codebook in Appendix F)		<u>IV</u> Ordinal variable	Spearman correlation (if enough data, multiple regression to find out which content variables are related to the SJA scale)
	Dependent Variable: o SJA Scale (please see coding for Q#15 in Codebook in Appendix F)		<u>DV</u> Ordinal variable	

RQ5a: Is there a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered, as reported by U.S. OT programs?

o H5a: There is a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered.

Q#	IV & DV		Variable Type	Analysis
Q#11 & Q#12	Independent Variable: o Number of hours (please see coding for Q#11 in Codebook in Appendix F)		<u>IV</u> Continuous	Spearman (if enough data, multiple regression to find out which content variables are related to the number of hours of training – if using multiple regression, flip IV and DV for analysis purposes)

	Dependent Variable:
	   o Type of content
	   o Depth of content
	
	(please see coding for Q#12 in Codebook in Appendix F)
			<u>DV</u>
			Continuous	

RQ6a: Is there a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs?

o H6a: There is a significant correlation between the number of hours of the mandatory pre-departure training and the mandatory pre-departure training.

Q#	IV & DV		Variable Type	Analysis
Q #11 & Q#15	Independent Variable: o Number of hours (please see coding for Q#11 in Codebook in Appendix F)		<u>IV</u> Continuous	Spearman correlation
	Dependent Variable o SJA (please see coding for Q#15 in Codebook in Appendix F)		<u>DV</u> Ordinal	

RQ7a: Is there a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?

o H7a: There is a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes.

Q #	IV & DV		Variable Type	Analysis
Q#13 & Q#14	Independent Variable: o Activities conducted (please see coding for Q#13 in Codebook in Appendix F)		<u>IV</u> Ordinal	Spearman correlation *(large number of correlations, need to use Bonferroni correction for p-value)*
	Dependent Variable: o SELEB Scale (Q#14) (please see coding for Q#14 in Codebook in Appendix F)		<u>DV</u> Ordinal	

RQ8a: Is there a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes reported by U.S. OT programs?

- o   H8a: There is a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes.

Q #	IV& DV	Variable Type	Analysis
Q#13 & Q#15	Independent Variable: o Activities conducted (please see coding for Q#13 in Codebook in Appendix F)	IV Categorical: ordinal	Spearman correlation
	Dependent Variable o SJA (please see coding for Q#15 in Codebook in Appendix F)	DV Categorical: ordinal	

RQ9a: Is there a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives, as compared to those OT programs that do not?

- o   H9a: There is a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives as compared to those that do not.

Q #	IV & DV	Variable Type	Analysis
Q#10 & Q#8	Independent Variable: o Course-based OT programs o Non-course-based OT programs (please see coding for Q#10 in Codebook in Appendix F)	IV Categorical: nominal	Independent sample t-test (8); Mann-Whitney as non-parametric alternative
	Dependent Variable: o Learning objectives (please see coding for Q#8 in Codebook in Appendix F)	DV Ordinal	

RQ10a: Is there a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming, as compared to OT programs that do not?

- o   H10a: There is a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming as compared to those that do not.

Q #	IV & DV	Variable Type	Analysis
Q#10 & Q#12	Independent Variable: o Course-based OT programs o Non-course-based OT programs (please see coding for Q#10 in Codebook in Appendix F)	IV Categorical: nominal	Independent sample t-test (21); Mann-Whitney as non-parametric alternative
	Dependent Variable: o Pre-departure training	DV Ordinal	

RQ11a: Is there a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) as compared to OT programs that do not?

- o   H11a: There is a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes as compared to those that do not.

Q #	IV & DV	Variable Type	Analysis
Q#10 & Q#14	Independent Variable: o Course-based OT programs o Non-course-based OT programs o (please see coding for Q#10 in Codebook in Appendix F)	IV Categorical: nominal	Independent sample t-test (4); Mann-Whitney as non-parametric alternative

	Dependent Variable: o SELEB Scale (Q#14) (please see coding for Q#14 in Codebook in Appendix F)	<u>DV</u> Ordinal	*(If interested in differences among the SELEB subscale scores, use a 2 X 4 ANOVA with SELEB subscale as repeated-measures variable)*

RQ12a: Is there a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to OT programs that do not?

    o   H12a: There is a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to those that do not.

Q #	IV & DV	Variable Type	Analysis

Q #10 &
Q# 15
	Independent Variable:
	    o Course-based OT programs
	    o Non-course-based OT programs
	(please see coding for Q#10 in Codebook in Appendix F)
		<u>IV</u>
		Categorical: nominal
			Independent sample t-test (4); Mann-Whitney as non-parametric alternative

	Dependent Variable o SJA (please see coding for Q#15 in Codebook in Appendix F)	<u>DV</u> Ordinal	

Appendix F

Codebook

Q#	Question	Letter Code	Type of Variable	Code					
1	Within the last 10 years, have you offered any international service learning (ISL) opportunities for your OT students that involved traveling abroad (outside of the continental U.S.)?	YES_NO	Categorical: Nominal (Dichotomous)	Yes = 1 No = 0					
2	How many ISL programs do you offer (differentiated by country traveled to):	NUMB	Continuous variable	1=1 2=2 3=3 4=4 5=5	6=6 7=7 8=8 9=9 10=10	11=11 12=12 13=13 14=14 15=15			
3	Which countries do you travel to (mark all that apply)? Dropdown list (organized by continent)	(individual country labels – please see to the right)	Categorical: Nominal	**Caribbean** 1= Trinidad (Trinidad & Tobago) 1=Jamaica 1=Cuba 1=Haiti 1=DR 1=Curacao	**Asia** 7=Vietnam 8=Cambodia 9=India 10=Asia Other	**Africa** 11=Ghana 12=Zimbabwe 13=Cameroon 14=Tanzania 15=Kenya 16=Morocco 17=Africa Other	**N/C America** 18=Belize 19=Panama 20=Guatemala 21=Mexico 22=El Salvador 23=Honduras 24=NC AM Other	**S America** 25=Colombia 26=Ecuador 27=Bolivia 28=S AM Other	**Europe** 29=Romania 30=Hungary 31=Bulgaria 32=Greece 33=Europe Other
4	How often do you offer your primary ISL opportunity?	HWOFT	Categorical: Ordinal	1=once every year 2=twice every year 3=three times per year		4=four times per year 5=five times per year		6=Other (string field if checked) HWOFT_OT	
5	In total, how many times have you offered your primary ISL program and traveled abroad (to the same country/program) between 2010-2020?	COUNT	Categorical: Ordinal	1=1 2=2 3=3 4=4 5=5	6=6 7=7 8=8 9=9 10=10	11=11 12=12 13=13 14=14 15=15	16=16 17=17 18=18 19=19 20=20	21= greater than 20	
6	How long does your primary ISL travel opportunity typically last?	LENGTH	Continuous	1=1 2=2 3=3 4=4	6=6 7=7 8=8 9=9	11=11 12=12 13=13 14=14	16=16 17=17 18=18 19=19	21=21 22=22 23=23 24=24	26=26 27=27 28=28 29=29

