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# Occupational Therapy Considerations for International Practice

**Allison Doughton, OTS; Tamera Keiter Humbert, D.Ed., OTR/L**

### **Purpose**

The purpose of this study was to provide an educational resource for occupational therapy (OT) practitioners who are interested in delivering professional services internationally through volunteer work. An in-depth exploration of four faith-based organizations, emphasizing the unique perspectives of the organizations in terms of their completed missions and outcomes, and how these align with social justice was completed. This study also aimed to provide information about the various spiritual and/or lifestyle beliefs each organization uses as a philosophical basis for which they conduct their missions. These select perspectives may help practitioners make informed decisions about international volunteer work and enable them to select applicable organizations.

### **Introduction**

Occupational therapy is a profession where the practitioners come into contact with people of diverse backgrounds. In order to effectively connect with patients, occupational therapists should be culturally aware and make efforts to strive for cultural competence and sensitivity (Iwama, 2007). Specifically for occupational therapy practitioners who wish to practice internationally, a level of cultural understanding and openness should be reached (WFOT, 2013). The purpose of this study was to provide an educational resource from a U.S. perspective for practitioners and students that are interested in providing care internationally. The original intent of this project was to develop one resource about a multitude of organizations that evolved into an in-depth exploration of four faith-based organizations. This analysis provides insights for practitioners into the considerations of choosing the best organization for their lifestyle and goals. Further, this project provides information about the work being done by the four organizations from a social justice perspective. This information may prove helpful to

occupational therapy practitioners as they prioritize an international organization with which to volunteer.

## **Literature Review**

### **Introduction**

Background research related to the occupational therapy considerations for international practice includes aspects about occupational therapy, culture, working internationally, and the applications of all three topics. More specifically, the practice of occupational therapy, its expansion into the world, and occupational justice are covered. The aspects of culture covered in the literature review include cultural awareness, sensitivity, and competency, its application to practice, and the increasing need for culturally sensitive occupational therapy practitioners. The topics covered in this literature review related to international work include the motivators, pragmatics, and ethical considerations for international practice. Also included in the literature review is the purpose of this study.

### **The Practice of Occupational Therapy**

The *Occupational Therapy Practice Framework* 3<sup>rd</sup> edition (2014) encourages occupational therapy practitioners to “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 that facilitate change or growth in client factors and skills needed for successful participation” (p. S1). The practice framework stresses the importance of addressing the client holistically.

Occupational therapy is a profession that encompasses the use of the practitioner’s self as a construct of therapy. Ora Ruggles, an aide from World War II, displays the meaning of occupational therapy through her statement, “it is not enough to give a patient something to do

with his hands, you must reach for the heart as well as the hands; it's the heart that really does the healing" (Kronenberg, Pollard, & Sakellariou, 2011, p. 61). Occupational therapy is centered on the occupation of doing, yet it involves the entire body, spirit, and mind. With this perspective, it is implied that occupational therapy practitioners possess certain qualities which assist in showing empathy and putting themselves into the shoes of their patients. While this attitude is applauded, it does not necessarily recognize the challenges and complexity of traversing different cultures and perspectives of health, well-being, and care (Humbert, Burket, Deveney, & Kennedy, 2011).

The philosophy of the occupational therapy profession treats individuals according to their personal needs and way of living. Iwama (2007), shares that a client's culture is at the "core of occupational therapy," which encourages practitioners to treat patients in a client-centered manner, by recognizing the influence the client's culture has within their everyday life (p. 184). Practitioners are encouraged to consider using aspects of the patients' culture and beliefs to shape treatment sessions, and frame the occupational therapy session based on the specific personality and makeup of the patient. Culture is within the works of occupational therapy because of its focus on the activities that have value for the patient who is undergoing treatment (Iwama, 2007). There is a significant advantage for the success of treatment when practitioners are thoughtful in choosing activities that are in line with the patient's cultural beliefs and way of life (Murden et al., 2008). Occupational therapy is a useful mode for healing in many ways, but most specifically because of the focus that is placed on each individual patient's values. Considering the unique concepts and theories of occupational therapy, it should be accessible to all people throughout the world as all individuals have the capability to discover their own ways of finding meaning within and throughout their life (Iwama, 2007). Occupational therapy

practitioners can benefit from recognizing the value that client-centered practice has on patients when individuals explore activities, habits and routines that are meaningful in their life.

## **Culture**

Occupational therapists find areas in which to work that are not the traditional setting in order to meet the needs of a “culturally diverse society” (Kronenberg et al., 2011, p. 144). These areas include international settings, but most often are places where cultural differences are present. Cultural understanding is composed of three different parts: cultural awareness, cultural sensitivity and cultural competency.

*Cultural awareness* is understanding the social norms and values of others (Suyi, Mei Poh, Tsunaka, & Hua Beng, 2006). This includes finding out what is meaningful for individuals in that culture and also to select people groups. Practitioners who are self-aware of personal biases and ways of living have a raised level of cultural awareness (Muñoz, 2007). Within this construct, it is also necessary to understand what medical traditions and beliefs are present in certain cultures. Gaining the knowledge of any traditional medical practices or alternative medicines is necessary in determining the values of a client or culture. Although research and education has expanded in the area of alternative medicine, there is still more room to improve understanding of how these practices might best support and be incorporated into practice (Cara & MacRae, 2013).

*Cultural sensitivity* is the ability to appreciate and accept differences between people groups once we are aware of them (Muñoz, 2007). Cultural sensitivity can be seen as a predictor to cultural competence and requires active participation of the practitioner to learn how values and customs affect health beliefs and practices of others (Murden et al., 2008). Occupational therapy is predominantly based in Western ideology and values, focusing specifically on the

individual, which may not be as relevant to other cultures who value the family or community perspective (Molke & Rudman, 2008). Cultural sensitivity allows for specific and holistic treatment that supports the discovery and incorporation of relevant goals and values of the patient and family. This culturally sensitive approach helps to “decrease stigma, ignorance, increase awareness of socio-economic impact and improve communication, and enhance understanding of richness of cultures, beliefs, traditions, roles and lifestyles” (Murden et al., 2008, p. 200).

