Social Entrepreneurial Skills and Practices of Occupational Therapists Engaging in Emerging Community Practice Roles: A Working Theory of Practice Improvement

Retta M. Martin

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SOCIAL ENTREPRENEURIAL SKILLS AND PRACTICES OF OCCUPATIONAL THERAPISTS ENGAGING IN EMERGING COMMUNITY PRACTICE ROLES:
A WORKING THEORY OF PRACTICE IMPROVEMENT

A Dissertation

Submitted to the School of Education

Duquesne University

In partial fulfilment of the requirements for
the degree of Doctor of Education

By

Retta Marie Martin

August 2022
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Retta Marie Martin

2022
SOCIAL ENTREPRENEURIAL SKILLS AND PRACTICES OF OCCUPATIONAL THERAPISTS ENGAGING IN EMERGING COMMUNITY PRACTICE ROLES:
A WORKING THEORY OF PRACTICE IMPROVEMENT

By

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ABSTRACT

SOCIAL ENTREPRENEURIAL SKILLS AND PRACTICES OF OCCUPATIONAL THERAPISTS ENGAGING IN EMERGING COMMUNITY PRACTICE ROLES: A WORKING THEORY OF PRACTICE IMPROVEMENT

By
Retta Marie Martin
August 2022

Dissertation supervised by Dr. Rick McCown

The purpose of this mixed-methods study was to explore the relationship between emerging practice in occupational therapy and social entrepreneurship by examining the behaviors and skills used by occupational therapists who are engaged in emerging practice. Five occupational therapists who engage in emerging practice were recruited to participate. The occupational therapists completed two surveys related to behaviors and competencies of social entrepreneurs. The participants also completed a semi-structured interview regarding behaviors, competencies and the occupational perspective of their practice.

Quantitative data was analyzed through descriptive statistics. The quantitative data determined a relationship between the skills used by social entrepreneurs as reported in the literature and those used in emerging practice as reported by the occupational therapists. The quantitative data was also used to examine the competencies that were limiting or created
boundaries to developing or practicing in emerging areas. The skills that the therapists felt less competent with related to business aspects of their work.

Qualitative data was analyzed using structural coding of the recorded answers to the semi-structured interview questions. Themes were identified using conceptual terms related to social entrepreneur elements and competencies. The qualitative data was used to triangulate the quantitative data and was found to support the identified behaviors and skills the occupational therapists utilized or felt less competent with. Each element is discussed as it relates to the emerging practice of the participants with supporting quotes from the participants included. The qualitative data was also analyzed for themes of occupational perceptive of emerging practice work utilizing conceptual terms from the Occupational Therapy Practice Framework 4th edition. All domains were identified as occupational perspectives of the participants work. Each domain is defined and supporting quotes were provided.

Limitations of the study, implications for occupational therapy curriculum to enhance competencies for emerging practice and recommendations for future research are shared.
DEDICATION

This dissertation is dedicated to the occupational therapists who see a challenge and have the courage to step into the (emerging practice) arena and defining the value of occupational therapy. I thank you for taking the first step and creating a path for others to follow.
ACKNOWLEDGEMENT

First and foremost, I thank my family, Sam, Sarah and Logan, for providing me with the encouragement and support to make the transition from the clinical world of occupational therapy to the academic world. It has been and continues to be a journey with a many new opportunities and challenges. Your understanding and willingness to help makes it all possible.

Thank you Dr. McCown, Dr. Mattila and Dr. Olsen for your ongoing support and nudging to get me where I am. It took a while for me to see the work come together but you listened and guided, helping me along the way.

To my professors of the Educational Leadership Program, thank you. You all have taught me more than educational leadership. You taught me about myself, about culture and helped me to view the world through a wider lens.

To my cohort – your stories have changed me, thank you for sharing. I am honored to have been in the same space with the smart, unique individuals you all are. To those of you who have completed their dissertations before me, thank you for showing me the way. You have inspired me and have shown me it is possible. For those of you who are next… you got this! Your work is important – keep going.

Thank you to my colleagues in the occupational therapy department for listening to me when I needed to work something out, assist me with understanding data and supporting me in every way. I am grateful for the culture of our department and the friendships that have grown.
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LIST OF ABBREVIATIONS

Accreditation Council for Occupational Therapy Education (ACOTE®)
American Journal of Occupational Therapy (AJOT)
American Occupational Therapy Association (AOTA)
Occupational Therapy (OT)
Occupational Therapy Practice Framework 4th Edition (OTPF-4)
World Federation of Occupational Therapy (WFOT)
CHAPTER ONE:
STATEMENT OF THE PROBLEM

Social, cultural and historical perspectives on the problem

Occupational Therapy (OT) is a profession that focuses on occupation to promote health and well-being. According to the American Occupational Therapy Association (AOTA, 2020b):

Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs (p.1).

This definition identifies three key aspects of occupational therapy: occupational therapy is client-centered, occupational focused and outcome based in participation. The idea of client-centered or person-centered is a core belief in occupational therapy. Therapists use a client-centered approach during the evaluation process to gather an occupational profile. This occupational profile is to encompass a client’s “occupational history and experiences, patterns of daily living interests, values, needs and relevant contexts” (AOTA, 2020b, p. 21). The World Federation of Occupational Therapists (WFOT) released a Position Statement on Client-Centeredness in Occupational Therapy in 2010. This paper states that the guiding principles of occupational therapy practice are based upon the assumptions that “occupation affects health and well-being” and “occupations are rich with individual and contextual meaning” (WFOT, 2010, p.1). Culture and social context greatly influence individual and community ideas of occupation.
and well-being (Govender et al., 2017; Hammell, 2015; Hammell, 2013; Hammell & Iwama, 2012; Kirsh et al., 2006; Wray & Mortenson, 2011).

Hammell & Iwama (2012) state well-being as “having the ability and conditions needed to achieve one’s purposes by actions” (p. 386) and occupational rights as “the right of people to engage in meaningful occupations that contribute positively to their own well-being” (p. 386). Social, political and economic environments can determine occupational opportunities. Occupational deprivation, occupational alienation, occupational marginalization, occupational injustices and occupational apartheid deny individuals and communities of occupational rights thus impacting mental health and well-being (Hammell & Iwama, 2012). Therefore, occupational therapists need to understand the constraints and limitations to occupational opportunities and occupational rights that different societal contexts have on communities and populations, not just individuals. Deeper understanding enables the practitioner to see the limits to occupational opportunity based on the social/cultural environment not just the individual’s ability or disability. Addressing the social/cultural environment, will enable occupational therapists to provide interventions that are community and population centered and occupation based to facilitate well-being.

As the need for community health and well-being increases, the number of occupational therapists working in the community has not. According to the American Occupational Therapy Association Salary and Workforce Survey (AOTA, 2019) only 4.8% of occupational therapists work in the community or emerging practice setting. The focus on health, wellness and occupation presents a great opportunity for the profession to identify emerging issues that will impact practice. In order to be responsive to society changes, practitioners need to be able to recognize opportunities and be innovative in meeting the needs of individuals, communities and
populations. Therefore, there is a need to strengthen occupational therapy education by including conceptual frameworks that foster contemporary practice with an occupational perspective of health through innovation and sustainability.

Occupational therapy education needs to prepare students to work in areas of emerging practice within communities and organizations to demonstrate the distinct value of an occupational perspective on health and well-being. Understanding the skills required for emerging roles in communities enables educational programs to create learning objectives that meet the needs of the students, the profession, and educational standards. Educating the students to focus on transformational change not just individual change will increase the professions worth and ability to develop new areas of practice. The hope is that occupational therapists will become social entrepreneurs and social innovators enabling them to be agents of change for communities.

Local Contextual Perspectives on the Problem

Emphasis on promoting health and well-being and community participation through occupations is placed within occupational therapy education. The Accreditation Council for Occupational Therapy Education (ACOTE, 2018) developed standards which include:

Educating students to provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupation (p. 30)

Evaluate access to community resources, and designing community or primary care programs to support occupational performance for persons, groups, and populations (p. 33) and,
Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations” (p. 34).

These standards focus on preparing students to be able to work within communities but do not specify how this is to be accomplished in the occupational therapy curriculum.

Occupational therapy education currently focuses on a scientific, technical view of intervention versus interventions that would address social transformation (Galheigo, 2011). Occupational therapy education is often individually focused with a client centered approach. There is a lack of conceptual models linking occupations and community that results in a lack of preparation for community development in formal occupational therapy training (Lauckner, Leclair, Yamamoto, 2019). Occupational therapy education needs to assist students in developing skills needed to create social value by including conceptual frameworks that foster understanding of and relationship building with communities to better develop community capacity and sustainability through engagement in occupation. Without emerging practice/emerging role skill development implemented into occupational therapy education, it is difficult for students to make the transition from client centered to community centered (McColl, 1997).

The Researcher’s Leadership Perspective on the Problem

As a member of the occupational therapy department at City View University, the author is involved in teaching courses that are linked to the curriculum thread of servant leadership, specialty roles and function. This curriculum thread emphasizes leadership, specialty roles, innovation, and entrepreneurship to focus on creating occupational therapy roles where none may currently exist or are in an early stage of development. Therefore, this author is responsible
for ensuring the courses contain learning objectives that enable students to embark in non-tradition or role emerging fields in their doctoral capstone experience or upon graduation. The author has witnessed, over the course of her time at City View University, students who were engaged in role emerging sites through their doctoral capstone experiences and wished to continue their work upon graduation. However, the students lacked the skill set to secure a position if there was not an occupational therapy position already formulated within the organizational structure.

The author is also a member of a community of practice, Bridges of Hope, which is comprised of occupational therapists committed to creating community-based practices to better serve those on the margins. This community of practice is about collective efforts of social entrepreneurship and the creation of jobs for occupational therapists in community settings. Through this involvement, the author has had the privilege to hear successes and struggles from occupational therapists who are working in community based and emerging practice roles. The occupational therapists that are developing and expanding new practice environments are a valuable source of information about the skills and perceptions utilized in these emerging professional contexts.

The Specific Problem of Practice Addressed by the Study

The Bridges of Hope community of practice is composed of occupational therapy educators and clinicians who are committed to creating community-based and emerging practice opportunities. The group shares experiences and discusses the idea of social entrepreneurship for the creation of jobs within the community setting and in emerging areas of practice. The community of practice has identified the following common challenges for occupational therapists working within the community:
• determining and selling occupational therapy value
• identifying services occupational therapy can offer
• how to price products
• how to pitch ideas
• what to know about and influence in the grant writing process
• how to generate a successful business proposal
• where to place advocacy efforts

Another barrier identified revolves around funding. Traditionally, occupational therapists in the community seek grants to support or fund their programs. Grant writing is a skill that is actively taught within the academic programs. The Bridges of Hope community of practice identified the need to seek funding beyond grants. The questions became “how do we create space for occupational therapists in for profit organizations that have a social mission” and “how do these organizations manage resources beyond seeking funding through grants”.

The challenges and barriers posed by the individuals pointed to a lack of skills and behaviors which are utilized by social entrepreneurs. Although social entrepreneurship has gained attention in research over the past twenty years there continues to be gaps in the literature (Saebi et al., 2019), especially relating social entrepreneurship within health care education. Therefore, this author intends to learn more about social entrepreneurship practices of occupational therapist who are successful in working in emerging community practice to better understand the connection.

The discussions and questions posed by this group of occupational therapists has led this author to question how can occupational therapists be better prepared for working in community and to engage in emerging areas of practice. One aspect of the City View University
occupational therapy curriculum is community engaged learning in which the students actively engaged with various community service organizations. Another aspect of the program involves having the students design an occupational therapy program/business concept for a community agency. The author is interested in expanding these learning opportunities to better prepare the occupational therapy students to work in emerging practice community roles. The author intends to not only meet the ACOTE® (2018) standards for occupational therapy curriculum but to further the understanding of how to best prepare for engaging in emerging areas of practice within the community. In order to do so, the author needs to understand the skills needed and used by occupational therapists who have been successful in establishing roles within community agencies and in emerging practice fields.

The author intends to utilize the findings from this study to identify social entrepreneur skills/behaviors used to engage in community and emerging practice fields. The evidence will help to inform the creation of a theory of action including learning activities that can be implemented into the curriculum of City View University Occupational Therapy Program. The outcome of the study will be used to analyze curriculum to identify the presence or absence of learning objectives that support the development of emerging role competencies. Finally, the study can be used to add to the emerging role and social entrepreneurship scholarship within the health care curriculum.

Purpose of the Study and Central Research Questions

Occupational therapy education needs to prepare future practitioners for the shift in the profession from the medical model to emerging occupational perspective of health for individuals, communities and populations. Therefore, it is crucial for educational programs to understand the entrepreneurial and leadership skills utilized by occupational therapists working
in emerging practice roles. Integrating these skills into the curriculum will provide opportunities for students to develop competencies that will prepare them to respond to critical societal issues through the creation of occupational opportunities and well-being for individuals, communities and populations. The purpose of the study is to explore the relationship between emerging practice and social entrepreneurship by examining the behaviors and skills used by occupational therapists who are engaged in emerging practice and how their practical experience can inform occupational therapy curriculum. The study focuses on the following research questions:

1) Do occupational therapists who are working in emerging roles in community practice demonstrate characteristics of social entrepreneurs?
2) What knowledge, skills, or behaviors do occupational therapists lack that creates barriers/limitations for developing an emerging practice role?
3) How do occupational therapists who are working in emerging roles in community practice define the occupational perspective of their work?

**Significance of the Study**

First and foremost, the findings of the study will inform the researcher of the lived experiences of occupational therapists who work to expand the role of occupational therapy beyond the medical model. These experiences will lead to the examination of learning objectives and learning activities for the courses the researcher is the primary instructor for with direct impact on future occupational therapy students in City View University’s occupational therapy program. The results of the study have the potential to impact other faculty who teach within the City View University’s occupational therapy program if the results warrant an examination of curriculum design to incorporate new competency building course work or learning activities.
Insights from the study will be reviewed and discussed with the Bridges of Hope community of practice. The results can assist in formulating direction for the community of practice. The study results may lead to the development of trainings or mentoring programs for occupational therapists already working in the field who need more assistance in their emerging community practice role or who are looking to enter into an emerging community practice role in order to have a create greater impact on societal health and wellness.

Finally, the results may be beneficial to other stakeholders through the advancement of emerging practice scholarship and informing occupational therapy curriculum. As occupational therapy programs seek to build in more opportunities to engage in emerging community practice roles, this study could provide information related to competencies needed. As students gain these skills, fieldwork education and Doctoral Capstone Experiences may expand into new areas of practice. With more students engaged in emerging practice experience, the scope of practice will expand and have a greater impact on the ever-changing needs within societies.
Occupations are embedded in daily life. It is how people occupy their time. Occupational therapy is a profession that focuses on helping people to participate in everyday living by engaging in their occupations. The profession was founded in 1917 and was shaped by Eleanor Clarke Slagle who used daily occupations such as crafts, work tasks and group activities to promote physical and mental health (Cole & Tufano, 2008). Since that time, occupational therapy has undergone various paradigm shifts due to the development of new theories which influenced practice. The current shift of the occupational therapy profession is moving away from the medical model and toward a more holistic approach, human adaption in the context of culture and community, and expanding the definition of occupation through the study of occupational science (Cole & Tuffano, 2008). Occupational science is a newer area of study that is defined as a “way of thinking that enables an understanding of occupation, the occupational nature of humans, the relationship between occupation, health and wellbeing, and the influences that shape occupation” (WFOT, 2012b, p. 2). The study of occupation had increased the understanding of the relationship between occupation and health and well-being. Through occupation or “doing” one impacts “being” (who one is) and through doing and being, one becomes and develops a sense of belonging. (Wilcock, 1999). The occupational perspective of health is dependent on many factors. Figure 2.1 (Wilcock & Hocking, 2015) illustrates how occupations impact basic needs; quality of education; available resources; social determinants, acceptance and equity issues; economic factors; environmental issues; family/community activities; having meaning, purpose and choice; learning of practical skills for living; and the development of occupational behavior. These factors can have a positive or negative impact on
one’s ability to do (occupation), to be, to become and to belong (individual and community health) and are all areas occupational therapy can support to influence the outcome of health and well-being through occupation.

**Figure 2.1**

*Impact of occupation on health and well-being*

*Adapted from Wilcock & Hocking, 2015*

**Occupational Therapy’s Role in Health and Well-being**

Occupational therapy has a unique understanding of occupation to include all things people do. The American Occupational Therapy Association (AOTA) Vision 2025 calls on occupational therapy practitioners to expand their reach and think critically about maximizing
“health, well-being, and quality of life for all people, populations, and communities” (AOTA, 2016, p. 7103420010p1). Occupational therapy’s foundational beliefs that humans are occupational beings and engagement in occupations impacts health and well-being provides the profession with a unique role in addressing inequalities on occupational opportunities for individuals, populations and communities. Ann Wilcock is an occupational therapist who is recognized as an expert in the role of human occupation and health and well-being. Based on her research, Ann Wilcock identifies a strong relationship between occupation and health and how occupation can be described as doing, being and becoming (Wilcock, 1999; Wilcock & Hocking, 2015). Focusing on occupation as a factor of health, Ann Wilcock states

I would like our profession to not only work with people with stroke, hand injury, schizophrenia, developmental delays or cerebral palsy, for example, but also with those suffering from disorders of our time, such as occupational deprivation, occupational alienation, occupational imbalance and occupational justice. I believe that such a profession would enable occupation for personal well-being, for community development, to prevent illness and towards social justice and a sustainable ecology (1999, pp.10).