Q#	Question	Letter Code	Type of Variable	Code					
				5=5	10=10	15=15	20=20	25=25	30=30 31= >30
7	On average, how many students participate in your primary ISL opportunity each time it is offered?	STUDENTS	Discrete Variable	1=1 2=2 3=3 4=4 5=5	6=6 7=7 8=8 9=9 10=10	11=11 12=12 13=13 14=14 15=15	16=16 17=17 18=18 19=19 20=20	21=21 22=22 23=23 24=24 25=25	26=26 27=27 28=28 29=29 30=30 31= >30
8	Which learning objectives are your primarily targeting with your ISL opportunities? Please indicate whether it is a primary objectives, a secondary, or a tertiary objective.	LO	Categorical: Ordinal	1=Primary objective 2=Secondary objective 3=Tertiary objective	LOCH=Clinical hands-on skill development LOIC=Interprofessional collaboration/team work LOCC=Cultural competence/cultural humility LOSJ=Social justice LOCR=Clinical reasoning LOIT=International travel opportunity LOPSD=Professional skill development LOGC=Global citizenship/civic engagement/internationalization of curriculum				
					LOOTH=Other learning objective (string field if checked)				
9	Does your primary ISL program include mandatory or formal pre-departure training for students?	MAND_TRAIN	Categorical: Nominal (Dichotomous)	Yes = 1 No = 0					
10	If you provide pre-departure training for students, what format does it have?	MAND_FORMAT	Categorical: Nominal (Dichotomous)	Course-based=1 Non-course based=0					
11	If you provide mandatory or formal pre-departure training, approximately how much time is dedicated to pre-departure training overall?	MAND_HRS	Continuous	1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=10	11=11 12=12 13=13 14=14 15=15 16=16 17=17 18=18 19=19 20=20	21=21 22=22 23=23 24=24 25=25 26=26 27=27 28=28 29=29 30=30	31=31 32=32 33=33 34=34 35=35 36=36 37=37 38=38 39=39 40=40	41=41 42=42 43=43 44=44 45=45 46=46 47=47 48=48 49=49 50=50	51=51 52=52 53=53 54=54 55=55 56=56 57=57 58=58 59=59 60=60 61=61 62=62 63=63 64=64 65=65 66=66 67=67 68=68 69=69 70=70 71=71 81=>80 72=72 73=73 74=74 75=75 76=76 77=77 78=78 79=79 80=80

Q#	Question	Letter Code	Type of Variable	Code	
12	If you provide mandatory or formal pre-departure training, which topics are covered and to what degree?	TOPICS	Categorical: Ordinal	0=barely covered, not at all 1=introductory 2=a good amount 3=in-depth	*Participants are asked to indicate to what degree their ISL program covers the listed topic, using the 3-point scale listed to the left (barely covered/not at all to in-depth). Participants may also write in up to 3 additional topics that they cover and rate those.*
				TOPGH= Definition of global health TOPSS=Safety and security TOPCUL=Cultural aspects of the host country TOPGN=Global North and Global South terminology/framework TOPOJ=occupational justice TOPCSH=Culture shock and cultural adaptation TOPLA=Language instruction of the host country TOPBH=Behavioral and professional expectations TOPETH=Ethical aspects related to global health TOPUS=Host country perception of U.S. culture and customs *(continued in next column)*	TOPPA=What to pack and bring TOPWS=White saviorism TOPOT=OT education and/or OT profession in the host country/region TOPPL=Historical and political aspects of the host country/region TOPSE=Socioeconomic conditions of the host country/region TOPSD=Social determinants of health of the host country/region population TOPHD=Health disparities related to host country/region TOPHR=Human rights TOPEQ=health equity related to the host country/region TOPPD=Power differentials TOPOTH=Other topic ((string field if checked))
13	While carrying out ISL activities in the host country, which activities do you most commonly conduct?	ACT	Categorical: Ordinal	0=Hardly ever, not at all 1=Not common, but sometimes 2=Fairly common 3=Very common	*Participants are asked to rate how commonly they carry out the listed activities during ISL programming by using the 3-point scale listed to the left (0=hardly ever to 3=very common). Participants may also write in up to 3 additional activities that they conduct and rate those.*
					ACT_TOUR=Tour clinical facilities ACT_CCOT=Provide clinical care for OT concerns that would be commonly seen in the US ACT_CCNS= Provide clinical care for OT concerns that would not be commonly seen in the US ACT_TR= Provide training and/or in-services to local service providers ACT_ED= Educate service recipients ACT_COM= Collaborate with community or governmental agencies to learn about their needs ACT_NE= Collaborate with community or governmental agencies ACT_LG= Engage in language training ACT_EQ= Provide equipment and supplies to facilitate and/or service recipients ACT_TEA= Teach service recipients how to use equipment and supplies ACT_OTP= Reach out to or meet with local educational OT programs (if available) ACT_OTR= Reach out to or meet with local OT practitioners ACT_CU= Engage in cultural activities

Q#	Question	Letter Code	Type of Variable	Code		
					to learn about how to best address their needs *(continued in next columns)*	ACTOTH1=Other activity (string field if checked)
14	Please indicate how important you consider each of the following (benefits or outcomes) in the ISL program you offer with 1 being not at all and 7 being very much so.	S (SELEB Scale) Four Dimensions: SP= Practical Skills SC=Citizenship SPR=Personal Responsibility SIP=Interpersonal Skills	Categorical: Ordinal	1=not important 2=2 3=3 4=4 5=5 6=6 7=very important	*Participants are asked to rate each of the listed items below on the 12-item SELEB Scale, using the indicated 7-point Likert scale (1=not important to 7=very important). The SELEB Scale yields four separate dimension scores that are calculated using three different item sets from the 12-item scale (as coded below). Each individual item is coded, as is each subscale.*	

SP (Practical Skills Dimension) Items SPRW= Applying knowledge to the real world SPWK=Developing workplace skills SPOS=Acquiring organizational skills	SC (Citizenship Dimension) SCUC=Understanding cultural and racial differences SCSR=Developing Social responsibility and citizenship skills SCDC=Ability to make a difference in the community	SPR (Personal Responsibility Dimension) SPRSS=Demonstrating Social self-confidence SPRA=Ability to assume personal responsibility SPRT=Gaining the trust of others	SIS (Interpersonal Skills Dimension) SISW=Ability to work with others SISL=Acquiring Leadership skills SISC=Improving Communication skills
SPS (entire subscale)	SCITZ (entire subscale)	SPR (entire subscale)	SIS (entire subscale)
SELEB (entire scale)			

| 15 | The following statements ask you to indicate the importance or value of the activities below to your ISL program.

Please indicate the degree to which you either agree or disagree with the listed value statements on a 7-point scale, with 1=strongly disagree, and 7=strongly agree.

It is important to: | SJA (Social Justice Attitude Subscale) | Categorical: Ordinal | 1=strongly disagree
2=2
3=3
4=neutral
5=5
6=6
7=strongly agree | *Participants are asked to rate each item on the 11-item Social Justice Attitude (SJA) subscale, using a 7-point Likert scale (1=strongly disagree to 7=strongly agree)* | |

SJASP= make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups SJAIG= allow individuals and groups to define and describe their problems, experiences and goals in their own terms SJAPPO= talk to others about societal systems of power, privilege, and oppression SJASC= try to change larger social conditions that cause individual suffering and impede well-being SJAGO= help individuals and groups to pursue their chosen goals in life SJAWE= promote the physical and emotional well-being of individuals and groups *(continued in next column)*	SJAPD= respect and appreciate people's diverse social identities SJADE= allow others to have meaningful input into decisions affecting their lives SJASU= support community organizations and institutions that help individuals and group achieve their aims SJAPOR=promote fair and equitable allocation of bargaining powers, obligations, and resources in our society SJASJ=to act for social justice

Appendix G

Institutional Animal Care and Use Committee / Institutional Review Board

December 13, 2022

TO: Jeannine Everhart, PhD, MPH, MBA, CHES
RE: Exemption Determination
STUDY TITLE: The Power of Social Justice: How do Occupational Therapy Programs in the U.S. apply Social
                                           Justice Principles to International Travel Experiences for OT Students?
IRB REFERENCE #:   2022-121
SUBMISSION TYPE: IRB Initial Submission
ACTION: Determination of Exempt IRB Review
DECISION DATE: December 13, 2022
THREE-YEAR CHECK-IN December 12, 2025

The above-referenced study has been determined by Radford University's Institutional Review Board (IRB) to be exempt from review. A copy of your IRB protocol is available for your records in IRBManager under your dashboard of active protocols. Your study has been determined to be exempt under Exempt Category 2: Educational tests, surveys, interviews, or observation of public behavior with limited IRB review. Detailed explanations of the exempt review categories are available on the Research Compliance Office webpage.

You are approved for the enrollment of 2 5 0   participants.

Note: The number approved is the number of study participants is defined as the number who enroll in the project and NOT the number of subjects with usable data for analysis. If this should change, you must submit an amendment to increase subject numbers.

While your project does not "expire," the Radford University IRB asks that you submit an "*IRB Three-year Check-in: Continuation of Expedited and Exempt Approved Protocols*" to let the IRB know your project remains active.