*Cultural competency* involves knowing how to best respond to the differences that exist in other cultures within clinical care and requires the development of specific critical thinking skills (Suyi et al., 2006). This concept can also be labeled as cultural responsiveness, as they are typically interchangeable, and addresses multiple parts and dimensions to this idea (Muñoz, 2007). Culturally responsive care involves generating cultural knowledge, applying cultural skills, and exploring diverse cultures and engaging with others. In order to be a culturally responsive practitioner, it is necessary to be aware of one’s personal biases and cultural values as a practitioner before trying to respond to the cultural differences in others. It can be important to have a background and understanding on world views so that appropriate and acceptable intervention strategies can be developed that will be relevant to the culture where the practitioner is working so as to more easily build a rapport with a client (Iwama, 2007). Another consideration in becoming a practitioner who is culturally competent or responsive is linguistic competency (Urraca, Ledoux, & Harris, 2009). When emerging into a new or different culture, it is essential that the language being used is appropriate and agreeable to the terms familiar to that culture. Words have different meanings in different locations and it is a relevant concept for practitioners to be aware of these differences in order for them to best communicate with the

people they are working with. Along with that, the manner in which people communicate or interact may vary among different cultures. Certain verbal or nonverbal cues or behaviors may not be appropriate in one culture, but a norm in another (Cara & MacRae, 2013).

Occupational therapy practitioners need to develop culturally relevant skills in order to provide significant care. To be effective practitioners, we need to understand the cultural differences that exist with individuals, people groups, and within the healthcare relationship (Murden et al., 2008). Culture in the occupational therapy setting is encompassed by the personal, traditional and contextual beliefs of both the practitioner and the client (Munoz, 2007).

It is pertinent for a practitioner to be aware of how cultural differences can impact methods of practice. Some considerations on the topic of culturally aware practice from the literature are related to assessments and treatment methods. A practitioner should work to gain an understanding of adaptations that can be made to assessments or interventions to be a better fit for use in other cultures (Alotaibi, 2008). Possible modifications in the tools and strategies occupational therapy practitioners use in countries that are just starting to develop occupational therapy would further improve the quality of care that is provided (Alotaibi, 2008). Standardized assessments need to be translated to help establish the practice and credibility of occupational therapy in countries where the profession has not yet been established (Alotaibi, 2008).

### **Application of Cultural Responsiveness to Practice**

The Kawa model is used as a way to address some of the constructs that have been central ideas of occupational therapy treatment in Nonwestern cultures (Iwama, 2011; Muñoz, 2007). The central constructs of Western ideas of occupational therapy treatment may not necessarily be values held in other parts of the world. This model is meant to serve as a guide for practitioners as they consider key concepts of occupational therapy and how those ideas vary



among cultures. Knowing that there are differences in beliefs and values between cultures is an essential first step for practicing as a culturally sensitive occupational therapy practitioner.

Part of the ethos of occupational therapy is the “commitment to serve the underserved” (Kronenberg et al., 2011, p. 57). Reflecting this ethos is that the qualities of kindness and helpfulness are essential to occupational therapy, which is where empathy comes into play (Kronenberg et al., 2011). These specific qualities emphasize a frame of mind that is concerned with the well-being of others. Kronenberg et al. (2011) shares another central tenet of this profession, “occupation fosters dignity, competence, and health” (p. 59). The importance of occupation within an individual’s life can affect their mental health, as well as one’s physical health. Occupational therapy practitioners have the understanding that working within one area of a patient’s life will affect the health and well-being of the individual and impact other areas of their life (AOTA, 2014).

### **Expansion of Occupational Therapy into the World**

Understanding the necessity for occupational therapy practitioners who are culturally sensitive aids in the idea that there is also a need for the profession to expand into countries where there is not yet occupational therapy as well as expand in countries where it is pre-existing but not widespread. In order to make evidence-based occupational therapy more widespread and reach people in all nations of the world, there needs to be more culturally sensitive education available to practitioners who are aiming to practice internationally (Ilott, Taylor, & Bolanos, 2006). Notwithstanding; the concept of expanding occupational therapy into all nations, one may ask the question of whether or not it is relevant to the peoples of all nations. Iwama (2007) shares that occupational therapy can be relevant to a specific society if the practitioner can connect it to the needs and everyday activities of the people of that culture (p. 183). Furthermore,

occupational therapy encourages people of any culture to actively participate in their daily activities in a way that creates a sense of purpose and greater value to living (Iwama, 2007).

### **Motivators for Engaging in International Practice**

There are many different forms of humanitarian service, and whether it is humanitarian work for pay or volunteering, occupational therapy practitioners can be part of that duty of giving in various countries and settings (Ilott, Taylor, & Bolanos, 2006). The motivation that drives occupational therapy practitioners to serve in other countries can be attributed to a variety of reasons. One of the common reasons found within the literature include that of wanting to help others, and the greatest need is in a different country than their own (Kronenberg et al., 2011). Another reason is that of wanting to provide service to others as their way of giving back to the world (Muñoz, 2007). A separate reason that many practitioners may serve internationally is that of the opportunity to travel and become immersed into a different culture. For some practitioners who travel to another country to work with the people there, their wish is to “become a more multicultural person” (Muñoz, 2007, p. 272). Knowing the reason that an occupational therapy practitioner wishes to work internationally is important in determining the most appropriate organization.