Through this statement, Wilcock identifies how health and well-being are within occupational therapy’s scope of practice and states the value of occupational therapy in community practice. Community base practice enables occupational therapists “to impact groups of people, often the most marginalized, by addressing health and well-being in the community” (Lauckner, Leclair, & Yamamoto, 2019). Community based practitioners not only addresses individual needs but also understand that the context of the community and the relationships within the community are instrumental to occupational engagement.
The shift in construct from focusing on illness and disability to one of occupational rights for personal and population well-being, community development, and occupational justice is providing opportunities for occupational therapist to expand and create new, emerging roles within the community (Cole, & Tufano, 2008; Thew et al., 2011). To address the sociocultural environmental impact on health and well-being, it is critical that occupational therapy practitioners have the skills to expand professional boundaries and scope of practice to create emerging roles within community arenas. In order to accomplish this, the profession needs to understand the skills that are needed to work in emerging practice arenas.

**Role Emerging Practice**

As the occupational perspective of health and wellness expands and provides opportunities for occupational therapy to engage in new roles, we must define and understand emerging practice. Holmes and Scaffa (2009b) completed a study to identify how occupational therapists define emerging practice and what they identify as the benefits and challenges. The most common themes identified for what is emerging practice included nontraditional settings in which occupational therapy was new or underdeveloped, community-based practices within social services or public health agencies, re-emerging practice based on services that were the focus of earlier days of the profession and innovative practice providing new services within traditional settings. For the purpose of this paper, emerging practice is defined as “the development and provision of occupational therapy services in environments where services have not traditionally been available or well established” (Holmes & Scaffa, 2009a). Table 2.1 portrays the rewards and challenges of emerging practice identified in the 2009b study completed by Holmes and Scaffa. In viewing the table, the reward themes of increasing the understanding of the distinct value of the profession, providing services to those previously
underserved, acting as change agents for populations and communities, and community collaboration demonstrates the important need for the profession to be able to expand beyond the medical model and into the community arena. Challenges of funding and reimbursement for services, scope of practice issues, regulatory barriers, financial concerns, time and effort to develop services and professional isolation (Holmes & Scaffa, 2009b) indicate a need for academic curricula to better support the profession in developing knowledge and skills specific to emerging practice. However, incorporating theoretical principles, specific content relevant to emerging roles and service and engaging in emerging practice arenas is lacking in academic programs (Holmes & Scaffa, 2009a).

Table 2.1

Rewards and Challenges of Emerging Practice

<table>
<thead>
<tr>
<th>Rewards of emerging practice</th>
<th>Challenges of emerging practice</th>
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<tr>
<td>Theme one: rewards for the profession</td>
<td>Theme one: challenges for the profession</td>
</tr>
<tr>
<td>Increased understanding and value of the profession among the public, other professionals, and clients.</td>
<td>Funding and reimbursement for services.</td>
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<tr>
<td>Increased opportunities for professional, service, and student program development.</td>
<td>Scope of practice issues.</td>
</tr>
<tr>
<td>Theme two: rewards for clients</td>
<td>Regulatory barriers.</td>
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<tr>
<td>Provide services to previously underserved or unserved individuals.</td>
<td>Need for ongoing research.</td>
</tr>
<tr>
<td>Improve clients’ quality of life.</td>
<td>Student supervision.</td>
</tr>
<tr>
<td>Act as change agents for populations and communities.</td>
<td>Financial concerns: salaries, benefits, and job security.</td>
</tr>
<tr>
<td>Financial rewards.</td>
<td>Time and effort to develop the services.</td>
</tr>
<tr>
<td>Nonmonetary rewards: community collaboration, supporting students in Level I and II fieldwork experiences, valuing the role of trailblazers.</td>
<td>Professional isolation.</td>
</tr>
</tbody>
</table>

Adapted from Holmes & Scaffa, 2009b
Engaging in role emerging practice requires leadership and entrepreneurial skills of cultivating opportunities, innovation, business practices, program development and assessing outcomes (Holmes & Scaffa, 2009a). Combining these skills with the desire to promote health and wellbeing through occupations for individuals, communities and populations, especially those marginalized or underserved, formulates a connection between emerging practice and social entrepreneurship. The social entrepreneurship framework may be a way to facilitate the development of skills and knowledge for innovative and emerging practice. Social entrepreneurship is a framework that is used to develop skills needed for creating social change in meaningful and sustainable ways. Social entrepreneurship is traditionally a focus of business schools, not health sciences. Educating the students to focus on social change, not just individual change, will increase the professions' worth and ability to develop new areas of practice and achieve social impact. The goal is for occupational therapist to become social innovators and create occupational therapy roles in new arenas of practice to enable them to be agents of change for communities.

**Defining Social Entrepreneurship**

As communities struggle with societal and environmental issues such as poverty, homelessness, and health disparities to name a few, the field of social entrepreneurship is gaining increased attention. Social entrepreneurship is a concept that utilizes innovation in the social sector to create change (Dees, 1998; Dees, 2007; Certo & Miller, 2008). However, it is also a field that is continuing to define its theory and practice concepts (Dacin et. al, 2011; Zeyen et. al, 2012; Ashta, 2018, Sassmannshausen & Volkman, 2018). The concept of “social entrepreneurship” was first introduced it the 1980s by Bill Drayton who was the founder of ASHOKA (Ashoka, 2020), as he began funding social innovators around the world (Dees, 2007;
Brock & Steiner, 2009). The term “social entrepreneurship” has gained strength in the literature and academia since 1998 when Gregory Dee’s wrote a paper on “The Meaning of Social Entrepreneurship”. Prior to Dee’s definition of social entrepreneurship, which he adopted from Bill Drayton, the term was used in an academic publication in 1954, as the center of an article in 1984, the title of a thesis in 1986 and in the title of a professionally published book in 1987 (Sassmannshausen & Volkmann, 2018). After Gregory Dee’s published his paper, research and literature on social entrepreneurship increased with the term becoming a major trend in entrepreneur research in 2006 (Sassmannshausen & Volkmann, 2018).

Social entrepreneurship focuses on creating social value through social improvements, focusing on public goods and benefits for people. Although there are several variations of the definition of social entrepreneurship (Zahra et al., 2009), the term relates to characteristics of entrepreneurship but with a focus on social problems and social value versus market value. Brock and Steiner (2009) analyzed twelve variations of definitions and identified seven common concepts. The concepts include addressing social needs/problems, innovation, scaling a social venture, resource acquisition, opportunity recognition, sustainability, and measuring social value. Some of these concepts have their origins from the entrepreneur definitions of Jean Baptiste Say, Joseph Schumpeter, Peter Drucker & Howard Stevenson.

Jean-Baptisete Say was a 19th century French economist who identified entrepreneurship as “one who shifts economic resources out of an area of lower into an area of higher productivity and greater yield” (Martin & Osberg, 2007, p. 3). Joseph Schumpeter built upon Say’s definition and stated that entrepreneurship is the “force required to drive economic progress” (Martin & Osberg, 2007, p. 3) thus identifying entrepreneurship as the “catalyst & innovators behind economic progress” (Dees, 1998, p. 2). Peter Drucker identified entrepreneurs as individuals who
exploit the opportunities that change creates. Entrepreneurs “see possibilities rather than problems created by change” (Dees, 1998, p. 2; Martin & Osberg, 2007). Howard Stevenson added the “element of resourcefulness” from which one must “mobilize the resources of others to achieve entrepreneurship objectives” (Dees, 1998, p. 2). In his seminal article, *The Meaning of Social Entrepreneurship*, Dees took these definitions of entrepreneurs and identified the concept of *social entrepreneurship* to combine the passion of a social mission with an image of businesslike discipline, innovation and determination (Dees, 1998). Based on this seminal article and the work he completed within the field of social entrepreneurship, Dees is often identified as a great pioneer in the field of social entrepreneurship (Sassmannshausen & Volkmann, 2018; Anderson, 2014). In *The Meaning of Social Entrepreneurship*, (1998. p. 4), Dees identifies social entrepreneurs as change agents in the social sector. These change agents are individuals who identify a social mission, make fundamental changes in the social sector, focus on the underlying problems not the symptoms, work to reduce needs not just meet the needs, and create systemic and sustainable improvements (Dees, 1998). Dees (1998) identifies five behavior-related characteristics of social entrepreneurs who serve as social-sector change agents: (1) adopting a mission to create/sustain social value; (2) recognizing and pursuing new opportunities to support the mission; (3) engaging in continuous innovation, adaptation and learning; (4) acting boldly without being limited by available resources; and (5) exhibiting accountability to those being served and for the outcomes that are created.

This paper will examine the components of a social entrepreneur model which has been adopted from Dees (1998). These components continue to be the main elements in social entrepreneurship with research focusing in on some elements and expanding out others over the past 20 years.
The Social Entrepreneur Framework

In order to gain a deeper understanding of social entrepreneurship characteristics, this section will focus on describing the various elements of the framework based on the elements identified by Dees’ (1998). Literature to support these elements will be provided, thus leading to an understanding of the characteristics utilized by those who engage in social entrepreneurship.

Change Agents in the Social Sector

Dees (1998) defines the social entrepreneur as one who has a social mission that focuses on making fundamental changes in the social sector. Change agents focus on the underlying problems to find solutions, not just addressing the symptoms, thus being a catalyst for societal transformation. Ashoka (n.d.) is a worldwide organization that identifies and supports social entrepreneurs. It was founded by Bill Drayton in 1980 to support social entrepreneurial projects focused on societal change. Ashoka’s mission is to create a world where everyone can be a changemaker; someone who takes creative action to solve a societal problem (Rahman et al., 2016). Rahman, Herbst and Mobley used this definition to further examine characteristics of changemakers. To start, changemakers identify problems and are motivated to act. Identification and motivation begin with having empathy. In an interview with Dees, (Worsham & Dees, 2012), he also emphasizes the need for social entrepreneurs to be empathetic to be able to truly understand what is in the best interest of the individual or communities where one identifies a social problem. Empathy creates a personal connection to the issue to be solved. Dees identifies two cultures of managing societal problems: culture of charity and culture of problem solving (2012). Both cultures are beneficial to helping others in need. However, charity is often focused on resolving the symptoms of societal problems versus addressing the core of the societal problem to decrease or eliminate it. Being a change maker, specifically a social entrepreneur, fits
into the culture of creating a solution to a problem. Social entrepreneurs do not want to identify solutions to the symptoms of societal problems, they want to focus on the core reason of the identified problem. Bill Drayton states that social entrepreneurs are “not content just to give a fish or teach how to fish but will not rest until they have revolutionized the fishing industry” (Rahman et al., 2016). The social entrepreneur change maker is focused on systems change and will continue to work to solve the problem even through failure. By creating solutions to societal problems, social entrepreneurs can create systemic changes and sustainable social improvement and transformation (Dees, 1998; Alvord et al., 2004).

**Adopting a Mission to Create and Sustain Social Value**

Having a social mission is what distinguishes social entrepreneurship from entrepreneurship, as social mission is the cornerstone of social entrepreneurship (Dees, 1998; Brock & Steiner, 2009; Nga & Shamuganathan, 2010; Waghid, 2019). Dees (1998) states that the social entrepreneur wants to have a sustaining impact on society and create lasting improvements. This varies from the traditional entrepreneur whose outcome is reflected in market value. Motives for starting a venture with a social mission may vary from motives for starting a traditional entrepreneur venture. Those adopting a social mission are motivated by a desire to have an impact through creating change and making a difference. The adoption of a mission is related to their values, passions and interests (Meuller et al., 2015) and targets a segment of society that is underserved, marginalized, neglected or disadvantaged (Martin & Osberg, 2007). The distinguishing factor of the social entrepreneur mission statement is the inclusion of the population to be served (Ashta, 2018). The mission of serving the population goes beyond caring for people through charity outreach. The mission is to create social transformation in the cultural, economic and/or political arena through problem solving and
empowerment of the underserved, neglected or disadvantaged population. (Dees, 2012; Worsham & Dees, 2012). But what drives an individual to create a social mission? This intrinsic motivation often is formed by an individual’s social network. The individual may learn about social needs of others through personal experiences within the social network and begin to identify ways to address the issues (Helmsing, 2015). The social entrepreneur will view the societal problems as opportunities for change.

**Recognize and Pursue New Opportunities to Support the Mission**

Dees states “Where others see problems, social entrepreneurs see opportunity” (1998). Opportunity recognition is an important concept in social entrepreneurship (Thompson, 2002; Mort et al., 2003; Martin & Osberg, 2007). Having the ability to see challenges and/or change as opportunity for innovation drives the process of social entrepreneurship (Brock & Steiner, 2009). The concept of opportunity recognition or identification process of social entrepreneurship is a limited but active area of research. This is important because the concept of opportunity in social entrepreneurship differs from opportunity in the commercial sector due to the social context in how they develop (Corner & Ho, 2010). Martin and Osberg describe the context of social entrepreneurship to be that of “unjust equilibrium that causes the exclusion, marginalization or suffering of a segment of society…” (2007, p. 9). Within this environment one must have the personal characteristics of “inspiration, direct action, creativity, courage and fortitude (Martin & Osberg, 2007, p.15) to recognize and act upon opportunity.

In his book, *Innovation and Entrepreneurship: Practice and Principles*, Drucker (1985) identifies change as the catalyst for opportunity stating, “systematic innovation therefore consists in the purposeful and organized search for changes, and in the systematic analysis of the opportunities such changes might offer for economic or social innovation” (p.35). Through this
statement, Drucker (1985, p. 35) identifies how the examination of change leads to seven sources for innovative opportunities:

1) The unexpected occurs (success, failure or outside event)

2) Incongruity between reality as is, as is assumed to be, or as it should be

3) Innovation based on process need

4) Changes in industry structure or market structure

5) Changes in demographics or population

6) Changes in perception, mood, or meaning

7) New knowledge – scientific and non-scientific

By examining change through these lenses, one can identify areas of opportunity for innovation that can lead to societal change. Thomas (2002) identified four key aspects of the social entrepreneur opportunity process: envisioning the opportunity, engaging with the opportunity with the purpose to do something, enabling action through obtaining resources, and enacting to take the project where it needs to go. Opportunity recognition begins with awareness. Opportunity can be envisioned when one becomes aware of a need and shares valued interest in the need (Zeyen et al. 2012). Often this awareness comes from the individual’s personal experience through their social network (Helmsing, 2015). Corner & Ho (2006) found that opportunity development was shaped by social entrepreneurs’ life experiences or “experience corridors” which “created awareness of and information about” (p. 652) social issues. The second stage of opportunity development identified by Thomas (2002), engaging with the opportunity in a way to problem solve through it, is identify as the “spark notion” or “the
moment of insight when the idea surfaced for a possible new way to create value” (Corner & Ho, 2006, p. 653). This process starts the cycle of opportunity development. Once the idea is created, effort is put into enabling action to occur. Enabling requires a collective action of stakeholders which may include the community members who are a part of the unjust equilibrium in society (Thomas, 2002; Corner & Ho, 2006; Martin & Osberg, 2007). Therefore, social entrepreneurship is not an individual act, it takes the collective experience and knowledge of others to enable or manifest the opportunity. The fourth stage of the process identified by Thomas (2002) is enacting or leading the opportunity into action. From the creation phase the idea is set into motion, however, it is important to re-evaluate progress and refine as needed. Corner and Ho (2006) identify this as “elaboration and refinement” (p. 643) in their model of opportunity development. This stage involves learning, adapting and “opportunity re-identification” (p. 646) which cycles back to the spark and enabling stages. This concept matches Dees (1998) concept of the social entrepreneur who pursues new opportunities and persists by adjusting as need. Enabling and enacting on the identified opportunity includes “inspiration, creativity, direct action, courage, and fortitude” (Martin & Osberg, 2007) which fits with Dees (1998) and Brock & Steiner (2009) elements of social entrepreneurship which includes concepts of innovation, adapting and learning.

Engage in Continuous Innovation, Adaption and Learning

Opportunity recognition facilitates innovation through the creation of the “spark” (Corner and Ho, 2006) and through engaging with the opportunity to problem solve (Thomas, 2002). Dees (1998) identifies innovation as an important aspect of social entrepreneurship. Through innovation, resources are created and/or used in new ways to create social value. Charles Leadbetter identifies social entrepreneurs as important sources of innovation because they “excel
at spotting unmet needs and mobilizing under-utilized resources to meet these needs” (1997, p.11). Innovation can be a new idea, product or service but it does not need to be. Innovation can apply to an existing idea that is used in a new situation or used in a new way. When innovation actions and services have a primary goal to fulfill a social need, create social change, and lead to new social practices resulting in societal transformation, it is referred to as social innovation (Mulgan et al. 2007; Cajaiba-Santan, 2014; Farinha et al., 2020). The concept of social innovation is just starting to be developed in research and the literature. Cajaiba-Santan (2014) proposed a theoretical perspective and framework to further define social innovation through the lens of institutional and structuration theories:

From an institutional perspective, social innovation is portrayed as a result of the exchanges of knowledge and resources by actors mobilized through legitimization activities. From a structuration perspective, social innovation is socially constructed as individuals collectively engage in purposeful actions and reflexively monitor the outcome of their actions (p. 49).