Should you need to make changes in your protocol, you must submit a request for amendment for review to determine if the application remains in an Exempt review category before implementing the changes. Amendments must be submitted via the IRBManager system. Please contact our office for assistance, if needed.

As the principal investigator for this project, you are ultimately responsible for ensuring that your study is conducted in an ethical manner. You are also responsible for filing all reports related to this project.

If you have any questions, please contact the Research Compliance Office at 540.831.5290 or irb-iacuc@radford.edu. Please include your study title and reference number in all correspondence with this office.

Good luck with this project!

Radford University Institutional Review Board (IRB)
Research Compliance Office
540.831.5290
Irb-iacuc@radford.edu
https://www.radford.edu/content/research-compliance/home.html

Radford University IRB
Approval Date: December 13, 2022

RADFORD
UNIVERSITY

INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

You are invited to participate in a research survey, entitled *"The Power of Social Justice: How do Occupational Therapy Programs in the U.S. apply Social Justice Principles to International Travel Experiences for OT Students?"*. The study is being conducted by Dr. Jeannine Everhart (jeverhart1@radford.edu) and Dr. Lisa Allison-Jones (lallisonjones@radford.edu), Department of Public Health and Healthcare Leadership, Radford University Carilion, 101 Elm St. SE, Roanoke, VA 24013, Dr. Leslie Davidson (ldavidson@email.gwu.edu), Department of Clinical Research and Leadership, George Washington University, Ross Hall, 2300 Eye Street, NW, Washington, DC 20037, and Vesna Cotic Costello (vcoticcostel@radford.edu; 540-831-2692), doctoral student in the Department of Public Health and Healthcare Leadership, Radford University Carilion, 101 Elm St. SE, Roanoke, VA 24013.

PURPOSE: The purpose of this study is to examine the prevalence and current practices of international travel experiences in the form of international service (ISL) trips conducted by U.S. occupational therapy programs. Your participation in the survey will contribute to a better understanding of how many occupational therapy programs offer international travel opportunities, what the collective purpose is, and how these programs are structured. We estimate that it will take about 8-10 mins of your time to complete the questionnaire. You are free to contact the investigator at the above address, email, or phone number to discuss the survey.

RISKS: This study has no more risk than you may find in daily life. We anticipate that your participation in this survey presents no greater risk than everyday use of the Internet. The research team will work to protect your data to the extent permitted by technology. It is possible, although unlikely, that an unauthorized individual could gain access to your responses because you are responding online. This risk is similar to your everyday use of the internet.

Identification numbers associated with email addresses will be kept during the data collection phase for tracking purposes only. The survey tool, Qualtrics, collects internet addresses as a means to track and send reminders. Response data is aggregated and reported as a summary of findings. We will store all electronic data and response reports on a password-protected, encrypted computer with password-protected server access to Qualtrics. A limited number of research team members will have access to the data during data collection. Identifying information will be stripped from the final dataset.

Your participation in this survey is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time without penalty. If you wish to withdraw from the study or have any questions, please contact the investigator listed above. If you choose not to participate or decide to withdraw, there will be no impact to your program.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, please contact Dr. Jeanne Mekolichick, Institutional Official and Associate Provost for Research, Faculty Success, and Strategic Initiatives, jmekolic@radford.edu, 540.831.6504.

We are providing a donation in the dollar amount that corresponds to the number of OT programs that complete the survey to Unicef, an agency of the United Nations that protects the rights of children in 190 countries.

If you agree to participate, please press the arrow button at the bottom right of the screen. Otherwise use the X at the upper right corner to close this window and disconnect.
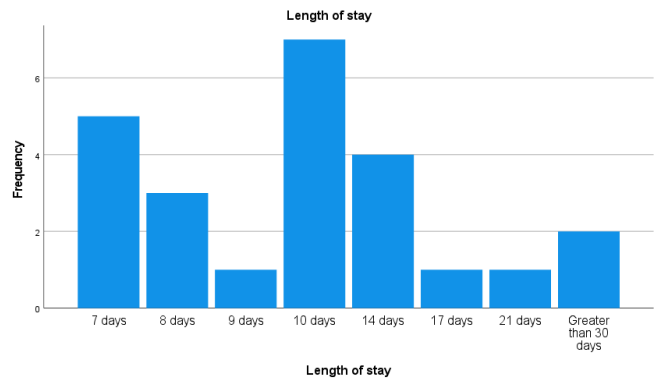
Thank you.

Radford University
Research Compliance Office
Version January 2022

Radford University IRB
Approval Date: December 13, 2022

Appendix H

DATA ANALYSIS

DESCRIPTIVE STATISTICAL ANALYSIS

RQ1:How many U.S. OT programs in the sample offer ISL opportunities to their student body? (Q#1)

RESULTS N=30 (yes) N=28 (no) (Table 1)	Yes = 30 (52.6%), No=27 (47.4%)

Table 1

Number of ISL Opportunities Offered per OT Program

ISL opportunities	1	2	3	4	5	6	7	8	9	10
OT Programs (N=28)	9	9	3	3	3	0	0	0	0	1

Note: N=28 since only 28/30 OT programs provided information about the number of ISL programs offered

RQ2: On which continents and in which countries do OT programs most commonly conduct their ISL activities? (Q#3)

RESULTS

N=28 OT programs

N=58 ISL opportunities

(Table 2)

Table 2

Most Common ISL Countries and Regions

Africa		Asia		Caribbean		Central America		Europe		South America	
Total number of ISL programs per region											
8		9		9		11		12		9	
Percentage of all ISL programs taking place in specific regions											
14%		15.5%		15.5%		19%		21%		15.5%	
Regions with the greatest number of ISL programs in the same country											
1		1		2		2		1		3	
Countries with the highest number of ISL programs (≥ 3)											
Ghana	3	China	3	Dominican Republic	3	Belize	3	N/A		Ecuador	4
				Haiti	3	Guatemala	5				

Africa (all GS)		Asia		Caribbean		Central America		Europe		South America	
Kenya	1	Bangladesh	1	Curacao	1	Belize	3	Armenia	1	Brazil	1
Ghana	3	China	3	Dominican Republic	3	Costa Rica	1	Denmark	1	Colombia	2
Malawi	1	Nepal	1	Haiti	3	Guatemala	5	Finland	1	Ecuador	4
Morocco	1	Philippines	1	Jamaica	1	Mexico	1	Germany	1	Peru	2
Sierra Leone	1	South Korea	1	Other	1	Nicaragua	1	Greece	1		
Uganda	1	Thailand	1					Ireland	1		
		UAE	1					Israel	1		
								Kosovo	1		
								UK	2		
								Ukraine	1		
								Spain	1		
Total number of countries represented											
38											
Countries not traveled to (from choices provided)											
Cameroon		Cambodia		Cuba		El Salvador		Bulgaria		Bolivia	
Tanzania		India		Trinidad & Tobago		Honduras		Hungary			
Zimbabwe		Vietnam				Panama		Romania			

RQ3: On average, how many days do ISL trips typically last? (Q#6)

RESULTS N=23 (Table 3)	Minimum=7 days Maximum=31 days Range=24 days Mean = 12.25 days Median = 10 days S.D. = 6.765	**Table 3** *Average Length of ISL Trips*

RQ4: Which ISL learning objectives (LO) are most frequently rated as primary (secondary, tertiary) by the sampled U.S. OT educational programs? (Q#8)

Table 4

Primary Learning Objectives

Learning Objective	N=24	Primary Objective	Secondary Objective	Tertiary Objective
Cultural Competence/Cultural Humility	N=24	83.3% (N=20)	12.5% (N=3)	4.2% (N=1)
Clinical Hands-On Skills	N=18	55.6% (N=10)	22.2% (N=4)	22.2% (N=4)
Global citizenship/civic engagement/internationalization of curriculum	N=20	55% (N=11)	30% (N=6)	15% (N=3)
Clinical Reasoning	N=22	54.5% (N=12)	31.8% (N=7)	13.6% (N=3)
Social Justice	N=23	52.2% (N=12)	21.7% (N=5)	26.1% (N=6)
Interprofessional Collaboration/Teamwork	N=23	39.1% (N=9)	56.5% (N=13)	4.3% (N=2)
Professional Skills Development	N=24	37.5% (N=9)	37.5% (N=9)	25% (N=7)
International Travel Opportunity	N=20	35% (N=7)	15% (N=3)	50% (N=10)