### **Social and Occupational Justice**

Together, with the various reasons which motivate practitioners to work internationally is the idea of social justice, and more specifically, occupational justice, as it relates to the domain of occupational therapy. Social justice, as defined in *Occupational Therapies without Borders* (2011), is the “political, social, and economic rights of individuals in a given society,” with human rights at the core (p. 270). Working for human rights can be an attractor for individuals who aim to make a difference in their world. Social justice can incorporate a variety of methods

and causes, one of which is occupational justice. Relating social justice to occupational therapy, Kronenberg et al. (2011) explains it as being a “systematic limitation for engaging in occupation and participating in society” (p. 270). Occupational justice includes the concepts of social justice and adds the perspective of an occupation-based thought process (Molke & Rudman, 2008).

Alternatively, Molke & Rudman (2008) define injustice as practicing in a way that lacks a client-centered focus when working with a population. Working within an occupational justice framework, occupational therapy practitioners should work with clients through a personalized approach so as to ensure participation and justice. Occupational therapy is based on individuals’ needs, which provide a clear avenue for social justice work. Focusing on clients and ensuring participation in occupations conflicts with injustice where individuals or groups are excluded or shown discrimination (Townsend & Wilcock, 2004).

Occupational therapy practitioners can work to address social injustice as part of their scope of practice. Participating in occupations that hold meaning for an individual is vital to the basis of occupational therapy, and there is an evidence of injustice when an individual is blocked from having access to engaging in their daily activity. Occupational therapy practitioners are urged “to empower those who are affected by occupational deprivation, alienation, disruption, and/or imbalance” (Kronenberg et al., 2011, p. 113). In such incidences of injustice, individuals and communities can be encouraged to participate in valued occupations, but social-cultural-political forces can still promote exclusion and other injustices. Practitioners have a responsibility to support clients in working through the injustices that affect the environments in which they come into contact (Townsend & Wilcock, 2004). A practitioner who holds a high value on combating social injustices may choose an organization with similar priorities with which to volunteer.

**Pragmatics of Working Internationally**

Each organization through which an occupational therapy practitioner can work or volunteer has different methods by which it operates. There are multiple aspects to take into consideration if a practitioner wishes to work internationally. Some of these aspects include living arrangements, length of time for the experience, the responsibilities the practitioner will have, and the details of any healthcare that may be provided through the organization (WFOT, 2013). Each organization will vary on these aspects and each practitioner will require different specifications on these concerns. It will be vital for an occupational therapy practitioner to decide what they are looking for when considering to practice internationally through a specific organization.

**Ethical Considerations of International Work**

Because cultural competence is highlighted as a significant part of the success of occupational therapy practice, ethical considerations are important to address before considering international practice and engaging others from quite diverse cultures. First, it is necessary to have the insight of one's own personal biases and values before emerging oneself in another culture. As practitioners, recognizing these biases will allow them to be acknowledged appropriately when working with other people (Muñoz, 2007). A practitioner who does not reflect on personal prejudices and understand they do have them, however large or small, may not be as accepting in multicultural settings as a practitioner who has uncovered personal biases (Muñoz, 2007). When practitioners can acknowledge that diverse settings will require an expanded way of thinking, they will be more successful at relating to diverse populations because they have opened up to the values and ways of living of people in different cultures

(Muñoz, 2007). Cross-cultural experiences are not simple and straightforward. It is important to recognize the complexity and dynamics that are involved in this practice (Humbert et al., 2011).

### **Qualities Organizations Look for in Workers**

Occupational therapy practitioners that volunteer internationally require skills different from those who practice in their home countries. As mentioned previously, international practitioners should achieve a certain level of cultural competency through education and self-reflection in order to provide the best care possible for their clients in other cultures (Muñoz, 2007). It is also important that they are open to new ways and ideas for practice as well as be able to adapt in their circumstance (WFOT, 2013). Practicing internationally is a huge leap out of one's the comfort zone, so it is imperative that occupational therapy practitioners are able to handle the changes they may experience when leaving their home to go to another country as well as be able to ensure well physical and emotional health (WFOT, 2013).

Having language preparation or fluency is significant because communication is vital when trying to understand people from other cultures (Urraca et al., 2009). Respect and openness for the differences found in other cultures is one of the main qualities required of occupational therapy practitioners volunteering abroad, with the expectation that the practitioner will need to adjust to cultural differences (WFOT, 2013). Without these qualities, practitioners would not be providing the best quality of care in other cultures.

### **Growing Need for Cultural Sensitivity in Occupational Therapy Practitioners**

It is important to begin education on developing cultural sensitivity and awareness early on in a practitioner's education. Some skills that may help in being a more culturally responsive practitioner include "maintaining an open and welcoming stance, reading and responding the dynamics of the clinical encounter and engaging each client with a purposeful intent to identify

and honour their cultural life ways” (Muñoz, 2007, p. 266). While these specific thoughts are helpful, not all practicing occupational therapy practitioners feel confident in the skills they have while interacting with people of other cultures. Murden et al. (2008) looked at two different studies involving occupational therapy students in England and in Australia, and the perceptions of their own cultural competence. Both results showed that the students understood the significance of having cultural awareness and sensitivity, but they felt they were not fully prepared to consider themselves culturally competent therapists who could effectively present culturally sensitive interventions with diverse clients.

### **Summary**

One of the main aspects of international OT practice requires that practitioners are culturally aware of their own biases and values, but also open to the differences of others, especially in cultures not their own. This includes an active participation in being able to respond appropriately while providing the best quality of care possible. Respecting the differences of other people and their cultures can decrease the ignorance associated with varying perspectives or values of other cultures and benefit the reputation of the profession. There is an ethical consideration as to how best prepare and train practitioners to become culturally competent and to ask the question if our work really benefits others.