By defining social innovation this way, the innovation process is the result of the relationship between the individual or collection of individuals and their environment. Through this connection, opportunities are identified, structures enabled or constrained, actions are monitored through reflection, and social practices change, leading to societal transformation (Cajaiba-Santan, 2014). Innovation includes the process of exploring, learning and improving through success and failure. Therefore, the reflective process is an important concept in innovation because one must continually monitor the success or failures of the innovation process. Social entrepreneurs need to have the persistence to continue to focus on the vision and the resilience to make changes and adapt when faced with setbacks or failures (Dees, 1998).
A scoping review conducted by Turin and Shier (2020) identified three types of social innovations: product-based, process-based and socially transformative. *Product-based* social innovations are programs and interventions that support localized solutions to social issues and are tailored to a specific population (Turin & Shier, 2020). Collaboration with stakeholders and a deep understanding of the population and behaviors are essential for this type of innovation to be successful (Turin & Shier, 2020). This type of social innovation is similar to *disseminating a package* in which technical resources are redesigned to enable better access to marginalized groups (Alvord et al., 2004). The second type of social innovation is *process-based*. This type of innovation involves adaptations in ways services are approached and delivered, improvement in systems or procedures, or the development of new knowledge impacting changes in service routines (Turin & Shier, 2020). Alvord et al. (2004) identified this as *building local capacity* and states it involves working with the population to identify needs and increasing local capacities to help meet those needs so that the community can help themselves solve issues that are important to them. *Socially transformative* is the third type of social innovation. This type of social innovation enacts large scale interventions to impact social change through political advocacy or public awareness campaigns (Turin & Shier, 2020). Socially transformative social innovation may involve *building a movement* that starts with a grassroots alliance to provide a political voice to those who are marginalized in the current system or institution (Alvord et al., 2004).

A theme that is identified throughout these types of social innovation is the need to work *with* the community or population impacted by the social challenge. Collaboration with the population for identification of need, identification of resources within the community to build upon, and for engagement in the process is necessary to promote self-help and increase sustainability of the social change. The idea of working with the community and managing the
resources available to the community leads to the elements of managing resources and creating a sustainable business model (Dees, 1998; Brock & Steiner, 2009).

**Acting Boldly Without Being Limited by Available Resources**

The enabling stage of the social entrepreneur process involves acquiring financial and social capital and the enacting stage requires sustainability of these resources (Thomas, 2002; Nga & Shamuganathan, 2010). Dees (1998) sites that social entrepreneurs are able to do more with less by developing resource strategies to use scares resources efficiently, find resources by collaborating with others, and understand risk tolerances of stakeholders which enables them to take calculated risks to secure resources to fulfill the social mission. The mobilization of under-utilized resources within the community for unmet social needs is unique to the social entrepreneur (Leadbeater, 1997; Darcin et al., 2010; Zeyen et al., 2012). To do this, one must understand what Frances Westley defines as “social finance” which is understanding “how you get resources to move differently than you can in a normal for-profit” (Westley & Weber, 2012, p.412). Two leadership characteristics identified by Alvord, Brown & Letts study (2004 & 2010) included bridging capacity and adaptive capacity. Building capacity refers to the process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. Building capacity requires leaders to understand, correctly assess, and work with various stakeholders including those they are serving and those who are providing necessary resources. Therefore, understanding how to create networks, obtain and manage finances, and securing human and physical capital is crucial to social entrepreneurship education (Brock & Stein, 2009; Waghid, 2019).
Securing resources to support the social entrepreneur mission is an important but challenging factor of the process. Two models for resource identification are the rational/economic approach and the effectuation approach. With rational/economic approach, the social entrepreneur identifies a specific outcome to a social issue and gathers specific resources needed to achieve the outcome (Corner & Ho, 2010). The second model for resource identification is effectuation. Using this strategy, the social entrepreneur assesses the resources available in the immediate environment to address a social issue (Corner & Ho, 2010). Through effectuation, the social entrepreneur utilizes the skills, resources, and people within the community impacted by the social injustice or issue he/she is trying to overcome. Both models demonstrate the importance of the social entrepreneur creating social capital within the community by building a network of relationships and partnerships through cooperation, shared values and trust (Leadbeater, 1997). Social capital includes community-based tangible (buildings, services, support networks) and intangible (identity, reputation, respect) assets (Thomson, 2002). To do this, social entrepreneurs must engage with a range of stakeholders to learn and experience social problems and to identify the social networks available to them to mobilize resources to address the social needs (Alvord et al., 2004; Helmsing, 2015).

**Accountability to Those Served**

The social entrepreneur process involves leading, directing, and assigning purpose to the mission from envisioning to enacting. The social entrepreneur is accountable to those they serve, for the outcomes created and for sustaining or scaling the initiative (Dees, 1998; Brock & Steiner, 2009; Waghid, 2019). Therefore, the social entrepreneur needs to develop leadership skills that enable him/her to seek to understand the community/people, correctly assess the needs and values of the community/people, understand the expectation and values of stakeholders, and
create a fit between stakeholder values and community needs (Dees, 1998). Alvord, Brown & Letts (2004 & 2010) identify this as adaptive capacity. Adaptive capacity enables leaders to understand, correctly assess, and work with various stakeholders including those they are serving and those who are providing necessary resources. These leadership characteristics align with the adaptive leadership model. Adaptive leadership embraces change, experimentation, and innovation; concepts that correspond with social entrepreneurship (Heifetz, et, al., 2009). There are five core principles of adaptive leadership. The five principles are: emotional intelligence, organizational justice (how employees perceive fairness in the workplace), development by embracing learning and continuous growth, characteristics of being open to feedback, embracing diversity and accepting unique perspectives on how to solve challenges, and win-win problem solving in which the solution benefits all stakeholders (Heifetz, et, al., 2009). Adaptive leadership is important for many steps in the process. Developing the social mission requires the social entrepreneur to identify the social need that presents a gap and an opportunity. This process involves understanding the community/population either through personal experience (Alvord et al., 2010) and/or by listening with empathy and humility (Worsham, 2012). The engaging process requires the gathering and mobilization of resources to initiate the social innovation. This involves working with social networks comprised of diverse stakeholders (Thompson, 2002; Alvord et al., 2010; Nga & Shamuganathan, 2010). The enabling process requires bridging capacity and adaptive capacity leadership skills to manage financial and human resources and adapt to challenges and changes in order to scale up and sustain the social mission (Thompson, 2002; Alvord, 2010; Nga & Shamuganathan, 2010).

Mobilizing and managing resources to sustain and scale up an organization requires various leadership skills based on the type of resource – financial, human or physical capital.
Leadership skills include being able to work with a diverse group of stakeholders to secure resources and to be able to manage operational aspects of the organization (Alvord et al., 2004; Alvord et al., 2010). A survey conducted by the Schwab Foundation for Social Entrepreneurship found that most entrepreneurs demonstrate ethical, transformational and empowering leadership but have underdeveloped transactional leadership skills (Heinecke et. al., 2014). Transactional leadership is associated with the managerial tasks or operational task of the organization (Heinecke et. al., 2014). These tasks are related to business management such as budgeting and financial planning, marketing, communication, strategic development and planning, managing and developing people, and managing risks. Teaching how to create and manage a business model is necessary to enable social entrepreneurs to communicate the long-term value of the organization and to ensure sustainability of the social enterprise (Brock & Steiner, 2009; Waghid, 2019). In order to mobilize and maintain resources for sustainability, the social entrepreneur must engage in networking and form a collective enterprise. This requires interaction and relationship building with the community and makes the community a stakeholder in the process. The connection creates a “heightened sense of accountability to the constituencies served and for the outcomes created” (Dees, 1998).

By learning how to scale up, social entrepreneurs are able to branch out beyond the immediate community and create systemic change (Brock & Steiner, 2009; Waghid, 2019). In order to find support for the social mission, challenge and facilitate innovation in those supporters, and create a culture willing to work for a social change, social entrepreneurs often use transformative leadership (Heinecke et al., 2014; Jackson et al., 2018). Transformative leadership theory “contends that the leader’s ability to motivate subordinates, and achieve greater results than originally expected leads organizational members to achieve higher levels of
motivation and morality while interacting with others” (Felicio et al., 2013, p. 2140). Felicio et al. (2013) found transformative leadership to be especially critical for resource mobilization and collective enterprise.

In order to maintain or secure more resources, social ventures need to be able to demonstrate their impact on society by measuring outcomes (Brock & Steiner, 2009; Waghid, 2019). Social venture outcome measures should reflect social and economic considerations which Zahara et. al. (2009) refers to as “total wealth”. Total wealth combines the tangible aspects of the social venture plus the intangible aspects relating to the improvement or change on the social environment (Zahra et. al., 2009). Social entrepreneurs need to learn how to measure social wealth and economic wealth, often referred to as the triple bottom line (economic, environmental and social value propositions), of their social venture in order sustain and scale the social impact.

**Influence of Social Entrepreneur Education to Impact Social Change**

In an interview with Dees in 2012 about insights for teaching social entrepreneurship, Dees stated that education should focus on achieving social impact and on the larger context of social change, not just creating something new. Dees also stated that social entrepreneurship does not need to be only within the business schools (Worsham & Dee, 2012). Effecting social change is about more than a new product or service, it is about understanding and changing a complex system to transform society. In order to prepare students to create social change, Dees identifies social entrepreneur education should focus on how to work with the community, be balanced in teaching business skills and social skills, and have an experiential component (Worsham & Dees, 2012). Dees further outlines community education to include emotional intelligence aspects of humility, respect and empathy to understand and leverage
cultural knowledge when working with community. Dees believes that teaching empathy, which he feels is about trying to understand, from the person, community, population point of view, what is in their best interest, is important but is an underdeveloped area in social entrepreneur education (Worsham & Dees, 2012). The understanding of culture will help to define what it is the community “can do for themselves that you should not be doing for them” (Worsham and Dees, 2012, p. 448) and thus impacting societal change.

The distinguishing factor of social entrepreneurship is the focus on social mission to address social needs and problems and make a positive contribution to the community. The literature has focused on the need to work with the community or population to create social change. Working with community or population can occur by incorporating experiential work through case studies, fieldwork, connecting with community stakeholders and/or creating community task forces (Wessel & Godshalk, 2004; Brock & Steiner, 2009; Nga & Shamuganathan, 2010; Worsham & Dees, 2012; Howorth et al., 2012). By participating in community engaged learning, students develop a better understanding of multicultural values and perspectives which enhances cultural humility (Nga & Shamuganathan, 2010). Community engaged learning can also be used to foster reflective learning across disciplines to promote holistic understanding of the principles of sustainability which is an important aspect of social entrepreneurship (Brock & Steiner, 2009; Waghid, 2019). Not only does community engaged learning enhance student skills in social entrepreneurship, it also creates collaborations and relationships between an academia, community, corporations and society (Wessel & Godshalk, 2004; Nga & Shamuganathan, 2010).
Social Entrepreneur and Occupational Therapy Education

With the paradigm shift from the medical model to a more occupational focus of health and wellness in occupational therapy, academic programs need to ensure they are adequately preparing students for community and emerging practice fields. Nga and Shamuganathan (2010) concluded that business management education can promote social entrepreneurship by enhancing awareness, understanding, and development of social responsibility. How they suggest this occurs; teaching social responsibility, student centered learning, life-long learning and problem-based learning, are factors already a part of the healthcare education, especially within the occupational therapy curriculum (AOTA, 2018; Schaber, 2014). Occupational therapy education programs are accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) to ensure programs meet the required objectives to assure quality education for students and appropriate level of care for clients once students graduate. According to ACOTE®, graduates must:

- Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework
- Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, wellbeing, and quality of
life, as informed by the Occupational Therapy Practice Framework (AOTA, 2018, p.2).

This is achieved through the implementation of specific educational standards that are universal to all occupational therapy programs (ACOTE, 2018). Many of these standards align with the social entrepreneur framework described by Dees (1998). Table 2.2 provides an illustration of how these standards fit within the social entrepreneur framework. The aforementioned Occupational Therapy Practice Framework 4th edition or OTPF-4 (AOTAb, 2020) is the document that articulates occupational therapy’s domain and process. The domain outlines the scope of occupational therapy and the areas in which the profession has established knowledge and expertise. There are five domain areas: occupations, contexts, performance patterns, performance skills and client factors.

The domain areas are interrelated and impact “occupational identity, health, well-being, and participation in life” (AOTA, 2020b, p. 6). Each domain is supported by sub-categories which are then further defined with specific aspects. The domain and the sub-categories are the focus of this research (Table 3.1). The OTPF-4 (AOTAb, 2020) is an official document of the occupational profession that describes the “interrelated constructs that describe occupational therapy practice” (p.1). It is not the intent of this paper to fully describe these concepts but to inform how they may be utilized in defining the scope and practice of emerging practice. Each domain is defined and described in Chapter 4. The understanding of these domain areas is important for defining the occupational perspective of one’s work including the scope and boundaries of one’s role, especially in emerging community practice settings. These are the areas from which the occupational therapy profession can seek opportunities to create social innovation through emerging roles within community arenas.
Summary

Occupational therapy education encompasses many of the elements of social entrepreneurship but it has not been identified as an actual thread of learning through programs. Mort et al. (2003) describe social entrepreneurs as being “driven by the social mission of creating a better social value which results in them exhibiting entrepreneurially virtuous behavior” (p. 82) such as integrity, compassion, empathy and honesty. These values align with the core values of occupational therapy practice which include altruism, equality, freedom, justice, dignity, truth and prudence. (AOTA, 2020a).

Social entrepreneurs also believe “in the innate capacity of all people to contribute meaningfully to economic and social development” (Schwab foundation in Mort et al., 2003 article, p. 83). Dees felt it was important to focus on problem solving societal issues versus providing charity. Charity provides benefits to the giver and often perpetuates the powerlessness of the individual or community whereas problem solving can lead to systemic change (Dees, 2012). This concept relates to the second aspect of social justice described by Keith (2015, p. 9) as “self-determination” in which justice can be promoted through meaningful participation. Occupational justice is a framework in occupational therapy that is used to identify and address injustices pertaining to occupation (Benjamin-Thomas & Rudman, 2018). In order to identify occupational injustices, occupational therapists need to understand the impact of the sociocultural context on occupational opportunities and well-being.

However, there is a lack of understanding of how to create curriculum to incorporate social innovation or social entrepreneur concepts within the health sciences and in particular, occupational therapy. It is crucial for occupational therapists to understand and be competent in social entrepreneurial skills for the advancement of emerging fields of practice, the benefit of
improved services for those previously underserved, and for opportunities to be change makers to facilitate societal transformations.

Table 2.2

Social Entrepreneur and Occupational Therapy Education

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<th>Social Entrepreneur Framework</th>
<th>ACOTE® Standards</th>
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| **Adopting a Mission to Create and Sustain Social Value** | **B.1.3. Social Determinants of Health**
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. |
| **Recognize and Pursue New Opportunities to Support the Mission** | **B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate**
Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society’s current and future occupational needs as well as how these factors influence and are influenced by practice. **B.3.3. Distinct Nature of Occupation**
Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. **B.4.20. Care Coordination, Case Management, and Transition Services**
 Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments. **B.5.2. Advocacy**
Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs. |
| **Engage in Continuous Innovation, Adaptation and Learning** | **B.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention**
Apply, analyze, and evaluate scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations **B.4.18. Grade and Adapt Processes or Environments**
Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting |
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<th>processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.</th>
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| **Acting Boldly Without Being Limited by Available Resources** | **B.4.27. Community and Primary Care Programs**  
Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations.  
**B.5.3. Business Aspects of Practice**  
Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.  
**B.5.6. Market the Delivery of Services**  
Demonstrate leadership skills in the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision.  
**B.6.4. Locating and Securing Grants**  
Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development. Create grant proposals to support scholarly activities and program development. |
| **Accountability to Those Served** | **B.3.2. Interaction of Occupation and Activity**  
Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.  
**B.5.7. Quality Management and Improvement**  
Demonstrate leadership skills in the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes. |

*Adapted from Accreditation Council for Occupational Therapy Education (2018) & Dees (1998)*
CHAPTER THREE

METHODS AND DESIGN FOR ACTION

Introduction

The focus on health and well-being through an occupational perspective creates a paradigm shift within the occupational therapy profession from a medical model to a more community focused model creating role-emerging practice areas. In order to prepare our students, the City View University occupational therapy curriculum places a heavy emphasis on leadership, specialty roles, innovation and entrepreneurship with the focus of creating occupational therapy roles where none may currently exist or are in an early stage of development. However, emerging role development is an understudied area in developing occupational therapy curriculum. This study aims to identify if the behaviors and skills used by occupational therapists who are engaging in emerging practice fits within a social entrepreneurial framework and how their practical experience can inform occupational therapy curriculum to better prepare graduating students to engage in emerging practice. The purpose is to gain understanding of the behaviors, skills and occupational perspectives used by occupational therapists who have navigated the system and are successful working in role emerging fields. The study will also seek to understand the challenges or obstacles faced by those working in role emerging fields. With this knowledge, faculty will be able to design curriculum that will provide students with essential skills to recognize opportunities and be innovative in meeting the needs of individuals, communities and populations in an ever-changing societal environment.
Goals of the Study

The purpose of the study was to explore the relationship between emerging practice and social entrepreneurship by examining the behaviors and skills used by occupational therapists who are engaged in emerging practice and how their practical experience can inform occupational therapy curriculum. The methods proposed in this chapter are designed to help answer the following research questions:

1) Do occupational therapists who are working in emerging roles in community practice demonstrate characteristics of social entrepreneurs?
2) What knowledge, skills, or behaviors do occupational therapists lack that creates barriers/limitations for developing an emerging practice role?
3) How do occupational therapists who are working in emerging roles in community practice define the occupational perspective of their work?