Note: Categories ranked by primary learning objectives from most to least common

Table 5

Secondary ISL Learning Objectives

Learning Objective	N	Primary Objective	Secondary Objective	Tertiary Objective
Interprofessional Collaboration/Teamwork	N=23	39.1% (N=9)	56.5% (N=13)	4.3% (N=2)
Professional Skills Development	N=24	37.5% (N=9)	37.5% (N=9)	25% (N=7)
Clinical Reasoning	N=22	54.5% (N=12)	31.8% (N=7)	13.6% (N=3)

Global citizenship/civic engagement/internationalization of curriculum	N=20	55% (N=11)	30% (N=6)	15% (N=3)
Clinical Hands-On Skills	N=18	55.6% (N=10)	22.2% (N=4)	22.2% (N=4)
Social Justice	N=23	52.2% (N=12)	21.7% (N=5)	26.1% (N=6)
International Travel Opportunity	N=20	35% (N=7)	15% (N=3)	50% (N=10)
Cultural Competence/Cultural Humility	N=24	83.3% (N=20)	12.5% (N=3)	4.2% (N=1)

Note: Categories ranked by secondary learning objectives from most to least common

(Table 6)

Table 6

Tertiary ISL Learning Objectives

Learning Objective	Primary Objective	Secondary Objective	Tertiary Objective
International Travel Opportunity	35% (N=7)	15% (N=3)	50% (N=10)
Social Justice	52.2% (N=12)	21.7% (N=5)	26.1% (N=6)
Professional Skills Development	37.5% (N=9)	37.5% (N=9)	25% (N=7)
Clinical Hands-On Skills	55.6% (N=10)	22.2% (N=4)	22.2% (N=4)
Global citizenship/civic engagement/internationalization of curriculum	55% (N=11)	30% (N=6)	15% (N=3)
Clinical Reasoning	54.5% (N=12)	31.8% (N=7)	13.6% (N=3)
Interprofessional Collaboration/Teamwork	39.1% (N=9)	56.5% (N=13)	4.3% (N=2)
Cultural Competence/Cultural Humility	83.3% (N=20)	12.5% (N=3)	4.2% (N=1)

Note: Categories ranked by tertiary learning objectives from most to least common

RQ5: How much time do the sampled OT programs in the U.S. commonly dedicate to ISL pre-departure training? (Q#11)

RESULTS
N=17

(Table 7)

Table 7

Number of Mandatory Training Hours (not differentiated by training format)

Hours of Preparatory Training	2	4	5	6	8	10	12	16	25	30
Number of OT programs (N=17)	2	2	1	2	2	4	1	1	1	1
Mean Training Hours					9.88 hours					
Median/Mode					9 hours (median) 10 hours (mode)					
Range					28 hours					

Note: (1 program listed 3-4 hours, which was tallied under the 4-hour column; 2 programs listed 6-8 hours, which were tallied under the 8-hour column)

(Table 8)

Table 8

OT Programs That Provide Mandatory Pre-Departure Training: Course-Based vs. Non-Course Based

Training	ISL Course-Based Pre-Departure Training (65%, N=11)								ISL Non-Course based Pre-Departure Training (35%, N=6)			
Hours of Preparatory Training	2	4	5	10	12	16	25	30	2	6	8	10
Number of OT Programs	1	2	1	3	1	1	1	1	1	2	2	1
Mean Training Hours	11.63. hours								6.67 hours			
Minimum/Maximum	2 hours (minimum) 30 hours (maximum)								2 hours (minimum) 10 hours (maximum)			
Range	28 hours								8 hours			

(Table 9)

Table 9

Distribution of Pre-departure Training Hours (not differentiated by training format)

Hours spent in pre-departure training
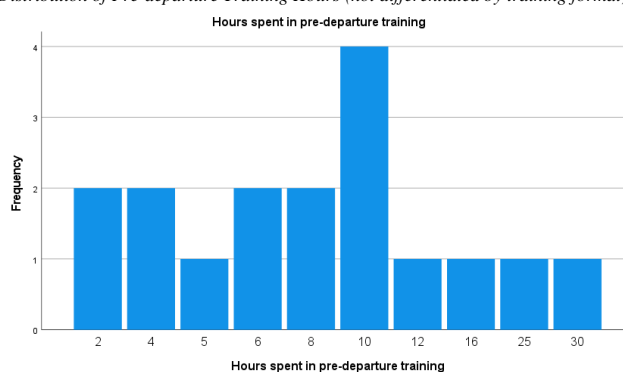
(Table 10)

Table 10

OT Programs Grouped by Hours of Pre-Departure Training, 5-hour Increments

Hours of Preparatory Training	0-5	6-10	11-15	16-20	21-25	26-30
Number of OT programs	5	8	1	1	1	1

RQ6: Which content is most commonly included in pre-departure training as part of ISL programming by the sampled U.S. OT educational programs? (Q#12)

RESULTS N=17 (Table 11)					

Table 11

Pre-Departure Topic Content Rated by Depth of Coverage

Pre-Departure Training Content	In-Depth (1)	A Good Amount (2)	Introductory (3)	Barely Covered (4)	Not covered (5)
Behavioral and Professional Expectations	88.24% (N=15)	11.76% (N=2)	0%	0%	0%
Cultural aspects of the host country	76.47% (N=13)	23.53% (N=4)	0%	0%	0%
What to pack and bring	58.82% (N=10)	41.18% (N=7)	0%	0%	0%
Ethical aspects related to global health	58.82% (N=10)	23.53% (N=4)	11.76% (N=2)	5.88% (N=1)	0%
Safety & Security	52.94% (N=9)	35.29% (N=6)	11.76% (N=2)	0%	0%
Social determinants of health of the host country/region	41.18% (N=7)	35.29% (N=6)	23.53% (N=4)	0%	0%
Culture shock and cultural adaptation	35.29% (N=6)	41.18% (N=7)	23.53% (N=4)	0%	0%
Definition of global health	11.76% (N=2)	47.06% (N=8)	29.41% (N=5)	5.88% (N=1)	5.88% (N=1)
Global North/Global South terminology framework	6.25% (N=1)	18.75% (N=3)	25% (N=4)	6.25% (N=1)	43.75% (N=7)
Occupational justice	6.25% (N=1)	56.25% (N=9)	25% (N=4)	6.25% (N=1)	6.25% (N=1)
Language instruction	11.76% (N=2)	17.65% (N=3)	23.53% (N=4)	23.53% (N=4)	23.53% (N=4)
Host country perception of U.S. culture and customs	17.65% (N=3)	41.18% (N=7)	29.41% (N=5)	11.76% (N=2)	0%
White saviorism	11.76% (N=2)	41.18% (N=7)	11.76% (N=2)	0%	35.29% (N=6)
OT Education and/or OT profession in the host country/region	23.53% (N=4)	35.29% (N=6)	23.53% (N=4)	17.65% (N=3)	0%
Historical and political aspects of the host country/region	17.65% (N=3)	58.82% (N=10)	11.76% (N=2)	5.88% (N=1)	5.88% (N=1)
Socioeconomic conditions of the host country	29.41% (N=5)	58.82% (N=10)	11.76% (N=2)	0%	0%
Health disparities related to host country/region	35.29% (N=6)	35.29% (N=6)	23.53% (N=4)	5.88% (N=1)	0%
Health equity related to host country/region	29.41% (N=5)	29.41% (N=5)	29.41% (N=5)	11.76% (N=2)	0%
Human rights	11.76% (N=2)	29.41% (N=5)	35.29% (N=6)	11.76% (N=2)	11.76% (N=2)
Power differentials in the international service learning health care context	11.76% (N=2)	29.41% (N=5)	29.41% (N=5)	5.88% (N=1)	23.53% (N=3)

(Table 12)