While there is some encouragement in the literature to expand occupational therapy throughout the world and support international practice (Ilott et al., 2006), additional considerations for such work are noted. Practitioners have different motivators for volunteering abroad, which have been explored within this literature review. Additionally, occupational justice and social justice are related topics for practitioners who volunteer internationally and with diverse cultures to consider. The implication for such consideration is how occupational

justice is understood within the culture being served and how to best address such needs. Lastly, the pragmatics of volunteering internationally needs to be understood and decisions made according to one's own resources.

### **Purpose**

The purpose of this study was to provide a resource for occupational therapy practitioners, educators, and students that have an interest in engaging international OT practice through short or long-term volunteer work. The first intent of the project was to provide information on the types of organizations that are currently available for occupational therapy practitioners to engage when volunteering abroad and provide basic background information about and contacts with those organizations. The second intent of the study was to focus on a select group of organizations in order to further analyze any potential differences in approaches as it related to the pragmatics, the mission/ vision of the organization, social injustice, and the role of occupational therapy within the organization.

### **Application in Practice**

There are a variety of organizations through which occupational therapy practitioners can choose to volunteer abroad. The information for each organization must be sought out separately by the practitioner in order to find out the necessary facts for planning an experience volunteering internationally. This study aimed to provide a resource with basic information about a variety of organizations that an occupational therapy practitioner may volunteer with or through. Additionally, through the analysis of select organizations, considerations for such work may be better understood. The implicit understanding that forms the basis of this study is that the decision-making process in selecting applicable organizations to volunteer with/ through is complex. The needs of the individual and the organization's purpose and approach to

international volunteer work should be understood and when applicable be compatible with one another.

### **Methodology**

The beginning of this project focused on an understanding of cultural sensitivity through recognizing the significance of cultural differences because of the significant role cultural sensitivity plays in competent occupational therapy volunteer work. After gaining an idea of what it means to be culturally sensitive, a definition was developed: the ability to appreciate and accept differences between people groups once we are aware of them (Muñoz, 2007); and expressed as it relates to how occupational therapy practitioners should use cultural sensitivity when practicing internationally.

The next step was completing a web search of applicable organizations that occupational therapy practitioners may work or volunteer with/ through when practicing abroad. The search was conducted by using the term “OT international practice organizations” using Google, Academic Search Premier, and PubMed. The results from this search were categorized and put into a chart listing the organization’s name, location of projects offered, mission statement, duration of the trips, and type of organization (faith-based, non-profit, for-profit, or governmental). This chart can be found in Appendix A.

After completing the chart with information on 39 organizations, four organizations were selected to focus on at random from the faith-based category because it allowed for an in-depth comparison while maintaining a variety of types of organizations. The faith-based organizations’ websites were all reviewed a second time as a method for deciding which four would be selected for the content analysis. The four organizations chosen had clear distinctions in their vision and



mission statements in that they each had different reasons for providing services, which was the main reason for their selection.

These four organizations' websites were then reviewed another time and a content analysis was performed. The methods of how to perform a media content analysis were reviewed before continuing (Macnamara, 2005). The content analysis consisted of the formation of categories, from the text displayed on each website's home page, "about us" description and a testimonial or blog written by a volunteer of the organization. Considering that one purpose of this review of the organizations was to assist occupational therapy practitioners in choosing their best fit of agency for volunteering internationally, questions were developed that an occupational therapy practitioner may want to know before selecting an organization with which to work.

Further questions were then developed with the intention to dig deeper into the outcomes and contrasts between each organization. These questions aided in further content analysis on each organization's website home page, "about us" page, and a newsletter, blog, or testimonial. Categories were identified for each organization on each website page from the content analysis, which then developed into themes. These themes were added to a table which highlighted the four faith-based organizations' name, philosophical theme to explain their partnership approach, outcomes, general and/or spiritual beliefs, and types of healthcare delivered on their missions. Another table was constructed with any information found about the pragmatics of the missions. Each organization's website was again reviewed for content about the financial costs, living arrangements, travel, training, and time commitment required for their missions. A final table was created about the impact towards social justice by each organization. A quote or analysis of the information found on the websites was filled in on this table for each organization, attributing

a type of social or occupational injustice towards which they work to eliminate, reduce, or prevent.

Lastly, the overall themes for each organization were reviewed focusing on the perspective and approaches used to train and support volunteers. A continuum of the professional identity and approach used by each organization was created. The organizations were placed along the continuum depending on their team or autonomous approach. A final diagram was constructed which displayed the relationships between an organization, volunteer, and population. Each of these relationships was explained by receiving a label of professional identity, mission statement, and partnership.

### **Results**

A web search described in the Methodology section was the source from which a table of 39 organizations was constructed. This table can be found in Appendix A and includes the names, locations, mission statements or purposes, and types of the 39 organizations discovered.

The search for international organizations yielded a collection of organizations within the categories of governmental agencies and committees, for example, the *International Spinal Cord Society* and *United Nations Children's Fund* (UNICEF); non-profit and for-profit secular organizations, such as *Global Volunteer Network* and *Helen Keller International*; and faith-based organizations, including *Pioneers* and *Agape in Action*. The intent and focus of each of these organizations is unique and diverse (Appendix A). Making decisions about which organization to work with/ through begins with understanding the focus of the work and the mission or vision statement of the organization.

From this initial collection of data, the organizations fell into four main categories which were recorded in a table. From this table the four faith-based organizations for in depth analysis were chosen.

### **Faith-Based Organizations**

The four organizations used for this study were *Health Teams International*, *Projects Abroad*, *CURE International*, and *MedSend*.

The content analysis of four organizations' websites referenced in the Methodology section resulted in a specific theme by which each organization's philosophical approach to their partnerships could be described. A review of these four websites also resulted in information on each organization's complete mission statement (see Appendix A), outcomes, stated spiritual and/or general beliefs that are upheld and expected of their volunteers, types of healthcare delivered on missions (see Appendix B.), pragmatics (see Appendix B.), and their impact on social justice (see Appendix B.).