Research Design

This study involved examining the behaviors, skills and knowledge of occupational therapists who are successful in working in role emerging practice arenas through the lens of social entrepreneurs (Dees, 1998). The study also examined which behaviors, skills or knowledge these therapists lacked which increased the challenge of creating emerging practice roles. Data were collected through an explanatory sequential mixed methods design integrating quantitative and qualitative data (Fetters et al., 2013). The explanatory sequential mixed methods design is characterized by an initial quantitative phase of data collection through the use of two online Likert scale surveys, followed by a phase of qualitative data collection through semi-structured interview, with a final phase of integration or linking of data from the three separate strands of data. The Social Entrepreneur Scale (Carraher, 2013) and the Social Entrepreneur Scale...
Competencies survey data were used to identify if there is any relationship between social entrepreneurship and emerging practice. The surveys were also used to bring to light the social entrepreneur behaviors and competencies that are utilized or are lacking by occupational therapists in emerging practice roles. The semi-structure interview questions helped to further explain the knowledge, skills and behaviors related to the practitioner’s role in an emerging practice setting and the occupational perspective of their work. This study contributes to the role emerging scholarship with particular emphasis on skills and behaviors utilized in role emerging fields to inform occupational therapy curriculum.

**Selection and Recruitment of Participants**

Purposeful sampling was utilized in order to target participants of a community of practice, *Bridges of Hope*, which consists of occupational therapists who are committed to creating community-based practice to better serve those on the margins. This group was formed in 2019 and meets to discuss the creation of jobs for occupational therapists in the community setting. Potential participants of the study were recruited via email (Appendix A), which included a consent to participate form (Appendix B) and a demographic survey (Appendix C), in fall of 2021. The demographic survey was to ensure the participant matched the inclusion criteria for occupational therapists who work in emerging areas of practice. For this study, emerging practice was defined as the “development and provision of occupational therapy services in environments where services have not traditionally been available or well established” (Holmes & Scaffa, 2009a, p. 82). Participants were required to be certified by the National Board for Certification in Occupational Therapy (NBCOT) and have greater than 3 years of experience practicing with at least 1 year of working in an emerging practice role.
Instruments

The quantitative data were collected via online surveys. The surveys requesting demographics and information related to social entrepreneurship behaviors and competences were administered through Qualtrics®, an online survey software program (Qualtrics, 2021). Once the participant returned the demographic information and it was determined that they fit the inclusion criteria of the study, the participant received two online Likert scale surveys, the Social Entrepreneur Scale (Carraher, 2013) and the Social Entrepreneur Competencies scale, via Qualtrics® links in an email (Appendix D).

The first survey, the Social Entrepreneur Scale (Carraher, 2013) (Appendix E) aimed to explore if there was a relationship between the practices of social entrepreneurs and occupational therapists working in emerging practice. The therapists rated the level they felt they engaged in the identified social entrepreneurial behaviors while performing their role within an emerging practice arena. The Social Entrepreneur Scale is an 11-item scale that was created to measure social entrepreneurship using Dees (1998) definition of social entrepreneurs. The participants rated their behaviors in eleven areas using a Likert scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”) (Carraher, 2013). The items included aspects of the Dees (1998) definition of social entrepreneurship including being a change agent, adopting a mission, recognizing and pursuing opportunities, engaging in continuous learning and innovation, not being limited by resources and focusing on accountability and outcomes. Regarding reliability of the questionnaire, Carraher et al. (2012) stated,

Using a sample of 276 health care professionals we find that the 11-item scale has a coefficient alpha reliability estimate of .94 which is better than the .89 found for the original 6-item version. (p.5)
Regarding validity, Carraher et al. (2016), conducted a study in which they 

used a sample of social entrepreneurs and general entrepreneurs in order to examine the reliability and validity of a new measure of social entrepreneurship. We find support for the convergent and divergent validity of the instrument as well as differences between social entrepreneurs and general entrepreneurs. (p. 397-398). We also find very good level internal consistency for the scale. (p. 386).

The Social Entrepreneur Scale data was used to determine to what extent occupational therapists who are working in emerging practice utilize behaviors identified in the literature as social entrepreneurial. The purpose of this qualitative data was to better understand if there is a relationship between skills needed for emerging practice and social entrepreneurship which is the focus of the second research question.

The second survey, Social Entrepreneur Competencies (Appendix F), asked respondents to indicate the extent to which they believe they utilize each competency while working in their emerging practice role using a Likert scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). The Social Entrepreneur Competencies scale was created by this author based on the study completed by Miller et al. (2012). The study conducted a systematic literature review to identify specific competencies in management, entrepreneurship and non-profit management. The result was a list of 35 competencies from which Miller et al. (2012) sought to identify the top competencies deemed essential from social entrepreneur practitioners and compare those with the top competencies taught within social entrepreneurship programs. The top 10 competencies deemed important by practitioners and the top 10 competencies most taught in the classroom as identified in the study, were combined by this author, to develop the Social Entrepreneur Competencies scale. The combination of the top 10 competencies in both the
classroom and as identified by practitioners resulted in 17 competencies for the survey (Appendix F). The *Social Entrepreneur Competencies* survey was used to collect data to identify perceived competence or incompetence relating to social entrepreneurial skills by occupational therapists in their emerging practice role.

Once the demographic information and surveys were returned, the participants were contacted to complete the semi-structured interview using the *Emerging Practice Questionnaire* (Appendix G) via an online virtual platform (Zoom, 2021). The questions were formulated to gather data related to how occupational therapists who are working in role emerging practice define the occupational perspective of their work, gather data related to any knowledge, skills or behaviors the participants felt they used or were lacking and identify how their education impacted their transition into an emerging practice arena. The semi-structure interview provided the opportunity to reflect on and discuss the findings related to the two Likert scale surveys that were completed prior to the interview and the occupational perspective of their work.

**Data Analysis**

Demographic information was downloaded from Qualtrics® and compared to the inclusion criteria to determine if the participant matched the inclusion criteria for working in emerging areas of practice as defined for this study (Holmes & Scaffa, 2009a, p. 82), certified by the National Board for Certification in Occupational Therapy (NBCOT) and have greater than 3 years of experience practicing with at least 1 year of working in an emerging practice role.

Research questions one and two were addressed through the analysis of quantitative data collected via the *Social Entrepreneurial Scale* and the *Social Entrepreneurship Competency* scale. The surveys were selected to cultivate data that would indicate behaviors, skills and
competencies of the occupational therapists who are working in emerging practice roles. Quantitative data were analyzed using descriptive statistics through IBM SPSS® Statistics software, version 26. This study utilized measures of central tendency (mean) and variation (standard deviation) to identify if there is a relationship between social entrepreneurship behaviors and emerging practice behaviors. The data also served as a way to identify the behaviors and skills that the occupational therapist felt they needed for working in emerging practice roles, but were lacking.

Qualitative data were collected via the Emerging Practice Questionnaire during a semi-structured interview and were used to address all three research questions. Structural coding (Saldana, 2016) was used to analyze the qualitative data gathered through the participants’ responses of the semi-structured interview, via Zoom® (Zoom, 2021) audio transcripts, as they relate to the research questions of social entrepreneurial skills/behaviors, areas of challenges/lack of skill and occupational perspectives. The questions of the semi-structured interview were formulated to gather data related to how occupational therapists who are working in role emerging practice define the occupational perspective of their work, gather data related to any knowledge, skills or behaviors the participant felt they were lacking that created limitations or barriers in their work in emerging practice and identify how their education impacted their transition into an emerging practice arena (Appendix G). The sub-categories of the five domain areas from the OTPF-4 (AOTA, 2020), occupations, contexts, performance patterns, performance skills and client factors, were used to identify themes (Table 3.1). Each domain is further described in the results section of Chapter 4. The data from the semi-structure interviews will further explain the findings from the quantitative data of the surveys (Fetters, et al., 2013) and will be discussed more in Chapter 4.
Table 3.1

Themes of Occupational Perspective and Scope of Practice

<table>
<thead>
<tr>
<th>Occupations</th>
<th>Contexts</th>
<th>Performance Patterns</th>
<th>Performance Skills</th>
<th>Client Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of daily living (ADLs)</td>
<td>Environmental factors</td>
<td>Habits</td>
<td>Motor skills</td>
<td>Values, beliefs, and spirituality</td>
</tr>
<tr>
<td>Instrumental activities of daily living (IADLs)</td>
<td>Personal factors</td>
<td>Routines</td>
<td>Process skills</td>
<td>Body functions</td>
</tr>
<tr>
<td>Health management</td>
<td></td>
<td>Roles</td>
<td>Social interaction</td>
<td>Body structures</td>
</tr>
<tr>
<td>Rest and sleep</td>
<td></td>
<td>Rituals</td>
<td>skills</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Each research question was aligned with specific instruments for data collection.

Information from the literature was utilized to create the research questions and identify the instrument or creation of the instrument for data collection. Quantitative data was gathered using survey tools but was also supported through the semi-structured interview to enable the participants to reflect on their answers and to provide a more in-depth analysis. Table 3.2 provides a structured view of how the questions, instruments, and literature aligned in addition to describing how the data was analyzed.
Table 3.2

*Design Alignment Tool*

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Literature</th>
<th>Instrument</th>
<th>Analysis</th>
</tr>
</thead>
</table>
| 1. Do occupational therapists who are working in emerging roles in community practice demonstrate characteristics of social entrepreneurs? | • Dees, 1998  
• Miller, Wesley, Williams 2012  
• Holmes & Scaffa, 2009a  
• Carraher, 2013 | • Social Entrepreneur Scale Likert Scale Responses  
• Social Entrepreneur Competencies Likert Scale Responses  
• Emerging Practice Questionnaire Responses | • Descriptive Statistics  
• Structural Coding |
| 2. What knowledge, skills or behaviors do occupational therapists lack that creates barriers/limitations for developing an emerging practice role? | • Dees, 1998  
• Worsham & Dees, 2012  
• Brock & Steiner, 2009  
• Miller, Wesley, Williams 2012  
• Holmes & Scaffa, 2009b  
• Carraher, 2013 | • Social Entrepreneur Scale Likert Scale Responses  
• Social Entrepreneur Competencies Likert Scale Responses  
• Emerging Practice Questionnaire Responses | • Descriptive Statistics  
• Structural Coding |
| 3. How do occupational therapists who are working in emerging roles in community practice define the occupational perspective of their work? | • Wilcock & Hocking, 2015  
• Thew et al., 2011  
• Holmes & Scaffa, 2009a  
• Holmes & Scaffa, 2009b | • Demographic Survey  
• Emerging Practice Questionnaire Responses | • Structural Coding  
• Individual experiences |

*Adapted from Kanyongo, 2017*
CHAPTER FOUR
DESCRIPTION OF FINDINGS

The American Occupational Therapy Association’s Vision 2025 (2017) calls for occupational therapy practitioners to increase “health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (p. 7103420010p1). Therefore, there is a need for occupational therapy curriculum to support evolving opportunities within the profession by providing educational frameworks and experiences for emerging fields of practice. The purpose of the study is to explore the relationship between emerging practice and social entrepreneurship by examining the behaviors and skills used by occupational therapists who are engaged in emerging practice. Their practical experiences will help build the capacity of occupational therapy students for new opportunities through improved curriculum design.

Research Questions

The review of the emerging practice and community practice literature lead to the topic of social entrepreneurship. As this researcher continued to explore the social entrepreneurship literature, the concepts of all three topics aligned, thus formulating the question if social entrepreneurship could be a framework that is built into curriculum to facilitate student growth and learning to align with the Vision 2025 (AOTA, 2017) strategic plan. Based on the purpose of this study to explore the relationship between emerging practice and social entrepreneurship, the following questions were developed:

1) Do occupational therapists who are working in emerging roles in community practice demonstrate characteristics of social entrepreneurs?
2) What knowledge, skills, or behaviors do occupational therapists lack that creates barriers/limitations for developing an emerging practice role?

3) How do occupational therapists who are working in emerging roles in community practice define the occupational perspective of their work?

The first question was developed to examine if the behaviors used by therapists who are practicing in emerging practice fields utilize behaviors that have been identified in the literature as behaviors and characteristics of social entrepreneurs. Identifying if behaviors or characteristics the therapists use relates to the those of social entrepreneurs, will provide support for implementing a social entrepreneur framework into occupational therapy curriculum.

The second question was developed to understand the practical experience of therapists who are in emerging practice. By understanding what barriers or limitations the practitioners have experienced, the researcher can identify what skills need to be developed through curriculum design.

The third research question was developed as a means to inform the researcher how practitioners in emerging practice utilized the occupational therapy domain and scope of practice to created opportunities. This understanding will enable the educational programs and students to identify opportunities for experiences in non-traditional and emerging community practice arenas. Exposing the students to new opportunities will enable the profession to meet the Vision 2025 (AOTA, 2017) and expand into new areas to meet the needs of communities and populations.

**Process**

The data, which were collected from November 2021 to March 2022, was evaluated to identify elements of and the skills utilized by occupational therapists working in role emerging
arenas of practice. The study was conducted in a manner similar to that described in Chapter Three. Purposeful sampling via email was utilized to recruit occupational therapists working in role emerging practices. An email was sent to eleven members of the *Bridges of Hope* community of practice group. The email provided an explanation of the purpose of the study as well as informed consent procedures (Appendix B). Six of the recruited eleven consented to participate in the study and completed the Demographic Questionnaire (Appendix C) which was used to determine eligibility for the study as described in chapter three. Five out of the six participants met inclusion criteria for the study. One participant did not meet the requirement of greater than 3 years of experience practicing as an occupational therapist.

Once eligibility was determined, a follow up email was sent to the participant which included links to two online Qualtrics® (Qualtrics, 2021) surveys, *The Social Entrepreneur Scale* (Appendix E) and the *Social Entrepreneur Competencies* scale (Appendix F). After the surveys were completed, the participants were contacted to set up a semi-structured interview to enable the gathering of qualitative data using the *Emerging Practice Questionnaire* (Appendix G). The semi-structured interviews were conducted via an online virtual platform thus producing an audio transcript (Zoom, 2021) that was used to identify themes of occupational perspectives and social entrepreneurial behaviors and skills. Once all interviews were completed, several close reads were conducted utilizing structural coding (Saldana, 2016) to analyze the qualitative data gathered through the participants’ responses as they relate to the research questions of occupational perspectives, social entrepreneurial skills/behaviors and areas of challenges/lack of skill. This process included selecting quotes supporting the themes (Saldana, 2016). The semi-structured interview provided the opportunity to reflect on and discuss the findings related to the two Likert scale surveys that were completed prior to the interview as a means to triangulate the
information. More detail related to the themes used to analyze the transcripts is provided in the description of results.

**Participant Demographics**

Recruitment emails were sent to eleven practitioners. Six individuals responded and out of the six, five met the inclusion criteria. One participant did not meet the experience criteria. All five of the participants of the study engaged in community practice with two participants also working in academia. All are the first occupational therapists to engage in the community practice role and are instrumental in creating and “selling” their services to the organization they work with. More details regarding background information for each participant is provided in Table 4.1. All five participants completed each step of the data collection process including completing the two Likert surveys and the semi-structured interview to provide quantitative and qualitative data. The results of the quantitative and qualitative data are presented as the relate to each research question.