Table 12

Pre-Departure Training Content Ranked by Interquartile Range

Pre-Departure Training Content	Median	Interquartile Range Middle 50%			
		0	1	2	3
Behavioral and Professional Expectations	1.00	x			
Cultural aspects of the host country	1.00		x		
What to pack and bring	1.00		x		
Ethical Aspects related to Global Health	1.00		x		
Safety & Security	1.00		x		
Host country perception of U.S. culture and customs	2.00		x		
Definition of global health	2.00		x		
Occupational justice	2.00		x		
Culture shock and cultural adaptation	2.00		x		
Historical and political aspects of the host country/region	2.00		x		
Socioeconomic conditions of the host country	2.00		x		
Social determinants of health of the host country/region	2.00			x	
OT Education and/or OT profession in the host country/region	2.00			x	
Health disparities related to host country/region	2.00			x	
Health equity related to host country/region	2.00			x	
Human rights	2.00			x	
White saviorism	2.00				x
Language instruction	3.00				x
Power differentials in the international service-learning health care context	3.00				x
Global North/Global South terminology framework	3.50				x

RQ7: Which types of ISL activities do the sampled U.S. OT programs most commonly conduct while in-country? (Q#13)

RESULTS N=23

(Table 13)

Table 13

In-Country ISL Activity Ratings

ISL In-Country Activities	Very Common (1)	Fairly Common (2)	Not common, but sometimes (3)	Hardly ever (4)	Not at all (5)
Engage in cultural activities	69.57% (N=16)	21.74% (N=5)	8.70% (N=2)	0% (N=0)	0% (N=0)
Tour clinical facilities	56.62% (N=13)	26.09% (N=6)	4.35% (N=1)	4.35% (N=1)	8.70% (N=2)
Collaborate with community or governmental agencies to learn about their needs	47.83% (N=11)	34.78% (N=8)	8.70% (N=2)	8.70% (N=2)	0% (N=0)
Collaborate with community or governmental agencies to learn about how to best address their needs	47.83% (N=11)	30.43% (N=7)	13.04% (N=3)	8.70% (N=2)	0% (N=0)
Educate service recipients	34.78% (N=8)	39.13% (N=9)	13.04% (N=3)	0% (N=0)	13.04% (N=3)

Activity					
Reach out to or meet with local OT practitioners (if available)	30.43% (N=7)	21.74% (N=5)	8.70% (N=2)	8.70% (N=2)	30.43% (N=7)
Provide clinical care for OT concerns that would be commonly seen in the U.S.	26.09% (N=6)	34.78% (N=8)	21.74% (N=5)	4.35% (N=1)	13.04% (N=3)
Provide training and/or in-services to local service providers	21.74% (N=5)	43.48% (N=10)	13.04% (N=3)	8.70% (N=2)	13.04% (N=3)
Provide equipment and supplies to facilities and/or service recipients	21.74% (N=5)	26.09% (N=6)	43.48% (N=10)	4.35% (N=1)	4.35% (N=1)
Provide clinical care for OT concerns that would not be commonly seen in the U.S.	17.39% (N=4)	34.78% (N=8)	26.09% (N=6)	4.35% (N=1)	17.39% (N=4)
Reach out to or meet with local OT educational programs (if available)	17.39% (N=4)	21.74% (N=5)	17.39% (N=4)	4.35% (N=1)	39.13% (N=9)
Teach service recipients how to use equipment and supplies	13.04% (N=3)	39.13% (N=9)	39.13% (N=9)	4.35% (N=1)	4.35% (N=1)
Engage in language training	4.35% (N=1)	17.39% (N=4)	21.74% (N=5)	26.09% (N=6)	30.43% (N=7)

Table 14

In-Country ISL Activities Ranked by Interquartile Range

In-Country ISL Activities	Median	Interquartile Range Middle 50%			
		1	2	3	4
Tour clinical facilities	1.00	x			
Engage in cultural activities	1.00	x			
Provide clinical care for OT concerns that would not be commonly seen in the U.S.	2.00	x			
Provide training and/or in-services to local service providers	2.00	x			
Collaborate with community or governmental agencies to learn about their needs	2.00	x			
Collaborate with community or governmental agencies to learn about how to best address their needs	2.00	x			
Teach service recipients how to use equipment and supplies	2.00	x			
Provide equipment and supplies to facilities and/or service recipients	3.00	x			
Provide clinical care for OT concerns that would be commonly seen in the U.S.	2.00		x		
Educate service recipients	2.00		x		
Engage in language training	4.00		x		
Reach out to or meet with local OT educational programs (if available)	3.00			x	
Reach out to or meet with local OT practitioners (if available)	3.00				x

RQ8: Which service learning benefit/outcome do the sampled U.S. OT programs most frequently report (practical skills, citizenship, personal responsibility, or interpersonal skills)? (Q#14)

| RESULTS N=23 | "Please indicate how important you consider each of the following (benefits or outcomes) in the ISL program you offer, with 1 being not important at all and 7 being very much so" |

Important to note that the 7-point scale was presented on the survey as an 8-point scale with the 2-rating listed twice in a row (1, 2, 2, 3, 4, 5, 6, 7). The only text descriptor on the scale was next to scale point 1 (=not important) and next to scale point 7 (very important). The results indicate that 1 program used the ratings of 1 and 2 three times and one program used the rating of 2 one time. All other ratings are 3 or above.

(Table 15)

Table 15

SELEB Scale Mean

	SELEB SCALE (N=23)			
	Citizenship	Interpersonal Skills	Personal Responsibility	Practical Skills
Mean	7.62	7.26	7.07	6.42
Median	7.67	7.67	7.34	6.67
Mode	8.00	7.67	7.33	6.00
Standard Deviation	.048	.67	.958	1.18
Variance	.235	.67	.919	1.406
Range	1.33	2.00	4.00	4.67
Minimum	6.67	6.00	4.00	3.33
Maximum	8.00	8.00	8.00	8.00

RQ9: Which social justice activities do the sampled U.S. OT programs rate as most highly valued or important in relation to their ISL program? (Q#15)

| RESULTS N=23 | #15: "The following statements ask you to indicate the importance or value of the activities below to your ISL program." |

(Table 16)

Table 16

Social Justice Attitude Scale Ratings (N=23)

Social Justice Attitude Scale (SJA) Items (individual items)	Mean	S.D.
respect and appreciate people's diverse social identities	6.57	1.199
make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups	6.35	1.434
allow individuals and groups to define and describe their problems, experiences and goals in their own terms	6.30	1.428
support community organizations and institutions that help individuals and group achieve their aims	6.22	1.380
allow others to have meaningful input into decisions affecting their lives	6.22	1.380
promote the physical and emotional well-being of individuals and groups	6.13	1.424
to act for social justice	5.91	1.535
help individuals and groups to pursue their chosen goals in life	5.74	1.514
talk to others about societal systems of power, privilege, and oppression	5.70	1.608
promote fair and equitable allocation of bargaining powers, obligations, and resources in our society	5.39	1.588
try to change larger social conditions that cause individual suffering and impede well-being	5.00	1.679
SJA Scale Mean & SJA Scale S.D.	5.9565	1.21994

Appendix I

INFERENTIAL STATISTICAL ANALYSIS: RESULTS

RQ 1a: Among the U.S. OT programs that offer pre-departure training, is there a significant relationship between the training content covered and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills)?
- o H1a: There is a significant relationship between the ISL pre-departure training content and the rated importance of different ISL outcomes. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 18)

Statistical Test: Spearman Rank Correlation, 2-tailed

Table 18

Pre-Departure Training Content & SELEB Scale Correlations

Training Content Items		SELEB Scale	PS	CTZ	PR	IP
Occupational justice						
	Correlation Coefficient	-.660			-.573	-.529
	Sig.	.005			.047	.035
Language instruction (language of the host country)						
	Correlation Coefficient					
	Sig.	-.681	-.559		-.603	
		.003	.020		.010	
Global North/Global South terminology/framework						
	Correlation Coefficient	-.606			-.573	
	Sig.	.013			.020	
Behavioral and professional expectations						
	Correlation Coefficient			-.579		
	Sig			.015		

Note: No significant relationship between any of the other variables than the ones listed in this table;

PS=practical skills, CTZ=citizenship, PR=personal responsibility, IP=interpersonal skills

RQ2a: Is there a significant relationship between the targeted learning objectives and the rated importance of different ISL outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?
- o H2a: There is a significant relationship between the targeted learning objectives and the rated importance of different ISL outcomes. Null hypothesis failed to be rejected.