### **Philosophical Theme to Explain Partnership Approach**

The first organization, *Health Teams International* had a more simple website and structure. The partnership was labeled as "directive," which can be defined as having identified a goal and carrying out that goal. They were given this label of "directive" meaning the organization has specific, clear goals and carries out those select goals. *Health Teams International* (2015), shares "our articles of incorporation require that we send our teams only to those groups of people that have little or no Christian witness" (About Us section, para 2, March, 2016). They also repeatedly visit a few specific countries for their missions. For example, there were a total of seven trips to Myanmar, four trips to Honduras, and three to Haiti, Cameroon, and Guatemala between 2012 and 2016 (*Health Teams International*, 2015, Missions section, March,

2016). The other mission trips where *Health Teams International* sent volunteers included a total of eight countries, which were each visited one time during the 2012-2016 time frame (Missions section, March, 2016).

The second organization studied was *Projects Abroad*. This organization had two themes which were “collaborative” and “diversity.” A definition of collaborative can be a way of working in conjunction with another entity. Diversity can be defined as involving a variety of options or categories of a certain system or arrangement. This organization worked with others that were stationed in the locations where they sent their volunteers, as is stated “by working alongside local partners” (*Projects Abroad*, 2016, Projects for Professionals, para 2, March 2016). Their collaborative approach is emphasized in their declaration that they “never replace local employment with volunteering” (*Projects Abroad*, 2016, Our Impact section, para 5, March 2016). They offered a broad variety of choices for the volunteer in terms of location and duration of their trip. A few of the countries offered as a project location for professionals are Bolivia, Ghana, Vietnam, Cambodia, and Nepal (*Projects Abroad*, 2016, Projects for Professionals section, Professional Volunteering Opportunities in Medicine and Healthcare, Occupational Therapist, March 2016). These projects range from a duration of 4 weeks to 26 weeks with the possibility of an extension of one week (*Projects Abroad*, 2016, Prices section, March 2016). Also, the types of projects an individual could choose to participate in were many: “helping victims of war...working with children in orphanages...work in private physiotherapy and rehabilitation hospital...assist children and young adults with mental and physical disabilities” (*Projects Abroad*, 2016, Projects for Professionals section, Professional Volunteering Opportunities in Medicine and Healthcare, Occupational Therapist, March 2016). In these ways,

*Projects Abroad* is an organization that is run with a collaborative method of operation and is connected to many locations, making it a diverse program.

The third organization is *CURE International* which was given the theme “relationship.” Relationship can be defined as forming and maintaining connections with others outside of a single body. This theme is apparent in the following quote, “*CURE* is based on relationships and relational care. The overall value of your work is not only impacted by how much you get done, but also by your attitude in doing it” (*CURE*, 2015, Frequently Asked Questions section, Global Outreach, March 2016). This theme also represents the method by which *CURE* operates as they repeatedly send their volunteers to the same sites, which are their own established hospitals.

The fourth organization studied was *MedSend*. The theme for this organization was “individual,” which is defined as having a focus on an individual, which in this context is the volunteer. This theme was used for *MedSend* because they financially assist volunteers who are already connected with a separate agency for a mission. *MedSend* (2016) explains that their assistance is reserved for those who are “under the authority of a Christian missions sending agency that is a *MedSend Associate*” (Frequently Asked Questions section, Lifestyle and Financial Issues, March 2016). The assistance *MedSend* provides is most commonly in financial grants, specifically payment of loans from medical school.

### **Mission Statement**

The mission statements for each of the four organizations were used as an important piece for understanding the unique perspectives related to their work. The mission statements provide a window into the organization that creates an appreciation for how and why they operate using their unique methods. The mission statements can be found in Appendix A.

*Health Team International's* mission statement makes it clear that they aim to spread Christianity through the method of administering health care. They share that their mission statement was based on Romans 15:19-20, "I go only to those who have never heard the name of Christ, that I not build on another man's foundation" (as cited by *Health Teams International*, 2015, Home section, para 1, March 2016). They go on to explain how they are carrying out their mission, "we concentrate on unreached people groups usually found in the 10/40 world window" (*Health Teams International*, 2015, Home section, para 1, March 2016).

*Projects Abroad's* mission statement further represents their likeness for diversity as it shares their hope for creating a "multi-national community" that will serve, understand, learn, teach, inspire and be inspired. They share that "the aim of these projects is to listen to the needs of local communities and to harness the expertise of qualified volunteers" (*Projects Abroad*, 2016, Projects for Professionals, Volunteering Abroad for Skilled Professionals, para 3, March 2016). They go on to express, "we sincerely hope that we bring more cross-cultural understanding into the world" (*Projects Abroad*, 2016, About Us section, Our Impact, March 2016). This mission statement is broad and encompasses a variety of objectives.

*CURE's* mission statement is direct in that it says they aim to "heal the sick and proclaim the kingdom of God" (*CURE*, 2015, About *CURE* section, March 2016). Further review of the information shared on their website expresses that they fulfill this mission through the building of relationships in their established hospitals. "Our hospitals are the heart of what we do. Life-changing healing for the poorest of the poor takes place in *CURE* hospitals around the world on a daily basis" (*CURE*, 2015, *CURE* Hospitals section, March 2016). Since the hospitals are used for healing and are a place where spiritual counseling and "proclaiming the kingdom of God"

occurs, *CURE* is fulfilling this mission through the use of their hospitals (*CURE*, 2015, *CURE* Hospitals section, March 2016).