**Findings for Research Question 1**

The first research question was “Do occupational therapists who are working in emerging roles in community practice demonstrate characteristics of social entrepreneurs?”. This research question was developed to understand if occupational therapists working in role emerging practices engage in similar behaviors as social entrepreneurs. To answer this question, the participants completed two surveys, the *Social Entrepreneur Scale* and the *Social Entrepreneur Competencies* scale. These scales were analyzed through descriptive statistics to identify which social entrepreneurial characteristics, if any, were used by occupational therapists in their role emerging practice.
Once participants returned the surveys rating their behaviors and competencies, each participated in a semi-structured interview. The *Emerging Practice Questionnaire* (Appendix G) enabled the participants to reflect and expand upon the survey answers relating to the social entrepreneur elements and competencies within their emerging practice roles. Qualitative data from the *Emerging Practice Questionnaire* were analyzed to identify how occupational therapists working
in emerging practice demonstrate characteristics of social entrepreneurs using structural coding (Saldana, 2016). The coding focused on the social entrepreneur elements of mission, opportunity, innovation/learning, resources and accountability. These themes were identified in the participants’ responses and reflections to questions 3, 4 and 6 on the questionnaire (Appendix G) and used to triangulate the information.

**Social Entrepreneur Scale Findings**

Table 4.2 provides the measures of central tendency and variability of the eleven social entrepreneur behavior statements from the *Social Entrepreneur Scale*. Answers to the statements of behaviors indicated that the five participants agreed with the behavior statements (M=>4.00). The highest rated behavior statement (M=5.00, SD=.00), was the concept of “engaging in a process of continuous learning”. The three behavior statements with the second highest average (M=4.8, SD=.44) included “engaged in process of continuous adaptation”, “caring deeply about the outcomes”, and “engaging in the process of continuous innovation”. Recognizing new opportunities, having a heightened sense of accountability (both at M=4.6, SD=.54) and statements related to adopting a mission (M=4.6, SD=.89) were the next group of behaviors identified by the participants. Being able to act without being limited by resources (M=4.4, SD=.54), pursing new opportunities (M=4.2, SD 1.30) and seeking to be a world changer (M=4, SD=.70) were on the bottom of the scale with pursing new opportunities having the greatest variability. The variability of the mission statements and seeking to be a world changer were due to one participant scoring these statements at 3 out of 5. The statement with the greatest variability related to one participant slightly disagreeing with the behavior of pursing new opportunities thus providing a greater variability in answers from 2 to 5.
Table 4.2

Social Entrepreneur Scale

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean</th>
<th>SD</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous learning</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Continuous adaptation</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Caring about outcomes</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Continues innovation</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Adopting a mission to create social value</td>
<td>4.60</td>
<td>.89</td>
<td>5</td>
</tr>
<tr>
<td>Recognizing new opportunity</td>
<td>4.60</td>
<td>.54</td>
<td>5</td>
</tr>
<tr>
<td>Adopting a mission to sustain social value</td>
<td>4.60</td>
<td>.89</td>
<td>5</td>
</tr>
<tr>
<td>Sense of accountability</td>
<td>4.60</td>
<td>.54</td>
<td>5</td>
</tr>
<tr>
<td>Acting without being limited by resources</td>
<td>4.40</td>
<td>.54</td>
<td>4</td>
</tr>
<tr>
<td>Pursuing new opportunities</td>
<td>4.20</td>
<td>1.30</td>
<td>5</td>
</tr>
<tr>
<td>Seek to be a world changer</td>
<td>4.00</td>
<td>.70</td>
<td>4</td>
</tr>
</tbody>
</table>

Social Entrepreneur Competencies Findings

To further understand the relationship of behaviors between occupational therapists in role emerging practice and social entrepreneurs, participants were asked to rate which social entrepreneurial competencies they used within their emerging practice role. The competencies in the study was developed using the combined top-ten most important competencies rated and ranked by social entrepreneur practitioners and the top-ten taught in classrooms as identified in the study by Miller et al. (2012). Due to overlap of three competencies in both the field and in the classroom, seventeen competencies were used for the Social Entrepreneur Competencies
scale. The results of this scale produced less variability then the behavior statements of the Social Entrepreneur Scale. Table 4.3 provides an overview of the means and standard deviations for all seventeen competencies. Results of the Social Entrepreneur Competencies scale (Table 4.3) were grouped into four categories based on means. The top six competencies (M=5, SD=0) related to communication/relationship development and problem solving. The next six competencies (M=4.8, SD=4.4) included competencies related to mission and innovation. The three competencies with the highest variability related to creating a business plan (SD .70), managing strategy development (SD .83) and capacity to measure outcomes (SD 1.8). The variances were due to the range in answers with one participant scoring a 3 out of 5 for managing strategy development and implementing a business plan. One participant indicated a score of 2 out of 5 for the competency of measuring outcomes creating the greatest variability of all the competencies.

**Emerging Practice Questionnaire Interview Findings**

The semi-structure interviews were analyzed using structural coding. The social entrepreneur elements; mission, opportunity, adaption & innovation, resources and accountability, were the overall themes. Conceptual phrases for each theme were used to code responses to identify if the participants demonstrated elements of social entrepreneurship within their emerging practice roles. The conceptual phrases were pulled from the phrases on the Social Entrepreneur Scale and the Social Entrepreneur Competencies scale that described each element. Specific conceptual phrases for each element will be described in the following sections. These themes were identified in the participants responses and reflections to questions 3, 4 and 6 on the Emerging Practice Questionnaire (Appendix G).
Table 4.3

Social Entrepreneur Competencies

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Mean</th>
<th>SD</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to problem solve</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Communicating with others</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Interpersonal communication skills</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Challenge traditional ways of thinking</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Identify social problems</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Develop collaborative relationships</td>
<td>5.00</td>
<td>.00</td>
<td>5</td>
</tr>
<tr>
<td>Building effective teams</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Sense of moral imperatives/ethics</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Innovativeness and creativity</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Identify/evaluate/exploit opportunities</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Social skills</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Desire &amp; ability to create social impact</td>
<td>4.80</td>
<td>.44</td>
<td>5</td>
</tr>
<tr>
<td>Ability to sell/market the organization</td>
<td>4.20</td>
<td>.44</td>
<td>4</td>
</tr>
<tr>
<td>Manage strategy development</td>
<td>4.20</td>
<td>.83</td>
<td>4</td>
</tr>
<tr>
<td>Management of financial capital</td>
<td>4.00</td>
<td>.00</td>
<td>4</td>
</tr>
<tr>
<td>Capacity to measure outcomes</td>
<td>4.00</td>
<td>1.22</td>
<td>4</td>
</tr>
<tr>
<td>Create/evaluate/implement business plan</td>
<td>4.00</td>
<td>.70</td>
<td>4</td>
</tr>
</tbody>
</table>
Adopting a Mission

The conceptual phrases used to code for adopting a mission were pulled from item numbers 1 and 8 on the Social Entrepreneur Scale (Appendix E) and items 10 and 15 on the Social Entrepreneur Competencies scale (Appendix F). The phrases included: mission, values, passion, interests, understand population, societal transformation and intrinsic motivation. A few participants described the work they were doing as serving a mission. As Participant 1 developed his role within the organization, he saw a fit between occupational therapy and the organizations mission:

In all the work that we have done with ... it has always been tied to their mission. I didn’t go in there saying occupational therapy is going to do this for you... but I went in saying we’re going to help you achieve these goals that you’ve already set. Everything we are doing is moving towards them being better and achieving their mission and goals.

Participant 8 identified her work as a way of achieving her own personal mission stating:

I really see this as my kind of social contribution to the world. I am using my OT skills in a way that are socially going to expand opportunities for others through whatever I’m designing or however I’m designing so there is definitely a mission or a calling...what I am meant to be here for.

Overall, participants described working with marginalized populations to improve their occupational perspective and participation in daily life. In order to do this work which does not fit within the typical medical model of the profession, the participants had to identify opportunities where their skills as an occupational therapist could be utilized in non-traditional settings.
Identifying Opportunity

Dees (2012) discusses how social entrepreneurial opportunities for social change often come from one’s experience or lived environment and the social challenges one has seen or lived through. The conceptual coding phrases for the element of identifying opportunity included: seeing challenges/change as opportunities, awareness, experiences, challenge traditional ways, and identifying social problems. The item numbers that correlate with this section are numbers 2 and 5 on the Social Entrepreneur Scale (Appendix E) and numbers 13, 16 and 17 on the Social Entrepreneur Competencies scale (Appendix F). These concepts were evident in the participants’ story of how each came to work in their specific field of practice.

Participant 1 was working with an organization through a medical model lens. Through conversation and understanding of the work the organization was doing to help individuals with the resettlement process, he identified a role that occupational therapy could serve. His work in academia and his work at the community organization enabled him to pursue the opportunity. He states:

*I felt like in my environments class, it would be a great opportunity for students to go in and do assessments of people, of their environment, the physical and social environment...the staff were like ‘that’s amazing, how do we get more of that’.*

This was the beginning of the process to build occupational therapy services into the program.

Participant 2 also used her background experience to create her role in an emerging practice area:

*I looked at some nonprofit and human services organizations that I had a relationship with in the past. I’ve volunteered for the food bank for years. I saw the position was*
posted to run the senior food box program and felt like all of my background experience working with senior citizens in the community...seemed like a perfect fit.

Participant 2 has utilized her occupational therapy background to integrate an occupational perspective into the service delivery model of distributing, transporting and utilizing food for senior citizens.

Having a strong understanding of occupational therapy’s scope and domain and combining it with interest and experience enabled these individuals to expand into areas of practice where occupational therapists typically are not. Participant 8 has created her own company and travels around the world working with parks, museums and corporations to “create spaces where individuals of varying abilities are able to engage”. Her story begins as a student completing an assignment in her occupational therapy program where she conducted a needs assessment for a community organization. The connections she made through this assignment enabled her to create a career using her occupational therapy skills in a non-traditional, non-medical field. Participant 8 states: “The opportunity for us is infinite. It’s limited by our thought processes in our imagination”. Each participant is the first occupational therapist to be in the role they are in within the organization or arena where they work. Therefore, being innovative and adaptable was a recurrent theme.

Adaptation and Innovation

Adaption and innovation are core concepts of social entrepreneurship. Creating new ideas, products, process and continually adapting them are methods of problem solving to fill a social need. Creating new ways of doing tasks or adapting the way a task is done is a framework that occupational therapists use in intervention. Therefore, themes of innovation and continuous
adaptation was voiced throughout the interviews. Conceptual phrases used to code these themes were: adapt, create, learn, improve, reflection, resilience, and problem solve. These concepts related to item numbers 3, 9 and 11 on the Social Entrepreneur Scale (Appendix E) and item numbers 1 and 11 on the Social Entrepreneur Competencies scale (Appendix F). Participant 2 describes how she was able to adapt the process that was in place to better serve the senior population:

*I had to prove that I could do the work they were focused on before I said, have we ever thought about doing this differently? I am an occupational therapist by background, but the work I am doing is not about direct OT as it is applying the OT perspective to the system.*

Participant 6 discusses how as the organization she works with changes, so must the occupational perspective of her work change:

*Looking at groups over time we can say here are the things we used to do, we don’t do those anymore because we don’t have that population anymore, we don’t have a need anymore or the agency is not identifying that as a need anymore. We just keep reinventing what we do.*

Because these therapists are working in emerging areas of practice, there also becomes a need for adaptation and innovation of occupational therapy tools and resources. Participant 10 describes this when discussing the use of assessments for her population:

*Being able to know what assessments you can adapt because a lot of the assessments are not going to be useful for the populations we’re working with but many are open to adaptation.*
The described innovate actions and services have a primary goal to fill a social need. In order to do this, one must create networks and obtain and manage financial and social capital. Therefore, finding and managing resources is an important element of social entrepreneurship.

**Acting with limited resources**

Emerging practices within the community tend to be in the non-profit sector. This impacts the type and amount of resources available to create the social change the community program is striving for. The term resources can have multiple meanings. To identify resources the conceptual terms included: financial, social and physical capital, collaborating with others, and creating networks. The scale items that related to these concepts were number 4 on the *Social Entrepreneur Scale* (Appendix E) and numbers 2, 3, 5, 6, 7, 9, 12 on the *Social Entrepreneur Competencies scale* (Appendix F). The participants in the study identify limited resources (funding, equipment and people) and how they have managed resources to enable their work to continue.

Participant 1 discusses the limited resources of financial and social capital. In regards to funding he states:

*The organization is really great about finding money. It takes a while but they are constantly writing grants…there are people on staff who know what I do so they ask me to write up little parts of the grant to explain the occupational therapy piece. Now they are putting occupational therapy in all of their grants.*

Before there was a budget for occupational therapy and supplies, Participant 1 was able to utilize resources from the academic program he worked at through the fieldwork program.
For the first four years of doing fieldwork there, there was not budget for any kind of equipment and so, these are ... students and I am a ... employee so they had access to ... supplies.

He also identifies how the organization relies on interns because “they are free” which is typical of many non-profit organizations with limited funding to rely on volunteers to provide the social capital to support the social innovation. Therefore, in addition to managing resources for equipment and supplies, he is focused on obtaining resources to enable the organization to “hire at a wage that OTs really make”.

Participant 10 address how the limited resources of funding impacts the ability of occupational therapists to truly become involved in these organizations due to lack of appropriate compensation:

That’s a huge concern for any non-profit and I think for students it’s really important to look at how you can sustain yourself as a practitioner working with a non-profit...The way I have worked it out...I work part time doing sub-acute rehab which is twice as much per hour.

The participants not only describe managing financial and social resources at their community site but also managing personal resources to enable them to continue to engage in social innovation work within the community.

Accountability

Accountability as an element of social entrepreneurship refers to being accountable to those being served, for the outcomes created, and for sustaining or scaling the initiative (Dees, 1998; Brock & Steiner, 2009; Waghid, 2019). The conceptual terms related to accountability
included: understanding community, working with community/stakeholders, outcomes, and building capacity. The scale items that related to accountability were numbers 6 and 10 from the Social Entrepreneur Scale (Appendix E) and numbers 4, 8 and 14 of the Social Entrepreneur Competencies scale (Appendix F).

Participant 6 describes the need to work collaborative with the community and how it starts with communication, “I think sometimes it’s how you talk to people. There’s a way that you communicate with people”. Participant 6 then provides an example of when she wanted to work with a refugee camp:

We were starting to sell our idea of how we wanted to work with people in the camps...and then we said, well, what is it that you need and we started there and she (the director of the camp) said, “I mean people come in constantly trying to volunteer in the camps...but you are the first people who ever asked me that question”. It’s a good lesson of how many don’t do this in a way that is collaborative...Our skill set (as occupational therapists) is ‘so what do you need, what do we have that can help you’.

Participant 10 also relates the need to collaborate with all stakeholders and describes the need for outcome measures:

You really need to sit back and listen and find out from stakeholders, which includes the participants, what is really going to make sense, where the needs are and then you can frame that better in terms of what kind of measurements can we use to help with funding.

Participant 2 describes how he is working on scaling his program. He states:

I am always looking to recruit. I want to recruit from the refugee population also. That would be interesting to get them to want to be occupational therapists.
Throughout the interview with Participant 8, there was evidence of her ability to scale her company and branch out beyond the immediate community to a wider geographic and demographic arena thus working toward systemic change. What had started as a school project for one community organization has branched out to international opportunities within community and corporation settings including working with foundations to create systemic change of creating a world without barriers. She stated:

*I have been doing some work with the Rick Hansen foundation out of Canada... and there has been some interesting research that some of their folks are doing that shows that when you design and support the extremes you actually come up with better solutions for the broader population, for the majority.*

Accountability also refers to measuring outcomes or demonstrating impact on society by reflecting social and economic improvement. Participant 10 describes working with others in the agency to look at quality of life outcomes but states:

*I want to work more closely with (co-worker who does outcome measures) to tease out some of the OT elements.*

**Summary of Research Question 1 (RQ1)**

To understand RQ1, the researcher was able to triangulate the data from the two survey results and the interviews. The findings supported the concept of therapists in emerging practice utilizing the elements of social entrepreneurs such as adopting a mission, identifying opportunities, adaptation and innovation, acting with limited resources, and accountability. Participant 2 summarizes this in the following statement:
I went down the line (of the surveys) and I said, ‘...these are things I do every day, I agree with each and every one of these items’...I went between a 4 or 5 based on how frequently I use those skills. The 5’s are the things that really I apply every single day, the 4’s are the ones that come in situationally but at least monthly... It was incredibly consistent with my experience and really the skills I present as my strengths.

Findings for Research Question 2

The second research question for this study was “What knowledge, skills, or behaviors do occupational therapists lack that creates barriers/limitations for developing an emerging practice role?”. To answer this question, quantitative data from the two surveys, the Social Entrepreneur Scale and the Social Entrepreneur Competencies scale were analyzed through descriptive statistics to identify social entrepreneur behaviors/characteristics the occupational therapists felt they lacked. This was identified by the items with lowest mean ratings or with high variability. Qualitative data from the Emerging Practice Questionnaire were used to further analyze what knowledge, skills or behaviors the participants felt they lacked that created barriers/limitations for developing an emerging role. The questions which provided the conceptual concepts for structural coding (Saldana, 2016) of the qualitative data were numbers 5 and 7 (Appendix G) and included the terms knowledge, skills or behaviors that were lacking, barriers, and limitations.