RESULTS N=23 (Table 19)

Statistical Test: Spearman Rank Correlation, 2-tailed

Table 19

Learning Objectives & SELEB Scale Correlations

Learning Objectives		SELEB Scale	PS	CTZ	PR	IP
Clinical hands-on skills						
	Correlation Coefficient	-.533	-.681			
	Sig.	.023	.002			
Social justice						
	Correlation Coefficient		-.5.75			
	Sig.		.005			
Clinical reasoning						
	Correlation Coefficient		-.496			
	Sig.		.019			
International travel opportunity						
	Correlation Coefficient		.448			
	Sig		.048			
Professional skill development						
	Correlation Coefficient	-.627	-.638		-.448	-.453
	Sig	.001	.001		.032	.030

No significant relationship between any of the other variables than the ones listed in this table; PS=practical skills, CTZ=citizenship, PR=personal responsibility, IP=interpersonal skills

RQ3a: Is there a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?
- o H3a: There is a significant relationship between the importance/value ascribed to social justice attitudes and the importance of rated outcomes. Null hypothesis failed to be rejected.

RESULTS N=23 (Table 20)	Statistical Test: Spearman Rank Correlation, 2-tailed

Table 20

Social Justice Attitude (SJA) Scale and SELEB Scale Correlations

		SELEB Scale	Practical Skills	Citizenship	Personal Responsibility	Interpersonal Skills
Social Justice Attitude Scale	Correlation Coefficient	.353	.155	.373	.365	.335
	Sig. (2-tailed)	.099	.479	.080	.087	.118
	N	23	23	23	23	23

RQ4a: Among the OT programs that conduct pre-departure training, is there a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitudes reported by U.S. OT programs?
- o H4a: There is a significant relationship between the mandatory pre-departure training content and the ascribed social justice attitude of the ISL program. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 21)	Statistical Test: Spearman Rank Order Correlation, 2-tailed

Table 21

Pre-Departure Training Content Items & Social Justice Attitude Correlations

Pre-Departure Training Content Items		SJA Scale
Spearman's rho Occupational Justice		
	Correlation Coefficient	-.530*
	Sig.	.035
White Saviorism		
	Correlation Coefficient	-.620
	Sig.	.008**

Note: No significant relationships between any of the other variables than the ones listed in this table.
$*p < .05. **p < .001$

When only OT programs that offer ISL programs taking place in Western European countries are correlated with social justice attitudes, no significant relationship among any of the variables exist.

RQ5a: Is there a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered, as reported by U.S. OT programs?
- o H5a: There is a significant relationship between the number of hours of the mandatory pre-departure training and the type and depth of content covered. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 22)	Test: Spearman Rank Order Correlation, 2-tailed

Table 22

Pre-Departure Training Content and Training Hours Correlations

Pre-Departure Training Content		Hours spent in pre-departure training
Spearman's rho Definition of Global Health		
	Correlation Coefficient	-.273
	Sig.	.288
Safety and Security		
	Correlation Coefficient	-.056
	Sig.	.832
Cultural aspects of the host country		
	Correlation Coefficient	-.086
	Sig.	.744

	Global North/Global South terminology	
	Correlation Coefficient	-.151
	Sig.	.577
	Occupational justice	
	Correlation Coefficient	-.257
	Sig.	.337
	Culture shock and cultural adaptation	
	Correlation Coefficient	.435
	Sig.	.081
	Language instruction (language of the host country)	
	Correlation Coefficient	-.013
	Sig.	.960
	Behavioral and professional expectations	
	Correlation Coefficient	-.113
	Sig.	.667
	Ethical aspects related to global health	
	Correlation Coefficient	.338
	Sig.	.184
	Host country perception of U.S. culture and customs	
	Correlation Coefficient	-.079
	Sig.	.762
	What to bring and pack	
	Correlation Coefficient	-.025
	Sig.	.925
	White saviorism	
	Correlation Coefficient	-.288
	Sig.	.262
	OT education and/or OT profession in the host country/region	
	Correlation Coefficient	.371
	Sig.	.143
	Historical and political aspects of the host country/region	
	Correlation Coefficient	-.377
	Sig.	.186
	Socioeconomic conditions of the host country/region	
	Correlation Coefficient	-.156
	Sig.	.550
	Social determinants of health of the host country/region population	
	Correlation Coefficient	-.057
	Sig.	.827
	Health disparities related to host country/region	
	Correlation Coefficient	-.029
	Sig.	.911
	Health equity related to host country/region	
	Correlation Coefficient	.127
	Sig.	.627
	Human rights	
	Correlation Coefficient	-.037
	Sig.	.889
	Power differentials in the international service learning health care context	
	Correlation Coefficient	.106
	Sig.	.686

RQ6a: Is there a significant correlation between the number of hours of the mandatory pre-departure training and the ascribed social justice attitudes reported by U.S. OT programs?

- o H6a: There is a significant correlation between the number of hours of the mandatory pre-departure training and the mandatory pre-departure training. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 23)	Statistical Test: Spearman Rank Correlation, 2-tailed
	Table 23
	Number of Training Hours and Social Justice Attitude (SJA) Correlation
	Correlation Hours spent in pre-departure training

Spearman's rho	Social Justice Attitude Scale	Correlation Coefficient	.371
		Sig. (2-tailed)	.142
		N	17

RQ7a: Is there a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) reported by U.S. OT programs?
- o H7a: There is a significant correlation between the ISL activities commonly conducted in-country and the importance of rated outcomes. Null hypothesis failed to be rejected.

RESULTS N=23 (Table 24)

Statistical Test: Spearman Rank Correlation, 2-tailed

Table 24

In-Country Activities & SELEB Scale Correlations

	In-Country Activities		Practical Skills
Spearman's rho	Provide clinical care for OT concerns that would commonly <u>not</u> be seen in the US		
		Correlation Coefficient	-.619
		Sig.	.002
	Engage in language training		
		Correlation Coefficient	-.469
		Sig.	.024
	Provide clinical care for OT concerns that would commonly be seen in the US		
		Correlation Coefficient	-.660
		Sig.	<.001

Note: No significant relationship between any of the other in-country variables and citizenship, personal skills, and interpersonal responsibility

RQ8a: Is there a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes reported by U.S. OT programs?
- o H8a: There is a significant correlation between the ISL activities commonly conducted in-country and the ascribed social justice attitudes. Null hypothesis failed to be rejected.

RESULTS N=23 (Table 25)

Test: Spearman Rank Correlation, 2-tailed

Table 25

In-Country Activities & Social Justice Attitude Scale (SJA) Correlations

	In-Country Activities		SJA
Spearman's rho	Tour clinical facilities Correlation		
		Coefficient	-.098
		Sig.	.658
	Provide clinical care for OT concerns that would commonly be seen in the US		
		Correlation Coefficient	.189
		Sig.	.389
	Provide clinical care for OT concerns that would commonly <u>not</u> be seen in the US		
		Correlation Coefficient	-.078
		Sig.	.725
	Provide training and/or in-services to local service providers		
		Correlation Coefficient	-.085
		Sig.	.700
	Educate service recipients		
		Correlation Coefficient	-.194
		Sig.	.374
	Collaborate with community or governmental agencies to learn about their needs		
		Correlation Coefficient	-.323
		Sig.	.133
	Collaborate with community or governmental agencies to learn how to best address their needs		
		Correlation Coefficient	-.355

	Sig.	.097
Provide equipment and supplies to facilities and/or service recipients		
	Correlation Coefficient	-.106
	Sig.	.632
Teach service recipients how to use equipment and supplies		
	Correlation Coefficient	-.242
	Sig.	.265
Reach out to or meet with local OT educational programs (if available)		
	Correlation Coefficient	-.047
	Sig.	.833
Reach out to or meet with local OT practitioners (if available)		
	Correlation Coefficient	.179
	Sig.	.413
Engage in cultural activities		
	Correlation Coefficient	-.293
	Sig.	.175

RQ9a: Is there a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives, as compared to those OT programs that do not?