*MedSend*'s mission statement expresses their aim in helping medical professionals serve out their "calling" without the stresses of paying back school loans or debt. They "provide grants that remove the obstacle of educational debt and specialized training to equip them for the unique challenges they face" (*MedSend*, 2016, About Us section, How We Do It, March 2016). This organization works with individual volunteers by taking them through a lengthy application and review process and then staying connected with them as they go through their chosen agency to complete a mission trip. They go on to explain how their specific organization works: "to a world reeling with physical and spiritual suffering, *MedSend* healthcare professionals bring the best healthcare education and training our society has to offer. And they bring the only true power to change hearts and lives: God's love" (*MedSend*, 2016, About Us section, Why We Do It, March 2016). *MedSend* enables healthcare professionals in a financial aspect while incorporating mission work of medical and spiritual healing.

### **Outcomes**

*Health Teams International's* outcomes shared on their website include 29 completed short-term missions from 2012 to 2016. These missions include some repeated trips to the same country. The top countries that were revisited during the 2012-2016 time frame include seven trips to Myanmar, four trips to Honduras, three trips to Haiti, Cameroon, and Guatemala, and two trips to Uganda. The missions may have been to different areas within the same country, or they could have revisited the same location on each trip. This information is unclear as it is provided on the website.

*Projects Abroad's* website shares their outcomes as having placed over 100,000 volunteers each year “on a variety of services projects overseas” (2016, About Us section, What is Projects Abroad, March 2016). They also share that they have benefitted 502 organizations through volunteer missions including “orphanages, care centers and disabled centers” (*Projects Abroad*, 2016, About Us section, Our Achievements, March 2016). This again is representative of their themes since they are large numbers and indicate that they form relationships with other organizations.

*CURE's* outcomes are stated as creating and maintaining “10 hospitals in places where care is most needed and often least available” (*CURE*, 2015, *CURE Hospitals* section, para 2, March 2016). There are abundant stories of children who have been helped through *CURE's* work on their website, further driving their message of their mission statement to “heal the sick and proclaim the kingdom of God” (*CURE*, 2015). One of these stories is about a nine-year-old boy who was disfigured from a fire on his home by rebels. He was not open to communicating with the staff at a *CURE* hospital and had a depressed demeanor. He had many surgeries, but following one surgery that was to prepare him for prosthetic legs, he broke down so much that all the staff could do was share about God's love. He eventually received his prosthetics and developed a strong relationship with the staff because he became a lively young boy after receiving medical and spiritual care from volunteers at a *CURE* hospital (*CURE*, 2015, Patient Stories section, April, 2016).

*MedSend's* outcomes profess that they have “approved educational loan repayment grants to almost 500 healthcare professionals serving around the world” (*MedSend*, 2016, About section, Grant Recipients, March 2016). They approve applications for healthcare professionals



and support them through financial assistance, creating an effective system for sending out healthcare to parts of the world.

### **Beliefs**

*Health Teams International* provides an extensive manual for volunteers where they can find information on the way this organization chooses to perform missions in regards to traveling and lodging details, guidelines for providing medical care, and spiritual beliefs and methods of evangelizing. There are multiple sections of the “Mission Manual” describing how they prepare their teams for ways to share Christ’s name (*Health Teams International*, 2015, Downloads section, HTI Manual, March 2016). Some of the information provided in the “Mission Manual” includes content on their views of Christ and the message that should be shared with their patients by the volunteers on the mission, an entire section on how to evangelize, references for a volunteer to spiritually prepare his or her heart for the mission, and tips for sharing what was experienced once the volunteer is back in his or her home country. Some of the content in the “Mission Manual” is about their methods of operation in terms of the healthcare aspect of the mission. There are specific instructions on the medical equipment the volunteer will receive from *Health Teams International* and be expected to pack. There are also clear directions on how to run a physician, dental, and vision station during the mission. Another category of information that is provided is related to their expectations for conduct. They expect a volunteer to be respectful, open to differences in culture, and aware that they are representing *Health Teams International*. A covenant describing the expectations for volunteers to respect the culture, hosts, other team members, and the work occurring appears in the “Mission Manual” (*Health Teams International*, 2015, HTI Manual, A Covenant, April 2016). Also in the “Mission Manual” is a Code of Conduct that requests volunteers to maintain a level of professionalism as they are

representing *Health Teams International* (*Health Teams International*, 2015, HTI Manual, Code of Conduct, April 2016).

*Projects Abroad's* beliefs were more clear-cut in that they provide a list of their four values, which are contribution, community, company, and culture. They share why contribution is a meaningful piece of their beliefs: "We believe in helping where help is needed...we respond to need as effectively as we can with our abilities and our resources" (*Projects Abroad*, 2016, About Us section, Our Values, March 2016). Community is important because they "recognize that each individual has a unique ability to contribute, which we must nurture" (*Projects Abroad*, 2016, About Us section, Our Values, March 2016). Their third value, company, explains their reasoning for the significance of a for-profit company in that it "allows for the pooling of resources and the dispersal of risk, and it encourages innovation" (*Projects Abroad*, 2016, About Us section, Our Values, March 2016). The fourth value, culture, has merit in that they "believe in the value of cultural exchange... [because it] helps to create a world with greater mutual respect and understanding" (*Projects Abroad*, 2016, About Us section, Our Values, March 2016).

*CURE's* general and spiritual beliefs include the importance of equal access to health and medical care as well as the significance of sharing the "message of God's love" (*CURE*, 2015, About *CURE* section, para 2, March 2016). They go on to explain their beliefs, "healing changes everything not only because it brings an end to physical pain but because it means restoration of dignity, protection from abuse, and inclusion in family, school, and culture" (*CURE*, 2015, About Us section, Who We Serve, March 2016). This statement backs up their aim for providing healthcare to people who do not have the means to receive it without assistance. To explain their spiritual beliefs, *CURE* (2015), shares that they "are just as focused on the spiritual health of the

children we serve...through healing, we get to show them the God who hasn't cursed them, the God who loves them, dearly" (About Us section, Who We Serve, March 2016).