Social Entrepreneur Scale Findings

The results of the Social Entrepreneur Scale (Table 4.2) identifies the behavior statement of “seeking to be a ‘world changer’ through the accomplishments of my mission” had the lowest mean rating and high variability (M=4.00, SD=.70) Behaviors related to “acting without being limited by resources” (M=4.4, SD=.54) falls in the midrange between being a behavior that is
used and one that also is a barrier to their work. The behavior statement with the most variability, (M=4.2, SD=1.30) is related to a key concept in entrepreneurship in general, “relentlessly pursuing new opportunities”.

**Social Entrepreneur Competencies Findings**

Table 4.3 of the results for the *Social Entrepreneur Competencies* scale displays the lower rated competencies. The bottom five competencies all related to the business aspect of social entrepreneurship such as marketing (M=4.2, SD=.44), strategy development (M= 4.2, SD=.83), managing financial capital (M=4, SD=0), measuring outcomes (M=4, SD=1.22) and implementing a business plan (M=4, SD=.70).

**Emerging Practice Questionnaire Interview Findings**

Qualitative data from the *Emerging Practice Questionnaire* were analyzed to identify the lack of any knowledge, skills, or behaviors the participants felt limited or created barriers for developing their emerging practice role. Two of the semi-structured interview questions, 5 and 7 (Appendix G), were used to identify limitations with the individual and limitations within educational programs.

*Skill limitations related to working in emerging practice*

Participants were asked to reflect on their answers from the *Social Entrepreneur Competencies* scale and identify knowledge, skills or behaviors they felt they were lacking that created barriers/limitations for developing or working in an emerging practice role. They were asked to think about these competencies in terms of when they were beginning to practice in an emerging practice field and/or currently.
The response from Participant 1 related to the skill of managing financial capital:

*Budgeting has always been something I have been very happy to not have to do...I have people who understand (finances) and make sure I have the money I need to do what I’m going to do, that is one thing I am pretty weak in but I have developed over time.*

Participant 1 also identified the challenge of managing personal financial capital within emerging practice due to the lack of appropriate compensation for occupational therapists working in his sector:

*(new graduates) need to cobble together jobs working with different community agencies and the rest of them go more traditional because they have huge loans they have to pay back.*

Participant 6 focused on the limitation of being able to explain the distinct value of occupational therapy in places that did not have nor have ever heard of occupational therapy. This requires the skill of being able to sell and market occupational therapy services to an organization or agency.

*I ended up with a lot of experience explaining what OT is and really struggled at the beginning, when I was setting up fieldwork at sites or places that had never had OT. I learned how you need to tailor what you are saying to the audience with some examples that makes sense to them. So, what was hard in the beginning was to have the appropriate words because you say “we do this” and they say “yea we do that too’...so how you define things in a way that people actually understand what you’re saying.*
Participant 10 also described the need for being able to identify opportunities and sell how occupational therapy can fit within an organization to pursue these opportunities in emerging practice areas.

*What goes along with defining the role is that you’re not going to see OT jobs listed in many of these areas, you have to look at what the job description is and then sell it. And a lot of that is going to also be highlighting what clinical skills OTs have because it is not generally well understood.*

The statements provided by participants about the limitations that impact practice in emerging fields centered around managing financial capital, identifying opportunities and selling occupational therapy. Managing financial capital included obtaining funding, budgeting, and obtaining appropriate compensation. Occupational therapists also need to be able identify the distinct value of occupational therapy in non-traditional job opportunities and sell what they do as a benefit to the organization.

*Limitations related to occupational therapy education*

To further understand how the occupational therapy curriculum could be strengthened to support students, participants were asked to identify what they felt was lacking in occupational therapy education as it related to emerging practice.

Participant 1 worked in academia in addition to working in an emerging role at a community organization. His answer centers on expanding occupational therapy focus from client centered to population centered beyond disability.
Having a population focus. And the various populations that they can be serving and some of them not having nothing at all to do with disability, but looking at occupational dysfunction.

Participant 2 had a good recall of her educational experience. She stated that she felt the educational program lacked exposure to emerging practice settings:

The hands-on learning in non-traditional settings and emerging practice areas you really only get in the community engaged learning experience. And in fact... we did not have much of a say in what site we went to. If you don’t seek out with the doctoral experiential component, there’s not a lot of exposure to real environments where OT can work in emerging practice settings. I think it is hard for a student who is interested in the human service settings or an emerging practice area to get exposure to that unless they intentionally seek it out with the DCE (Doctoral Capstone).

When asked about occupational therapy curriculum, Participant 8 responded with a business model focus, “I think just the skills of how to set up a business”. Her reflections were focused on being able to help students take what they are passionate about and develop a business or career of it and create a “viable way of being employed and cover your expenses”. Her statements also expressed the need to be able to sell one’s abilities to organizations by identifying what you have to offer and how you can help meet organizational goals.

Participant 10 also related to the need to help students be able to incorporate their occupational therapy training into their passions and sell occupational therapy through education about the profession and using outcomes to prove its distinct value:
Instilling confidence in that you can do this work if that feels like your passion, but part of it is, don’t resent having to sell yourself as it’s a way you can provide education and the outcomes related to that as well.

In order to be able to pursu one’s passion in emerging fields, Participant 10 also describes the need to be able to conduct a needs assessment and collaborate with the community which includes the individuals being served:

Really assess where is the need so that you can come in as a compliment to what’s there already, nobody wants to be told ‘I’m going to come in and tell you what to do’. We have to make this whole experience easier for everyone, including the population you’re working with... We need find out where is our niche within this context.

In order to be able to work with the community partners, Participant 10 identifies the need for students to develop skills related to cultural awareness and trauma informed care:

The last think I would say for students... is cultural awareness because I think culture is the most basic thing and the most complicated thing, but you don’t use a cookie cutter approach per se. I think another thing that could use more development is more in-depth trauma informed work.

Summary for Research Question 2 (RQ2)

To understand RQ2, the lowest rated skills and competencies on the surveys related to the participant answers of questions 5 and 7 of the interviews (Appendix G). The identified areas of limitations of skills of the quantitative data included those related to the business aspects of social entrepreneurship such as managing resources, pursuing new opportunities, and measuring outcomes. The qualitative data supported these findings and related to limitations in being able to
manage financial resources and limitations in pursuing new opportunities due to a lack of being able to market and sell the distinct value of occupational therapy to non-traditional environments.

**Findings for Research Question 3**

Research question 3, “How do occupational therapists who are working in emerging roles in community practice define the occupational perspective of their work?” was analyzed through qualitative data obtained in the semi-structured interview. Two questions, 1 and 2 (Appendix G), in the interview focused on defining the participants occupational perspective of their role and identifying the scope of practice. The sub-categories of the five domain areas from the OTPF-4 (AOTAb, 2020) were used to code and categorize the data from each participant. The themes are presented in a code frequency report (Table 4.4) and are further described in the following sections.

**Occupations**

The OTPF-4 (AOTAb, 2020) defines occupations using the World Federation of Occupational Therapists definition: “the everyday activities that people do to occupy time and bring meaning and purpose to life. Occupations include things people need to, want and are expected to do” (2012a, para.2). All five participants identified at least one type of occupation to define their scope of practice. Three out of five participants related to the theme of instrumental activities of daily living (IADLs), and/or work as a focus of their practice.

Participant 1 practices in academia and community health. The population he serves are refugees, asylum seekers and victims of human trafficking. He describes one aspect of his scope of practice centers around the occupation of work.
<table>
<thead>
<tr>
<th>Participant</th>
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<th>Performance Patterns</th>
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<tbody>
<tr>
<td>1</td>
<td>IADLs Work</td>
<td>Environmental factors</td>
<td>Routines Roles Rituals</td>
<td>Motor skills</td>
<td>Values, Beliefs, Spirituality, Body function</td>
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<tr>
<td>6</td>
<td>IADLs Health management Work Leisure</td>
<td>Environmental factors</td>
<td>Routines Roles Rituals</td>
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<td>8</td>
<td>Play Social Participation Leisure</td>
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<td>Motor skills</td>
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<td>Education Work</td>
<td>Environmental factors</td>
<td>Routines Roles Rituals</td>
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<td>Values, Beliefs, Spirituality</td>
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We had a work group, a pretty consistent work group where people are learning work skills and work behavior in a U.S. framework and then we’re evaluating what skills they have and from wherever they come from and what is transferable.

Participant 2 is a program administrative coordinator for a community food bank with a focus on logistics of food distribution for senior citizens and homebound individuals of low socioeconomic status. She describes the work she does in terms of instrumental activities of daily living (IADLs).

Food is central to so many occupations and in the case of a senior who’s using a food assistance program, this is, in a lot of ways, a stand in for the grocery shopping IADLs.

Participant 6 works in community health with the refugee and asylum seeker population. She identifies the occupations in her work as “we get more into the detail of things of everyday living” which includes, but not limited to, occupations of community mobility and grocery shopping.

Participant 10 works in community health with political asylum seekers who are survivors of torture & their families. Her focus is on pre-vocational skills and assisting clients with productive use of their time.

I work with people on pre-vocational skills. I am not an employment specialist, so I work on pre-vocational skills. I also ... assess peoples’ skills to see how they could use their time to support their interest in roles in meaningful ways.

Leisure, which is defined as a “nonobligatory activity that is intrinsically motivated” (AOTAb, 2020, p. 78) was described by two out the five participants.
Participant 6 identifies using leisure activities as a way to improve physical health as well as mental health of the individuals involved in the community program.

*I think that we are different from most people we work with (other agency staff) in that we also can add in the mental health piece and the social piece...we had a client who really enjoyed going up the mountains...and just walking was good for his health. It took a long time to get up there and then he would start to talk...wanted to share a story, and in those environments, you are much more open and sort of processing.*

Participant 8 is the owner of a company that specializes in creating accessible community spaces for all abilities. Many of the spaces she works in are places of leisure in which she:

*Looks at a combination of equipment or trails or whatever they want to put within the park, district or museum and try to make the best fit for individuals who are coming to engage.*

The occupations of health management, play and social participation were other themes identified by at least one out of the five participants. Participant 6 discusses medication management with her population which is an aspect of health management. Participant 8’s focus is creating opportunities for play and through the nature of play, creates opportunities for social participation:

*I’m helping communities create spaces, where individuals of varying abilities are able to engage in different play activities.*

The three remaining occupations; activities of daily living, rest/sleep and education (related to activities in education environment) were not identified as themes within the answers.
provided by the participants. Activities of daily living and rest/sleep are often the focus of a medical model of intervention. Education centers around a school-based model of intervention.

**Contexts**

Context is defined as “the environmental and personal factors specific to each client (person, group, population) that influence engagement and participation in occupations” (AOTAβ, 2020, p. 9). Environmental factors relate to physical, social and attitudinal aspects of individual, group or population and can have a positive or negative impact on the participation and satisfaction of occupation. Personal factors are specific to the individual and relate the background of the individual. Personal factors include demographic information along with customs, beliefs, personal experiences and socioeconomic status to name a few. All of the participants identified themes of environmental and personal factors of the individuals and populations within the work they do (Table 4.4).

Through various interventions, the participants described how environmental and personal factors are considered.

Participant 1 engages occupational therapy students to:

…do assessments of people, of their environment, the physical and social environment to identify, collaboratively with clients, five adaptations they would implement and evaluate.

He also describes using environmental factors to create opportunities for the clients he works with:

We create environments where that person can learn and practice their skills and we can upgrade the complexity of the activity, so that they can progress in that skill development.

Participant 2 focuses on the Person Environment and Occupational Model of occupational therapy within the logistics of individuals obtaining, transporting and using food:
Nobody thought of how they get the box home and what they do with it once it’s there but that is the whole person environment occupation view of it.

Participant 8 works with individuals within organizations to expand the understanding of the environmental and personal factors:

...the architects already designed the space, but now I’m giving feedback on what’s going to work in that space and what isn’t...whether it’s physical space design or helping them understand the different diagnoses.

Performance Patterns

Performance patterns are the “habits, routines, roles and rituals that may be associated with different lifestyles and used in the process of engaging in occupations or activities” (AOTAb, 2020, p. 41). Performance patterns are used to shape lifestyles through engaging in “productive, restorative, and leisure occupations” (AOTAb, 2020, p.12). Depending on how one uses or balances these areas can impact the engagement in or performance of occupations that can improve or hinder health and wellness. All five participants identified the theme of roles with their population as a way to define the domain of their practice. Four of the five participants also related to themes of routines and rituals as aspects of performance patterns integral to their work. Habits was not identified as a theme that revealed in the interviews.

Participants 1, 6 and 10 work with refugee populations who have cultural backgrounds with routines, roles and rituals that may differ from the new environment the refugees find themselves in. These individuals are learning to find new routines, roles and rituals or to find ways to maintain their own performance patterns in a new setting. Participant 1 describes working with individuals who are “having difficulty with the transition of the resettlement process”.
Performance Skills

Performance skills are “observable, goal-directed actions that result in a client’s quality of performing desired occupations” (AOTA, 2020, p. 43). Performance skills are categorized by motor skills, process skills and social interaction skills. Three of the five participants described themes of all three skill areas (motor, process and social interaction). One participant’s responses centered around process skills and social interaction skills. The participant whose emerging practice area focuses on building accessible community areas portrayed the performance skill of motor skills.

Participant 1 describes his work as bridging between the motor, process and social skills to enable performance of occupations:

*We become that team member who straddles both the social and medical world, so we can see pathology or the physiological deficits that are impacting a person’s performance.*

Participant 2, who is the administrative coordinator of a food bank, uses performance skills as an occupation perspective of her work by assessing what motor, process and social skills are needed from the “*point of (food) distribution to the senior, how they get it home and then how they proceed to use it.*” Through this lens, she was able to improve the program and process of food distribution to meet the needs of the seniors.

Participants 6 and 8 described how they use activity analysis to identify and improve the performance skills of individuals who are having difficulty with daily living tasks. Participant 6 stated:

*We end up with cases where they don’t get it the first time, so what they need is the activity analysis, the breaking down the tasks to the just right challenge.*
Participant 8 commented:

*Trying to make the best fit for the individuals who are coming to engage, I use a lot of activity analysis, a lot of task analysis.*

**Client Factors**

Client factors include the values, beliefs, and spirituality of individuals along with body functions and body structures that reside within the individual (AOTAb, 2020). Body functions and structures can enhance participation in occupation through health and wellness or can impact participation through disease and illness. Values, beliefs and spirituality can impact “motivation to engage in occupations and give … life or existence meaning” (AOTAb, 2020, p. 15). Four of the five participants used aspects of body function to identify the occupational nature of their work. Three of the five identified themes of values, beliefs and spirituality in the work they do.

**Values, Beliefs, Spirituality**

Values are related to the beliefs, derived from culture, about what is good, right and important. Beliefs are things that are accepted and considered to be true. And spirituality refers to “a deep experience of meaning brought about by engaging in occupations that involve the enacting of personal values and beliefs…” (AOTAb, 2020, p. 51).

Participants 1, 6 and 10 all work with refugees from other countries. Values, beliefs and spirituality are all impacted by culture. Each of the three participants, at some point of the interview, identified the need to be aware of and understand the culture of the groups they are working with and the trauma many refugees experience. The majority of their work is focused on improving skills to enable the refugees to engage in occupations that are meaningful. They are aware of how the environment and the situation the refugees are in impacts their ability to engage in meaningful occupation and how this impacts the population.
Participant 1 demonstrates this understanding as he describes the path of resettlement:

_The average length of time that a person is in a displaced persons camp awaiting resettlement is 26 years. So, their children who have been born in those camps, who have never been to school, who don’t have normal development because they haven’t had an environment that really fosters that and then they don’t have skills._

Then once the individuals are resettled, Participant 1 portrays how the refugees are often engaged in occupations that are not meaningful nor are they matched to their skill sets which often leads to poor outcomes:

_They have three months to get up on their feet...In those first three months they have to have a job and in the refugee world they call it the survival job so it does not matter what the job is, if you like the job or not...Nobody is really matching the individual to the job so there’s not a high rate of success._

**Body Functions and Structures**

According to the OTPF-4, body functions and structures refer to the physiological and psychological functions of the body. This includes mental, sensory, and neuromusculoskeletal and movement related functions (AOTAb, 2020). Participant 1 describes the need to manage the psychological aspects of his clients:

_The psychosocial is really important, because I don’t think that I have met a refugee who does not have some level of post traumatic stress. They’re not even able to just slow down and take a breath to catch themselves and start healing. They are always reliving it so you also have to be aware of trauma informed care._
Participant 2 identifies how she uses the concepts of body functions related to neuromusculoskeletal and movement related functions needed to obtain and use the food provided at the food bank:

*For folks at the food bank I think they take for granted, how easy it is for somebody who’s 28 years old and have all of our physical capabilities intact. The capabilities of the seniors were not what the program was expecting and the program was not prepared to meet the seniors where they are (physically).*

When identifying how she defines the occupational perspective of her role, Participant 6 describes intervention to assist with managing mental function:

*If somebody’s really struggling with training because of memory issues…that’s where we step in, so the more difficult, time consuming ones and the ones that need more analysis and more creative compensatory strategy designs.*

**Summary of Research Question 3 (RQ3)**

The OTPF-4 states that the five domains have an interrelatedness and “interact to affect occupational identity, health, well-being and participation in life” (AOTA<sub>b</sub>, 2020, p. 6). Each participants’ description of the occupational perspective of their work incorporated all five domain areas of the OTPF-4: occupations, context, performance patterns, performance skills and client factors (Table 4.4). As each individual discussed the occupational perspective of their work, they often used these themes in connection with one another. Participant 10 provides an example of how she incorporates all five domain areas to define the occupational perspective of her work:

*OT is concerned with looking at the strengths, the skills, the experiences that people are bringing from their home countries and how we can maximize those to help people*
perform in their roles here in the U.S., while adapting to these numerous barriers that present themselves in the environment, with an informed understanding of the overlays of trauma and cross-cultural experiences.