- o H9a: There is a significant difference between those programs that offer course-based pre-departure training and their reported learning objectives as compared to those that do not. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 26)

Test: Mann Whitney U

Table 26

Group Comparison: Course-Based vs. Non-Course Based Pre-Departure Training OT Programs and Learning Objectives

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Clinical hands-on skills is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.228[c]	Retain the null hypothesis.
2	The distribution of Interprofessional collaboration/team work is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.792[c]	Retain the null hypothesis.
3	The distribution of Cultural competence/cultural humility is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.462[c]	Retain the null hypothesis.
4	The distribution of Social justice is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.661[c]	Retain the null hypothesis.
5	The distribution of Clinical reasoning is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.147[c]	Retain the null hypothesis.
6	The distribution of International travel opportunity is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.304[c]	Retain the null hypothesis.
7	The distribution of Professional skill development is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.733[c]	Retain the null hypothesis.
8	The distribution of Global citizenship/civic engagement/internationalization of curriculum is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.454[c]	Retain the null hypothesis.

a. The significance level is .050.
b. Asymptotic significance is displayed.
c. Exact significance is displayed for this test.

RQ10a: Is there a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming, as compared to OT programs that do not?

○ H10a: There is a significant difference between those programs that offer course-based pre-departure training and the activities they commonly conduct as part of their ISL programming as compared to those that do not. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 27)	Test: Mann Whitney U

Table 27

Group Comparison: Course-Based vs. Non-Course Based Pre-Departure Training OT Programs and In-Country Activities

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Tour clinical facilities is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.808[c]	Retain the null hypothesis.
2	The distribution of Provide clinical care for OT concerns that would be commonly seen in the U.S. is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.591[c]	Retain the null hypothesis.
3	The distribution of Provide clinical care for OT concerns that would not be commonly seen in the U.S. is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.660[c]	Retain the null hypothesis.
4	The distribution of Provide training and/or in-services to local service providers is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	1.000[c]	Retain the null hypothesis.
5	The distribution of Educate service recipients is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.591[c]	Retain the null hypothesis.
6	The distribution of Collaborate with community or governmental agencies to learn about their needs is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.180[c]	Retain the null hypothesis.
7	The distribution of Collaborate with community or governmental agencies to learn about how to best address their needs is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.048[c]	Reject the null hypothesis.
8	The distribution of Engage in language training is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.404[c]	Retain the null hypothesis.
9	The distribution of Provide equipment and supplies to facilities and/or service recipients is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.660[c]	Retain the null hypothesis.
10	The distribution of Teach service recipients how to use equipment and supplies is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.961[c]	Retain the null hypothesis.
11	The distribution of Reach out to or meet with local educational OT programs (if available) is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.808[c]	Retain the null hypothesis.
12	The distribution of Reach out to or meet with local OT practitioners (if available) is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.808[c]	Retain the null hypothesis.
13	The distribution of Engage in cultural activities is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.462[c]	Retain the null hypothesis.

a. The significance level is .050.
b. Asymptotic significance is displayed.
c. Exact significance is displayed for this test.

(Table 28, Figure 1)	**Table 28** *Collaborate with community or governmental agencies to learn about how to best address their needs* *Independent-Samples Mann-Whitney U Test*	**Figure 1**

Table 28

Collaborate with community or governmental agencies to learn about how to best address their needs

Independent-Samples Mann-Whitney U Test

Total N	17
Mann-Whitney U	52.500
Wilcoxon W	73.500
Test Statistic	52.500
Standard Error	9.056
Standardized Test Statistic	2.153
Asymptotic Sig.(2-sided test)	.031
Exact Sig.(2-sided test)	.048

Figure 1

RQ11a: Is there a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes (practical skills, citizenship, personal responsibility, or interpersonal skills) as compared to OT programs that do not?

- o H11a: There is a significant difference between those programs that offer course-based pre-departure training and the importance of rated outcomes as compared to those that do not. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 29)	Test: Mann Whitney U

Table 29

Group Comparison: Course-Based vs. Non-Course Based OT Programs and SELEB Scale

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of SELEB Scale is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	1.000[c]	Retain the null hypothesis.
2	The distribution of SELEB: Practical Skills is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.884[c]	Retain the null hypothesis.
3	The distribution of SELEB: Citizenship is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.350[c]	Retain the null hypothesis.
4	The distribution of SELEB: Personal Responsibility is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.733[c]	Retain the null hypothesis.
5	The distribution of SELEB: Interpersonal Skills is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.301[c]	Retain the null hypothesis.

a. The significance level is .050.
b. Asymptotic significance is displayed.
c. Exact significance is displayed for this test.

RQ12a: Is there a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to OT programs that do not?

- o H12a: There is a significant difference between those programs that offer course-based pre-departure training and the ascribed social justice attitudes as compared to those that do not. Null hypothesis failed to be rejected.

RESULTS N=17 (Table 30)	Test: Mann Whitney U

Table 30

Group Comparison: Course-Based vs. Non-Course Based OT Programs and Social Justice Attitudes

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Social Justice Attitude Scale is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.122[c]	Retain the null hypothesis.
2	The distribution of make sure that all individuals and groups have a chance to speak and be heard, especially those from traditionally ignored or marginalized groups is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.098[c]	Retain the null hypothesis.
3	The distribution of allow individuals and groups to define and describe their problems, experiences and goals in their own terms is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.122[c]	Retain the null hypothesis.
4	The distribution of talk to others about societal systems of power, privilege, and oppression is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.122[c]	Retain the null hypothesis.
5	The distribution of try to change larger social conditions that cause individual suffering and impede well-being is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.733[c]	Retain the null hypothesis.
6	The distribution of help individuals and groups to pursue their chosen goals in life is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.733[c]	Retain the null hypothesis.
7	The distribution of promote the physical and emotional well-being of individuals and groups is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.660[c]	Retain the null hypothesis.
8	The distribution of respect and appreciate people's diverse social identities is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.256[c]	Retain the null hypothesis.
9	The distribution of allow others to have meaningful input into decisions affecting their lives is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.180[c]	Retain the null hypothesis.
10	The distribution of support community organizations and institutions that help individuals and groups achieve their aim is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.216[c]	Retain the null hypothesis.
11	The distribution of promote fair and equitable allocation of bargaining powers, obligations, and resources in our society is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.404[c]	Retain the null hypothesis.
12	The distribution of to act for social justice is the same across categories of Course-based vs. non-course-based.	Independent-Samples Mann-Whitney U Test	.884[c]	Retain the null hypothesis.

a. The significance level is .050.
b. Asymptotic significance is displayed.
c. Exact significance is displayed for this test.

Appendix J

Distribution of Programs in the Total Population & Study Sample

PUBLIC INSTITUTIONS

	# of programs in total population	Issues with programs	# of programs in sample population
Public Master	59	1 program located in the UK 5 programs without contact information	53
Public Doctorate	27	1 probationary status	26
Public M/D	2	N/A	2
TOTAL	88		81

PRIVATE NON-PROFIT INSTITUTIONS

	# of programs in total population	Issues with programs	# of programs in sample population
Private Master	70	1 no email address 4 OTA bridge programs 1 probationary status	64
Private Doctorate	29	1 no email contact	28
Private M/D	17	1 no email contact	16
TOTAL	116		108

PRIVATE FOR-PROFIT

	# of programs	Issues with programs	# of programs
Private Master	1	1 no email contact	0
Private Doctorate	0	N/A	0
Private M/D	2	N/A	2
TOTAL	3		2

Total Available Population			Survey Sample		
207			**191**		
Master	Master/Doctorate	Doctorate	Master	Master/Doctorate	Doctorate
130	21	56	117	20	54

Distribution in Survey Sample

	Total MASTER			Total MASTER/DOCTORATE			Total DOCTORATE		
	29			10			18		
Participant Population	Public	Private – NP	Private -FP	Public	Private – NP	Private - FP	Public	Private – NP	Private -FP
	16	13	N/A	1	9	N/A	5	13	N/A

Geographic Distribution (Master & Doctorate Programs)					
	Midwest	Northeast	South	Southwest	West
Total Population					

Master	28%	35%	20%	9%	7%
Doctoral	36%	21%	27%	10%	6%
Overall	32%	28%	23.5%	9.5%	6.5%
Study Sample Population					
Overall	25%	27%	20%	0.1%	0.05%