*MedSend* provides a brief description of spiritual beliefs which their organization is based on and which they require their volunteers to uphold. They share that they believe "in one all-powerful God; in Jesus Christ; in the presence and power of the Holy Spirit; in the Bible as the Word of God; in salvation; in the church" (*MedSend*, 2016, Frequently Asked Questions section, *MedSend* Basics, March 2016). They also go on to share guidelines for their grant recipients by stating their expectations for the professionals to "live a missionary lifestyle" and list five ways to do so, which include buying only what one needs, not wants; being a conserver and not a consumer, not participating in impulse buying, and not donating "borrowed money" (*MedSend*, 2016, Frequently Asked Questions section, Lifestyle and Financial Issues, March 2016).

### **Pragmatics**

The pragmatics found on *Health Teams International's* website was not complete as it only included a few vague details. They share that they "will contact Christian missionaries on site to arrange for local transportation, housing, food and translators" (*Health Teams International*, 2015, HTI Manual, p. 6, April 2016). They also share that every volunteer will be contacted with further details regarding their mission after they have completed an application and have been accepted. The missions with this organization range from six days to two weeks.

*Projects Abroad* has many options available for volunteers regarding the different categories considered in pragmatics. The volunteer can choose the location, duration, and an aspect of language training if available for their mission. In terms of the language training, the organization shares, "in many of our destinations, it is possible to take language lessons if you want to improve your language skills" (*Projects Abroad*, 2016, How It Works section,

Requirements, April 2016). The financial costs of missions are listed in a price chart located on *Projects Abroad's* website. The cost increases as the duration of the mission lengthens, and also varies depending on the location. For example, an occupational therapy practitioner working in Bolivia will pay \$2,905 for four weeks, which increases to \$5,265 for twelve weeks (*Projects Abroad*, 2016, Prices, April 2016). The same length of time for an occupational therapy practitioner working in Nepal will cost \$2,305 for four weeks and \$3,865 for twelve weeks, which is much less than the cost for a twelve-week project in Bolivia (*Projects Abroad*, 2016, Prices, April 2016).

The different aspects of pragmatics associated with a mission through *CURE* are referenced briefly on their website. They express, “most often a trip cost will include food, lodging, in-country transportation, and travel medical insurance” (*CURE*, 2015, Frequently Asked Questions section, Finances, April 2016). The cost of a trip is not shared, but it is addressed in that they expect for “short-term participants to cover their in-country expenses” (*CURE*, 2015, Frequently Asked Questions section, Mission and Values, March 2016). A mission trip through *CURE* can last between one week to one year (*CURE*, 2015, Frequently Asked Questions section, General Questions, April 2016). This is the most information given on the organization’s website about the variety of aspects related to pragmatics.

*MedSend* is an organization that only works with volunteers in terms of their financial needs. Assistance in paying loans from a volunteer’s education is the only piece of pragmatics that is addressed by *MedSend*. The minimum time frame for a volunteer to receive grants from *MedSend* is two years (*MedSend*, 2016, Frequently Asked Questions section, *MedSend* Basics, April 2016).

## **Social Justice**

*Health Teams International* impacts social justice through providing equal opportunities and resources in terms of primary health care including medical, dental and vision care. They attempt this by being “dedicated to serving the unreached people groups through short-term Christian health care teams” (*Health Teams International*, 2015, Home section, March 2016).

*Projects Abroad* works towards social justice through an economic standpoint. Their impact is under the distributive justice category (Townsend & Wilcock, 2004). They share that they aim to “improve the lives of some of the most economically disadvantaged people in the world” (*Projects Abroad*, 2016, Projects for Professionals section, Volunteering Abroad for Skilled Professionals, para 3, March 2016). They go on to say “we provide new benefits and services for poor people living in the countries where we work by improving the social and physical environment around the developing world” (*Projects Abroad*, 2016, About Us section, Our Impact, March 2016). Their largest impact is through addressing poverty in the countries where their missions work. A significant amount of the work contributed by *Projects Abroad* is in the form of donations to projects which may not be funded otherwise (*Projects Abroad*, 2016, About Us section, Our Impact, April 2016).

*CURE* targets social injustices by providing “hope during loss” through empowerment by reducing the presence of stigma towards children with a disability or a physical illness (*CURE*, 2015). They also effect a lessening in occupational deprivation and marginalization through promoting inclusion (Townsend & Wilcock, 2004). They share the following, “we say *healing changes everything* not only because it brings an end to physical pain but because it means restoration of dignity, protection from abuse, and inclusion in family, school, and culture” (*CURE*, 2015, About Us section, Who We Serve, March 2016).

The approach to social justice by *MedSend* is through providing care for those who do not have access to services. Their work can be labeled as reducing occupational marginalization (Townsend & Wilcock, 2004). *MedSend* (2016) operates with the intention to “reach out to the poor and medically underserved” (March 2016).

### **Discussion**

The basis of this study centered around understanding a hierarchy for the many considerations OT practitioners take into account when intending to practice or volunteer internationally. Before looking into specific organizations, approaches, or methods of operation, a level of knowledge about cultural awareness and sensitivity is suggested by the literature as a priority (Muñoz, 2007). Becoming informed about the cultural differences between an individual or service provider and the population or organization they will be serving can improve the individual’s cultural sensitivity and prevent potential cultural conflicts before they arise (Murden et al., 2008). OT practitioners can serve clients best when they utilize cultural responsiveness (Muñoz, 2007); making this review of organizations a main concern.

### **Faith-based Organizations**

The faith-based category was the set of organizations which appeared to be the most similar in terms of organizational vision and mission statements with the emphasis on a strong faith which backs their vision for helping populations around the world.