Summary

The purpose of this study was to determine the relationship between emerging practice and social entrepreneurship by examining the behaviors and skills utilized by occupational therapists who are engaged in emerging practice. The expansion of the definition of occupation through the study of occupational science, has created an awareness of the need for the occupational therapy profession to expand into non-traditional settings in which occupational therapy is new or underdeveloped, community-based practices within social services or public health agencies, and innovative practices providing new services within traditional settings. Therefore, occupational therapy education needs to incorporate conceptual frameworks that foster emerging practice/emerging role skill development. There is limited literature related to occupational therapy and emerging practice roles. What is available identifies that engaging in role emerging practice requires leadership and entrepreneurial skills. Combining these skills with the desire to promote health and wellbeing through occupations for individuals, communities and populations, especially those marginalized or underserved, formulates a connection between emerging practice and social entrepreneurship. The findings throughout this chapter provide an understanding of the skills and the occupational perspective by occupational therapists who are practicing in role emerging, community-based programming by examining their lived experiences. The information will provide a way to develop a theory of action which can be used to map curriculum to ensure the occupational therapy programs are supporting the development of knowledge and skills specific to emerging practice.
The findings in this chapter included data analyzed from six participants. Each participant completed the Social Entrepreneur Scale, the Social Entrepreneur Competencies scale, and a semi-structured interview. The semi-structure interviews were analyzed using structural coding in which conceptual phrases were applied that represented the topic of inquiry related to specific research questions. This information was used to triangulate the data from the surveys. A code frequency report was also generated to identify which themes of occupational perspective and scope of practice were identified by each participant.

The data related to the first research question provided support that the participants identified with the social entrepreneurial skills and behaviors. Skills related to adaptation and innovation, problem solving, and building relationships were projected as the most agreed upon and utilized consistently.

Although the participants agreed to utilizing all the skills related to social entrepreneurship within their work, the second research question sought to identify the skills that occupational therapists working in emerging practice need to better develop. These included the social entrepreneurial skills of managing resources, pursuing new opportunities, measuring outcomes, and being able to market and sell the distinct value of occupational therapy to non-traditional environments.

The third research question asked participants to describe the occupational perspective of their work. The themes coincided with all the domain areas of the OTPF-4, occupations, context, performance patterns, performance skills and client factors. However, there were three occupations that did not present as themes. They were activities of daily living (which are related to taking care of one’s own body such as dressing/grooming/eating), rest and sleep, and education.
The final chapter will discuss the findings of this study as it relates to the previous literature. The researcher will discuss the parallel of skills utilize in emerging practice and social entrepreneurship and how the findings support the implementation of a social entrepreneurial framework within the occupational therapy curriculum with focus on identified competencies to better prepare graduating students to engage in emerging practice arenas. The dissertation’s contribution to the field of occupational therapy education and profession along with limitations of the study will be considered. Last, the researcher’s growth as an educational leader and future research agenda will be presented.
CHAPTER FIVE
RECOMMENDATIONS

Discussion of the Findings

The occupational therapy profession is calling on its members to become more entrepreneurial. The six participants in the study, all whom engage in emerging fields of practice, did not identify themselves as entrepreneurs, however, all identified with behaviors and competencies that align with social entrepreneurial elements. The occupational therapists described using all aspects of the OTPF-4 domain (AOTAb, 2020) and how the interrelationships between the domains guided their emerging practice work. The relationship found between emerging practice fields and the social entrepreneur framework creates a discussion about how the use of a social entrepreneurial framework could be threaded within the occupational therapy curriculum to better prepare graduating students to engage in emerging practice arenas.

What follows is a discussion of the research’s insights on the findings from the study as it relates to a social entrepreneur framework. The discussion will explore the connections between the social entrepreneur elements, the researcher’s view of the competencies that support the elements and the study findings related to both. The discussion will also connect the findings to the literature embedded in the study’s theoretical framework of social entrepreneurship and emerging practice in occupational therapy.

Social Entrepreneur and Emerging Practice

Based in the emerging practice study completed by Holmes and Scaffa (2009a), the identified competencies needed for emerging practice are associated with competencies of entrepreneurs. The connection of emerging practice and entrepreneur competencies lead this researcher to explore the concept of social entrepreneurship as a possible framework for
curriculum design. Dees (1998), defined social entrepreneurship as combining “the passion of a social mission with an image of business-like discipline, innovation and determination…” (p.1). The quantitative and qualitative findings of the study support a strong relationship between the behaviors of occupational therapists in emerging practice with the behaviors of social entrepreneurs. Holmes and Scaffa (2009b) also explored the rewards and challenges of emerging practice and identified challenges for the profession and the individual practitioner. The challenges of scope of practice, funding/reimbursement, compensation concerns and effort were also themes generated by the participants in this study. The following discussion will focus on each element of social entrepreneurship, the competencies that align with the element and the connection to occupational therapy.

**Adopting a Mission to Create Social Value**

According to Dees (1998, 2012), having a social mission is the cornerstone of social entrepreneurship with the focus on creating social transformation through empowerment of the underserved or marginalized population. This statement corresponds with the occupational therapy definition in the OTPF-4 as “the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation” (AOTA\textsuperscript{b}, 2020, p.1). Occupational therapists understand how constraints and limitations to occupational opportunities are determinants of health and well-being. The Occupational Justice Theory of Wilcock & Townsend (2014) focuses on occupation injustices that often occurs in marginalized communities and populations. The theory proposes “empowerment through occupations”. The focus on empowerment for marginalized populations makes a strong connection between the mission of social entrepreneurship and the mission of occupational justice. The participants of
the study described how their work fit into the mission of the organization but through an occupational lens.

The social entrepreneur competencies that support adopting a mission are ‘sense of moral imperatives/ethics’ and ‘desire and ability to create a significant social impact’ (Miller, et. al, 2012). The occupational therapy profession has a Code of Ethics (AOTAa, 2020) by which all therapists are held accountable to thus aligning with ethical implications of social entrepreneurs. However, the participants in the study were less likely to state that they ‘seek to be world changers through the accomplishments of my mission’. In the past, occupational therapy education has focused on being client centered. It has not been until the past few years, due to changes in ACOTE standards, from which the concept of community and population health has gained momentum. The demographics of the participants indicate that four out of five therapists have been practicing within their emerging field for over 20 year thus indicating their education was more client centered. They may have developed a community focus through practice but their focus remains within the organization versus making societal changes. With the range in number of years practicing, this could account for the variation in the rating of the item. Those participants who are more aligned with the new standards of population heath may be more aware of the impact they can have on the greater society versus just an individual or within an organization.

Recognize and Pursue New Opportunities

The second element of social entrepreneurship defined by Dees is recognizing opportunity (1998). Opportunity recognition comes from being aware of social problems and having a valued interest in the need. Many social entrepreneurs identify needs through their own personal experiences and social networks (Corner & Ho, 2006; Zeyen et al., 2012; Helmsing,
In the study, the participants developed their roles in a field where occupational therapy had not previously been a part of. The article by Wilcock (2000) describes the importance of occupational therapy to develop a personal, professional, and educational philosophy of ‘occupational health’ and to use occupational language to define the scope of practice. Each participant used the language of the OTPF-4 to define their scope of practice within their field. However, being able to define the value of occupational therapy in emerging fields was also identified as a limitation to pursuing new opportunities. In order to continue to seek opportunities outside of the traditional field of practice, occupational therapists need to advocate for the profession utilizing the occupational language of the OTPF-4. The philosophy of occupational health and the development of using the language of occupation needs to be embedded within the occupational therapy curriculum. As others come to a greater understanding of the value of occupational therapy, more opportunities in emerging fields will be created.

The social entrepreneur competencies in this study that support the element of identifying opportunity are ‘identification, evaluation, and exploitation of opportunities’, ability to challenge traditional ways of thinking’ and ‘ability to identify social problems’. These competencies were ranked high by the participants in the study. The ability to “see problems” and to “challenge traditional ways of thinking” speaks to the core of occupational therapy. The profession is based on being able to complete activity analysis and solve problems through remediation, adaptation or accommodation. Therapists are skilled in performing these competencies in traditional practice. As the participants voiced, the breakdown tends to be when seeking opportunities in a non-traditional, emerging role in which they need to define the distinct value of occupational therapy.
Engage in Continuous Innovation, Adaptation and Learning

The third social entrepreneur element focuses on innovation which involves the “continuous process of exploring, learning and improving” (Dees, 1998, p. 5). The social entrepreneur competencies that match to this element include: ‘ability to problem solve’ and ‘innovativeness and creativity’. The participants scored high on these competencies and also described how they were able to change processes and environments, accommodate to new populations, and adapt assessments to meet the needs of who they serve. Occupational therapists are continually exploring, learning and improving by utilizing evidence-based practice to support intervention. The OTPF-4 identifies innovation through intervention as a practice for occupational therapist by stating “approaches to intervention include create or promote, establish or restore, maintain, modify and prevent” (AOTA, 2020, p. 13).

Acting Boldly Without Being Limited by Available Resources

Dees (1998) describes how social entrepreneurs are skilled at doing more with less and gather resources by working with others to build networks. This element is where many of the “business” skills are utilized to secure and efficiently use resources to sustain the social innovation. Therefore, the competencies that support this element include skills related to obtaining and utilizing financial, social and physical resources: ‘build effective teams’, ‘management of financial capital’, interpersonal communication skills’, ‘ability to sell and/or market the organization’, ‘manage strategy development’, ability to develop collaborative relationships’, and ‘create/evaluate the feasibility and implementation of a business plan”. The findings of the study were interesting as the competencies for this element were ranked high and low. Further examination of the responses enabled grouping of the higher ranked skills to be related to communication and developing relationships. These are skills that are well developed
in the occupational therapy curriculum and utilized in practice with concepts of therapeutic use of self and interprofessional education. The competency skills for this element that were ranked lower coincided with business practices of strategy development and planning, managing finances, and marketing/selling occupational therapy. In the past, business practices were not a focus within healthcare education however, with the updated ACOTE standards (ACOTE, 2018), occupational therapy education is beginning to address these skills (Table 2.2) but continues to lack a framework from which to build them. The variability of these items could be related to the fact that many of the participants were engaged in their emerging practice field for over twenty years and have, over that time frame, developed these business skills but still do not feel “competent” in their abilities.

**Accountability to Those Served**

Accountability to those served for social entrepreneurs involves creating social change that meets the values and needs of both the stakeholders of the community being served and the stakeholders who assist with resources. Working with community and diverse stakeholders requires a level of understanding that is built upon listening with empathy and humility (Worham, 2012). Three of the social entrepreneur competencies connect with accountability as it is described here: ‘communicate with customers/supplies’, ‘social skills’, and ‘capacity to measure outcomes’. The ability to communicate with others and having social skills were highly ranked among the participants. These skills tend to be necessary skills that are developed and utilized within the practice of occupational therapy. Establishing targeted outcomes to measure the tangible aspects of improved performance is a standard of practice within occupational therapy and is part of the domain process (AOTA, 2020). Therefore, it is worth noting the competency skill of ‘capacity to measure outcomes’ was ranked low and had the greatest
variability. Upon further reflection of this and based on the qualitative data, the findings could be a result of the lack of adequate occupational therapy outcome measures in the participants’ emerging practice fields or the lack of community/population-based outcome measures. As occupational therapy continues to expand into new spaces, identifying ways to measure outcomes becomes important not only to demonstrate improvement within the community/population but also to demonstrate to various stakeholders the distinct value of occupational therapy within those spaces.

**Contributions to the Field**

The future vision of the occupational therapy profession to serve the occupational needs of all people, populations and communities will require pioneering practices and fieldwork that create practitioners who embrace innovation, uncertainty, leadership, advocacy and collaboration. Intentional pedagogy in curriculum and fieldwork can prepare students for uncertainty and innovation in future practice. Therefore, the author intends to disseminate portions of these findings at the local and national levels in order to inform curriculum design to enhance emerging practice and social entrepreneurship in occupational therapy. The author intends to continue this line of inquiry to further outline social entrepreneurship curriculum in occupational therapy education. The findings will also contribute to the limited research related to the skills and knowledge of occupational therapists in emerging practice (Holmes & Scaffa, 2009a & 2009b).

**Recommendations and Implications**

Occupational therapy education encompasses many of the elements of social entrepreneurship but it has not been identified as an actual thread of learning through many programs. Threading the elements of social entrepreneurship through traditional courses and
experiential learning will enable programs to meet ACOTE Educational Standards (2018) without the need to add a stand-alone course. As a result of conducting this study, the author has created a theory of action for a social entrepreneurial thread within the occupational therapy curriculum to develop skills and competencies for emerging practice in order to expand the profession.

1) Adopting a Mission to Create and Sustain Social Value

ACOTE Standard B.1.3 Social Determinants of Health

- Build a Social Entrepreneur Foundation
  - Introduce the concept and definition of social entrepreneurship early through social entrepreneurship topics, examples and readings
  - Facilitate social identity with social entrepreneurs by introducing students to occupational therapists who work in non-traditional and emerging practice fields.
  - Develop cultural humility and emotional intelligence skills of self-awareness, empathy, motivation, self-regulation, and social skills
  - Implement trauma informed care into cases, simulation and community engaged learning
  - Continue to layer social entrepreneur language, topics, examples and readings throughout various courses during the program

- Analyze Social Needs of Community and Population Health and Well-being
  - Develop theoretical knowledge for an occupational perspective of health in community and population
    - Occupation, Health, and Well-Being
- Occupational Justice in relation to social, mental and physical health
- Occupation, Environment, and Community Development
- Occupation in Illness Prevention

2) Recognize and Pursue New Opportunities to Support the Mission

B.3.1 OT History, Philosophical Base, Theory, and Sociopolitical Climate

B.3.3 Distinct Nature of Occupation

B.4.20 Care Coordination, Case Management, and Transition Services

B.5.2 Advocacy

- Discussion of societal issues through an occupational perspective lens
- Identification of opportunities for occupational therapy in non-traditional and emerging roles
  - Define the distinct value and occupational perspective of occupational therapy in community and emerging practice settings using the OTPF-4
  - Apply theoretical models to community and population health through community engaged learning
    - Model of Human Occupation
    - Person-Environment-Occupation-Performance
    - Ecology of Human Performance
    - Occupational Adaptation
    - Occupation, Health, and Well-Being
    - Occupational Justice Perspective of Health
• Occupation, Environment, and Community Development
• Occupation in Illness Prevention
  • Complete a social impact analysis based on community engaged learning experiences

3) Engage in Continuous Innovation, Adaptation and Learning

B.3.4 Balancing Areas of Occupation, Role in Promotion of Health, and Prevention

B.4.18 Grade and Adapt Processes or Environments

• Research evidence-based practices for the role of occupation in promotion of health and prevention of disease for communities and populations
• Apply occupational perspective of health through community engaged learning, cases and/or simulation
• Provide opportunity for creativity for social innovation: product-based, process-based or socially transformative
• Create safe spaces to enable students to take risks, experience failure and develop resilience
• Promote self-reflection to facilitate adaptation and change

4) Acting Boldly Without Being Limited by Available Resources

B.4.27 Community and Primary Care Programs

B.5.3 Business Aspects of Practice

B.5.6 Market the Delivery of Services

B.6.4 Locating and Securing Grants
• Teach transactional leadership skills associated with managerial tasks and operational tasks for the social sector

• Implement a Business Model Canvas assignment within an emerging practice field
  o Apply ways to identify available resources: rational/economic approach and effectuation approach
  o Identify various funding sources and reimbursement models
  o Discuss various marketing strategies
  o Determine ways of sustaining and scaling the social venture through capacity building.

• Utilize concepts of therapeutic use of self and transformative leadership to foster networking skills and professional collaborations
  o Identify and discuss communication styles
  o Provide interprofessional education opportunities
  o Teach the principles of transformative leadership

5) Accountability to Those Served

  B.3.2 Interaction of Occupation and Activity

  B.5.7 Quality Management and Improvement

  • Teach the principles of adaptive leadership

  • Apply principles of community-built practice to community engaged learning
    o Identify strengths of the community
- Build partnerships with community members to identify needs and develop, implement and evaluate programs with community members
- Practice cultural humility and trauma informed care within the community
- Create and measure social and economic wealth outcomes related to community engaged learning experiences
- Identify and/or adapt outcome measures for community and population interventions

**Limitations**

A limitation to this study was the small sample size of five participants. The five participants where engaged in emerging areas of practice but three of the five worked in similar areas which limited the variability of practice. The small sample size limits the ability to generalize the descriptive data to a larger population. However, the findings of this study do support the need for further research into social entrepreneurship and emerging practice.