Appendix K

Tests of Normality

Table 1

Test of Normality: SELEB Scale & Social Justice Attitude Scale

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
SELEB: Citizenship	.275	23	<.001	.752	23	<.001
SELEB: Personal Responsibility	.296	23	<.001	.767	23	<.001
SELEB: Interpersonal Skills	.250	23	<.001	.870	23	.007
SELEB: Practical Skills	.144	23	.200[*]	.936	23	.149
SELEB Scale	.165	23	.103	.877	23	.009
Social Justice Attitude Scale	.223	23	.004	.743	23	<.001

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Table 2

Tests of Normality: Learning Objectives

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Clinical hands-on skills	.326	15	<.001	.749	15	<.001
Interprofessional collaboration/team work	.305	15	<.001	.766	15	.001
Cultural competence/cultural humility	.506	15	<.001	.421	15	<.001
Social justice	.405	15	<.001	.649	15	<.001
Clinical reasoning	.385	15	<.001	.630	15	<.001
International travel opportunity	.402	15	<.001	.663	15	<.001
Professional skill development	.287	15	.002	.783	15	.002
Global citizenship/civic engagement/internationalizatio n of curriculum	.363	15	<.001	.716	15	<.001

a. Lilliefors Significance Correction

Table 3

Tests of Normality: Pre-Departure Training Content

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Definition of global health	.248	16	.009	.884	16	.045
Safety and security	.343	16	<.001	.738	16	<.001
Cultural aspects of the host country	.462	16	<.001	.546	16	<.001

	Statistic	df	Sig.	Statistic	df	Sig.
Global North/Global South terminology/framework	.273	16	.002	.832	16	.008
Occupational justice	.323	16	<.001	.812	16	.004
Culture shock and cultural adaptation	.236	16	.018	.809	16	.004
Language instruction (language of the host country)	.146	16	.200*	.906	16	.100
Behavioral and professional expectations	.518	16	<.001	.398	16	<.001
Ethical aspects related to global health	.368	16	<.001	.707	16	<.001
Host country perception of U.S. culture and customs	.215	16	.047	.894	16	.065
What to pack and bring	.398	16	<.001	.621	16	<.001
White saviorism	.261	16	.005	.799	16	.003
OT education and/or OT profession in the host country/region	.239	16	.015	.869	16	.026
Historical and political aspects of the host country/region	.343	16	<.001	.809	16	.004
Socioeconomic conditions of the host country/region	.300	16	<.001	.794	16	.002
Social determinants of health of the host country/region population	.272	16	.002	.787	16	.002
Health disparities related to host country/region	.225	16	.030	.853	16	.015
Health equity related to host country/region	.197	16	.098	.870	16	.027
Human rights	.189	16	.129	.917	16	.150
Power differentials in the international service learning health care context	.198	16	.095	.876	16	.033

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Table 4

Test of Normality: In-Country Activities

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Tour clinical facilities	.308	23	<.001	.686	23	<.001
Provide clinical care for OT concerns that would be commonly seen in the U.S.	.239	23	.001	.854	23	.003
Provide clinical care for OT concerns that would not be commonly seen in the U.S.	.221	23	.005	.867	23	.006
Provide training and/or in-services to local service providers	.295	23	<.001	.841	23	.002
Educate service recipients	.292	23	<.001	.778	23	<.001
Collaborate with community or governmental agencies to learn about their needs	.273	23	<.001	.772	23	<.001

Collaborate with community or governmental agencies to learn about how to best address their needs	.278	23	<.001	.789	23	<.001
Engage in language training	.190	23	.031	.886	23	.013
Provide equipment and supplies to facilities and/or service recipients	.229	23	.003	.877	23	.009
Teach service recipients how to use equipment and supplies	.215	23	.007	.877	23	.009
Reach out to or meet with local educational OT programs (if available)	.253	23	<.001	.825	23	<.001
Reach out to or meet with local OT practitioners (if available)	.219	23	.006	.812	23	<.001
Engage in cultural activities	.420	23	<.001	.634	23	<.001

a. Lilliefors Significance Correction

Appendix L

Additional Inferential Statistical Analyses

Table 31

Social Justice Attitudes and Pre-Departure Training Hours Comparison: LMIC and HIE

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Social Justice Attitude Scale is the same across categories of LMIC	Independent-Samples Mann-Whitney U Test	.008[c]	Reject the null hypothesis.
2	The distribution of Hours spent in pre-departure training is the same across categories of LMIC	Independent-Samples Mann-Whitney U Test	.015[c]	Reject the null hypothesis.

a. The significance level is .050.

b. Asymptotic significance is displayed.

c. Exact significance is displayed for this test.

Table 32

Independent Samples Mann Whitney U Test: Social Justice Attitudes LMIC vs. HIE

Total N	23
Mann-Whitney U	17.500
Wilcoxon W	153.500
Test Statistic	17.500
Standard Error	14.878
Standardized Test Statistic	-2.588
Asymptotic Sig.(2-sided test)	.010
Exact Sig.(2-sided test)	.008

Table 33

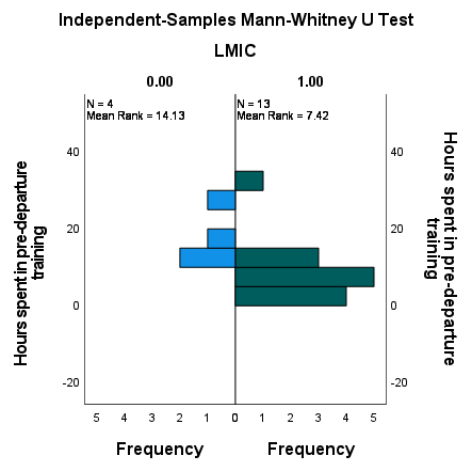*Independent Samples Mann Whitney U Test: Social Justice Attitudes LMIC vs. HIE, Ranked*
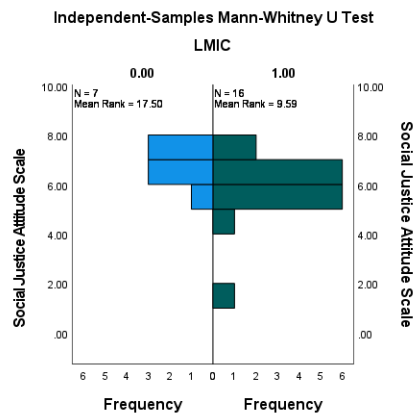
Table 34

Independent Samples Mann Whitney U Test: Pre-Departure Training Hours LMIC vs. HIE

Total N	17
Mann-Whitney U	5.500
Wilcoxon W	96.500
Test Statistic	5.500
Standard Error	8.756
Standardized Test Statistic	-2.341
Asymptotic Sig.(2-sided test)	.019
Exact Sig.(2-sided test)	.015

Table 35

Independent Samples Mann Whitney U Test: Pre-Departure Training Hours LMIC vs. HIE, Ranked

Table 36

Independent Samples Mann Whitney U Test: In-Country Activities LMIC vs. HIE

	Null Hypothesis	Test	Sig.[a,b]	Decision
1	The distribution of Provide clinical care for OT concerns that would be commonly seen in the U.S. is the same across categories of LMIC.	Independent-Samples Mann-Whitney U Test	.018[c]	Reject the null hypothesis.
2	The distribution of Collaborate with community or governmental agencies to learn about their needs is the same across categories of LMIC.	Independent-Samples Mann-Whitney U Test	.027[c]	Reject the null hypothesis.

a. The significance level is .050.

b. Asymptotic significance is displayed.

c. Exact significance is displayed for this test.

Table 37

Independent Samples Mann Whitney U Test: Provide Clinical Care for Common OT Concerns, LMIC vs. HIE

Total N	23
Mann-Whitney U	21.500
Wilcoxon W	157.500
Test Statistic	21.500
Standard Error	14.428
Standardized Test Statistic	-2.391
Asymptotic Sig.(2-sided test)	.017
Exact Sig.(2-sided test)	.018

Table 38

Independent Samples Mann Whitney U Test: Provide Clinical Care for Common OT Concerns, LMIC vs. HIE, Ranked