Four of the five participants were practicing in their field for twenty years or greater. The high number of years may have enabled the development of the behaviors and skills identified in the study thus impacting the findings related to limitations of skills and competencies and occupational therapy education.

There are limited quantitative instruments in the literature which measure social entrepreneur behaviors and skills. The researcher found literature to support the reliability and validity of the *Social Entrepreneur Scale*. However, due to a lack of instruments to measure
social entrepreneur competencies in the literature, the *Social Entrepreneur Competencies* scale was crafted by the researcher.

The semi-structured interview questions were developed to triangulate the findings of the two quantitative instruments. The semi-structured interview is a self-reporting tool; therefore, the results were dependent on the participants’ perceptions of their experiences as they related to the questions.

**Implications for the Researcher’s Leadership Agenda and Growth**

The problem of practice identified by the researcher created a design challenge to identify a set of learning experiences that contribute to developing social entrepreneur skills and competencies to better prepare students to engage in emerging areas of practice. The Design Development Logic Model (Mintrop, 2016) provided the bases for this work. In the design model, the process begins with the sensing and framing of the problem of practice. The process then moves through the formulation of a theory of action, which consists of a deeper understanding of the problem and change process. Once the theory of action is developed, the theories are implemented and tested with revisions to the theory based on the outcomes. This study is the first step in the improvement inquiry process. It focused on using data to develop a theory of action. The research was “user- and- problem centered” (Bryk et. al., 2017, p. 28) by engaging occupational therapists in emerging practice and focusing on the social entrepreneur factors of their work. The researcher engaged stakeholders most involved through the Bridges of Hope community of practice. The stakeholders were clinicians who work in emerging practice and who are interested in increasing opportunities for occupational therapists within communities. Through the examination of the variation of skills and behaviors used by occupational therapists who are successful in emerging practice fields, the researcher gained an
understanding of what skills are needed, identified limitations/barriers within the educational system, and formulated a theory of action to implement within occupational therapy curriculum. The researcher intends to continue with the improvement inquiry process using the theory of action outlined above. Future actions include:

1) Further define the social entrepreneurship theory of action into a conceptual framework and driver diagram.
2) Design, implement and evaluate research based on the social entrepreneur theory of action framework thread within occupational therapy curriculum.
3) Utilize the social entrepreneurship framework to develop non-traditional and emerging practice fieldwork settings.
4) Disseminate this information through networked communities of occupational therapy faculty and practitioners to enhance the growth of emerging community practice roles.

**Conclusion**

Social entrepreneurship education has historically been positioned within the business school which lends to the teaching of fundamental business skills but often limits the teaching of social and soft skills. Occupational therapy education lends to the teaching of social and soft skills but is limited in the teaching of business skills. The literature recommends balancing the curriculum between business skills and social skills by blending theory and practice to develop financial, social and soft skills (Worsham & Dees, 2012). Some business programs are beginning to integrate cultural humility, awareness of social responsibility, reflective thinking/learning and systems/process thinking (Brock & Steiner, 2009; Nga & Shamuganathan, 2010; Westly & Weber, 2012; Howorth et. al., 2012; Milligan, 2019). As the vision of the occupational therapy profession calls for practitioners to expand into emerging community practice, educational
programs need to integrate theoretical principles and specific content relevant to emerging roles and service, including business practices. The social entrepreneur framework provides a method by which occupational therapy curriculum can enable practitioners to be responsive to societal needs and foster contemporary practices of occupational therapy.
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Appendix A

Recruitment Email Template …

Date: November XXX 2021

Dear XXXXXXXXXXXXXXX

As an occupational therapist working in an emerging role in community practice, I am reaching out today to ask you to consider participating in a research study I am conducting.

As the need for community health and well-being increases, the number of occupational therapists working in the community has not. Occupational therapy education needs to prepare future practitioners for the shift in the profession to emerging occupational perspective of health for individuals, communities and populations. However, incorporating theoretical principles, specific content relevant to emerging roles and service and engaging in emerging practice arenas is lacking in academic programs. Therefore, this study aims to examine the entrepreneurial and leadership skills utilized by occupational therapists working in emerging practice arenas and roles.

Data will be gathered via two online surveys and a virtual semi-structured interview, through Zoom. The Zoom sessions will be audio recorded only to be able to obtain a written transcript of the interview. Attached is a study consent form that explains the purpose of our study and how the study will be conducted. The consent form also explains the potential risks and benefits in participating. Please take some time to read the information. If you have any questions please contact me at martinr2@duq.edu.

If you are interested participating in the study, please complete the Demographic Questionaire.

Please do not feel pressured to participate in the study. If you decide not to participate, your relationship with the Bridges of Hope community of practice, or Duquesne University will not be affected. If you do choose to participate, I will be grateful to learn from your experience and expertise.

Retta

Retta Marie Martin, MS, OTR/L
Appendix B

DUQUESNE UNIVERSITY
PITTSBURGH, PENNSYLVANIA

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Exploring Social Entrepreneurial Skills and Practices of Occupational Therapists Engaging in Emerging Community Practice Roles

INVESTIGATOR:
Retta Marie Martin, MS, OTR/L
Department of Occupational Therapy

DISSETATION CHAIR:
Rick McCown, Ph.D.
Professor, Program Director, Pierre Schouver Endowed Chair - School of Education
School of Education
Department of Educational Foundations & Leadership

SOURCE OF SUPPORT:
This study is being performed as partial fulfillment of the requirements for the Ed.D. in Educational Leadership degree in the School of Education at Duquesne University.

STUDY OVERVIEW:
As the need for community health and well-being increases, the number of occupational therapists working in the community has not. Occupational therapy education needs to prepare future practitioners for the shift in the profession to emerging occupational perspective of health for individuals, communities and populations. However, incorporating theoretical principles, specific content relevant to emerging roles and service and engaging in emerging practice arenas is lacking in academic programs. Therefore, this study aims to examine the entrepreneurial and leadership skills utilized by occupational therapists working in emerging practice arenas and roles. Data will be gathered via two online surveys and a virtual semi-structured interview, through Zoom. The Zoom sessions will be audio recorded only; they will not be video-recorded.

PURPOSE:
You are being asked to participate in a research project that is investigating the relationship between emerging practice and social entrepreneurship by examining the behaviors and skills used by occupational therapist who are engaged in emerging practice and how their practical experience can inform occupational therapy curriculum.

In order to qualify for participation, you must be:
• A NBCOT certified occupational therapist
• Have greater than 3 years of experience practicing occupational therapy
• Have at least 1 year of experience working in emerging practice role which is defined as “development and provision of occupational therapy services in environments where services have not traditionally been available or well established” (Holmes & Scaffa, 2009, p. 82).
PARTICIPANT PROCEDURES:
If you provide your consent to participate, you will be asked to complete a three-step process. The three steps will consist of 1) consenting to participate and completing the Demographic Questionnaire 2) completing two online surveys and 3) engaging in an interview conducted via an online virtual platform (Zoom).

- Along with the consent to participate in the study you will be asked to complete a Demographic Questionnaire indicating years of experience and defining your role and practice field. It should take approximately five minutes to complete. By completing and returning the consent form and the Demographic Questionnaire, you will grant your consent to participate the study and will proceed to the second step.
- Once the consent and demographic information is received, a second email with two surveys will be sent to you. The first survey, Social Entrepreneur Scale, consists of 11 items, the second survey, Social Entrepreneur Competencies, consists of 17 items. The time to complete this step should take approximately 30 minutes. You will be asked to complete the surveys within two weeks of receiving them.
- Once the surveys are completed, you will be contacted to schedule an online interview to complete the third step of the process. The semi-structured interview will be conducted via an online virtual platform (Zoom) which will be audio recorded with your consent. The semi-structured interview consists of 7 questions and would require approximately 30 minutes to complete.

The demographic questionnaire and the surveys will be sent to you via email. The intent of the demographic questionnaire is to collect information related to your role in an emerging practice field. The Social Entrepreneur Scale will ask you to rate the level you feel you engage in the identified social entrepreneurial behaviors while performing your role within your emerging practice field. The Social Entrepreneur Competencies will ask you to indicate the extent you feel you utilize each competency to engage in your work in an emerging practice role.

In addition, you will be asked to allow me to interview you. The interviews will be recorded for audio via an online virtual platform (Zoom) and transcribed. The intent of the semi-structure online virtual interview is to provide you the opportunity to define the occupational perspective of your work, to reflect on and discuss the findings related to the two surveys and identify how your education impacted your transition into an emerging practice arena.

RISKS AND BENEFITS:
There are minimal risks associated with participating in this study, but no greater than those encountered in everyday life. The benefits of participating in this study include contributing to role emerging scholarship with particular emphasis on skills and behaviors utilized in role emerging fields to inform occupational therapy curriculum.

COMPENSATION:
There will be no compensation for participating in this study. There is no cost for you to participate in this research project.

CONFIDENTIALITY:
Your participation in this study, and any identifiable personal information you provide, will be kept confidential to every extent possible. The data from the questionnaire and surveys will be tabulated using a participant identification number rather than your name. The semi-structured interviews will be audio recorded and transcribed. After transcription, the audio recordings will be destroyed. With the exception of the researchers conducting this study, no other persons will have access to these audio recordings. Your name and any identifying information will be removed from all documents, including the interview transcripts. Your identity will be removed from all reports in which the study may be published; meaning that the information learned from this study will not contain your name or any information that could be used to identify you.

All written and electronic forms and study materials will be kept secure. All audio recordings—prior to and through the transcription process—will be stored electronically on a password-protected computer. The electronic versions of the transcriptions will also be stored on a password-protected computer. Any printed versions of the transcriptions used to analyze data will be stored in a locked filing cabinet. After analyses are complete, electronic files will be permanently deleted and printed materials will be shredded before disposal.

**RIGHT TO WITHDRAW:**
You are under no obligation to start or continue this study. You can withdraw at any time without penalty or consequence by informing the primary investigator that you do not wish to start or to continue participating in the study. Your decision whether or not to participate in this study will not affect your current or future relationship with the Bridges of Hope community of practice, or Duquesne University. Any data that was collected will not be utilized in the study and any research materials with personal identifying information will be destroyed along with the other research materials 2 years after the research is completed.

**SUMMARY OF RESULTS:**
A summary of the results of this study will be provided at no cost. You may request this summary by contacting the researcher and requesting it. The information provided to you will not be your individual responses, but rather a summary of what was discovered during the research project as a whole.

**FUTURE USE OF DATA:**
Any information collected that can identify you will have the identifiers removed and be kept for use in future related studies. Future related studies may include occupational therapy curriculum design and research relating to emerging practice in occupational therapy.

**COVID-19 CONSIDERATIONS**
I understand that the researcher running this study have put in place the following guidelines to address concerns related to COVID-19:

- Virtual meetings will be conducted via the online virtual platform of Zoom and will occur based upon the participant’s availability.
- Participants names will not be used while the session is being recorded on Zoom. Zoom will provide a written transcript for the session which will be checked for accuracy to the actual recording. The recording and transcriptions will be secured on a password
protected computer. Once the video and auditory recordings are transcribed and checked for accuracy, they will be destroyed.

VOLUNTARY CONSENT:

I have read this informed consent form and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw at any time, for any reason without any consequences. Based on this, I certify I am willing to participate in this research project.

I understand that if I have any questions about my participation in this study, I may contact the Principal Investigator, Retta Marie Martin, at martinr2@duq.edu. If I have any questions regarding my rights and protections as a subject in this study, I can contact Dr. David Delmonico, Chair of the Duquesne University Institutional Review Board for the Protection of Human Subjects at 412.396.1886 or at irb@duq.edu.

This project has been approved/verified by Duquesne University’s Institutional Review Board.

By completing and returning the Demographic Questionnaire you will indicate your voluntary consent to participate in this project.
Appendix C

Social Entrepreneur Elements in Emerging Role Practices

Demographic Questionnaire

1) How many years have you been practicing?

2) Define your role and the arena you work in.

3) How long have you been in this role?

4) Identify the population do you serve?

5) Are you the first occupational therapist to work in this position or for your organization?
Appendix D

Introduction to the Surveys.

The enclosed surveys have been designed to assess the knowledge, skills, behaviors and characteristics of occupational therapists who are working in emerging practice roles.

Once the surveys are completed, you will participate in a semi-structured interview to further explain your knowledge, skills and behaviors related to your role in an emerging practice setting.

The surveys will ask you to think about the skills and behaviors you demonstrate and/or utilize in your role in an emerging community practice. The surveys are designed around a social entrepreneur framework. For the purpose of this study the definition of social entrepreneur is used:

Social entrepreneurship focuses on creating social value through social improvements, focusing on public goods and benefits for people. The term relates to characteristics of entrepreneurship but with a focus on social problems and social value. In 1998, Gregory Dees took the definition of entrepreneurs and identified the concept of social entrepreneurship to combine the passion of a social mission with an image of businesslike discipline, innovation and determination. Dees identifies social entrepreneurs as change agents in the social sector. These change agents are individuals who identify a social mission, make fundamental changes in the social sector, focus on the underlying problems not the symptoms, work to reduce needs not just meet the needs, and create systemic and sustainable improvements (Dees, 1998).

By answering the surveys, you are indicating your consent to continue to participate in the research process. Participation is voluntary and you can withdraw at any time without consequences. Please contact Retta Marie Martin at martinr2@duq.edu with any questions.

Sincerely,

Retta Marie Martin, MS, OTR/L
Academic Fieldwork Coordinator, Clinical Instructor
Appendix E

Social Entrepreneur Scale

**Instructions**: Please rate the level you feel you engage in the identified social entrepreneurial behaviors while performing your role within your emerging practice field.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am <strong>adopting a mission</strong> to create social value (not just private value)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. I am <strong>recognizing new opportunities</strong> to serve my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. I am <strong>engaging in process of continuous adaptation</strong> related to my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. I am <strong>acting boldly without being limited by resources</strong> currently in hand in the fulfilment of my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. I am <strong>relentlessly pursuing new opportunities</strong> to serve my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. I am <strong>caring deeply about the outcomes</strong> created by the fulfilment of my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. I seek to be a ‘world changer’ through the accomplishments of my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. I am <strong>adopting a mission</strong> to sustain social value (not just private value)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. I am engaging in a process of <strong>continuous innovation</strong> related to my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. I am exhibiting a <strong>heightened sense of accountability</strong> to the constituents served by my mission</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. I am engaging in a process of <strong>continuous learning</strong> related to my mission</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Appendix F

Social Entrepreneur Competencies
(adapted from Miller, Wesley & Williams, 2012)

**Instructions:** Please indicate the extent you feel you utilize each competency to engage in your work in an emerging practice role?

<table>
<thead>
<tr>
<th>Competency</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to problem solve</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Build effective teams</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Management of financial capital</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Ability to communicate with customers, suppliers and other stakeholders</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Interpersonal communication skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Ability to sell and/or market the organization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Manage strategy development</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Capacity to measure outcomes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Ability to develop collaborative relation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Sense of moral imperatives/ethics</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Innovativeness and creativity</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Creative/evaluate the feasibility and implementation of a business plan</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Identification, evaluation, and exploitation of opportunities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Social skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Desire and ability to create a significant social impact</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. Ability to challenge traditional ways of thinking</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. Ability to identify social problems</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix G

Emerging Practice Questionnaire and Protocol

Date __________

“Thank you for agreeing to participate in this interview. The interview will take about 30 minutes and will include approximately 7 questions relating to your role in emerging practice and your responses to the social entrepreneur surveys you completed. I would like your permission to audio record this interview, so that I may accurately document the information you share with me. If, at any time, you wish to discontinue the interview, please let me know and we will stop. I also want to assure you that all of your responses will remain confidential and will be used only for educational purposes.”

At this time, I would like to ask for your verbal consent to continue with this interview.”

[If permission is obtained, begin recording.]

“Once again, your participation is voluntary, and you may stop the interview at any time. You may also withdraw your participation at any time without consequence. Do you have any questions before we begin?”

1. Tell me how you define the occupational perspective of your role.

2. How do you determine the scope and boundaries of your role in emerging practice?

3. Tell me a story about why and how you came to work in this field of practice.

4. Reflecting on your answers from the Social Entrepreneur Scale, tell me how the items you scored above a 3 on relate to your emerging practice work.

5. Reflecting on your answers from Social Entrepreneur Competency Scale, tell me about any knowledge, skills, or behaviors you felt you were lacking that created barriers/limitations for working in an emerging practice role.

6. Describe the aspects of your occupational therapy education that supported your ability to engage in an emerging practice role

7. Tell me what you feel was lacking in your occupational therapy education that you feel you had to overcome to enable you to engage in an emerging practice role.