The analysis of the four faith-based organizations selected for this review revealed differences between them (Appendix B). These differences consist of the variety of populations whom they serve, the approaches they uphold and have the volunteers use while serving, and the overall magnitude of the organizations. These four faith-based organizations were selected partly by random, but also because they appeared to be different upon initial review. After a content

analysis of these four organizations' websites (Macnamara, 2005), it was clear that even within the same general category of faith-based organizations, there are many distinctions between organizations. An example of a distinction is the team approach *Health Teams International* takes to mission trips (*Health Teams International*, 2015), compared to *Projects Abroad's* option for a volunteer to serve on an individual mission (*Projects Abroad*, 2016). Another distinction is in the methods of operation between *MedSend* and *CURE*. *CURE* has established hospitals where they send volunteers to serve (*MedSend*, 2016), which differs from the grants *MedSend* provides to healthcare professionals who choose to volunteer internationally at Christian-based organizations (*MedSend*, 2016). *MedSend* is not directly involved in the volunteers' missions but rather is connected through a financial aspect to volunteering. As a result, practitioners seeking to work internationally need to engage in a more complex decision-making process about their work and what organization may best fit their needs.

The considerations for an OT practitioner interested in volunteering internationally are many, and priorities in the decision-making process will vary depending on the individual. For example, the focus of a mission trip can differ depending on the organization with which a volunteer serves. *Health Teams International* leads mission trips that primarily focus on evangelism for "unreached people groups" with a less prominent focus on delivering sustainable health care (*Health Teams International*, 2015). *Projects Abroad* has a focus on encouraging people of all ages to volunteer in countries around the world in an effort to create a worldwide norm of volunteer work (*Projects Abroad*, 2016). A volunteer may see helping others with physical needs a priority over sharing Christianity or vice versa. Another example of differing priorities can occur when considering the types of healthcare services an organization provides to a population. For a volunteer who wishes to provide care utilizing his or her OT skills, the only

choice for an organization within this review which would satisfy an OT practitioner is *Projects Abroad* (*Projects Abroad*, 2016). The other three organizations do not specify OT as a service that is provided during a mission trip. Occupational therapy practitioners who wish to serve through these organizations would do so as a general volunteer.

One of the considerations was pragmatics as mentioned in the literature review which includes financial cost, living arrangement, travel, time commitment, and training (WFOT, 2013). The differences between organizations in this aspect are the short-term mission trips offered by *Health Teams International* that span from six days to two weeks (*Health Teams International*, 2015), compared to the longer mission trips offered by *CURE* and *Projects Abroad* that can range from one week to one year (*CURE*, 2015; *Projects Abroad*, 2016). Considering the differences between organizations, individuals may need to make a decision related to general pragmatics.

### **Implications for Social Justice**

As was shared in the literature review, individuals are motivated by a variety of reasons for volunteering internationally. Most of these motivators lined up with a consideration for international practice that was discovered in the results. For example, Ilott, Taylor, & Bolanos, (2006) communicate that humanitarian volunteering serves as a motivator, which corresponds to choosing a specific category of organization with which to serve in this study. Two other reasons for serving include the need to help others in a country with perceived needs greater than one's own and a need to give back to the world (Kronenberg et al., 2011; Muñoz, 2007). These two motivators align with the consideration of choosing an organization that provides services which work towards social justice; however, the way social justice is understood and how to address these needs is quite different between organizations. For example, *MedSend*, *Health Teams*



*International*, and *Projects Abroad* all work to increase access to healthcare services and equal opportunities for those who are affected by poverty (*MedSend*, 2016; *Health Teams International*, 2015; *Projects Abroad*, 2016). *CURE* works toward social justice in a different way, which is through empowering and reducing stigma among patients (*CURE*, 2015).

Another motivator found in the literature was for an opportunity to travel and to experience other cultures (Muñoz, 2007). This reason for international volunteerism requires that the OT considers the broad area of pragmatics when choosing an organization, specifically location, time commitment, language education, and living arrangements.

### **Outcomes and Organizational Policies**

Outcomes are another consideration related to the analysis of the website content, which may appeal to individuals who are concerned with measuring the effectiveness of an organization. For example, *Health Teams International* has completed 32 missions since 2012 (*Health Teams International*, 2015), while *Projects Abroad* has placed 100,000 volunteers and benefited over five hundred organizations (*Projects Abroad*, 2016). The way organizations measure their outcomes differs in that *Projects Abroad* and *MedSend* share the number of volunteers that serve with their organization (*Projects Abroad*, 2016; *MedSend*, 2016), while *CURE* measures outcomes in terms of established locations where they serve (*CURE*, 2015), and *Health Teams International* measures outcomes in number of mission trips completed (*Health Teams International*, 2015).

Another consideration found in the results involves reflecting on the spiritual beliefs and methods of operation of an organization and how these line up with an individual's personal values and beliefs. For example, *Health Teams International*, *CURE*, and *MedSend* include the expectation for volunteers to share Christianity with the populations they serve as a spiritual

belief of the organization (*Health Teams International*, 2015; *CURE*, 2015; *MedSend*, 2016). In contrast, *Projects Abroad* states four values of “contribution, community, company, culture” which do not give details about sharing spiritual beliefs (*Projects Abroad*, 2016). This potential for conflict between beliefs of an individual and an organization may result if the beliefs of the two entities are not aligned. Along with the potential for conflict between beliefs, this may result in cultural conflict.

### **WFOT Considerations for International Practice**

As mentioned in the literature, WFOT (2013) shares that some qualities are needed for individuals who are interested in practicing internationally: a willingness to step out of their comfort zone, adapt to surroundings, and utilize culturally responsive care. The presence of these qualities in an individual can work to combat most cultural conflicts that may arise. Working in another country can create unexpected situations which will require flexibility from practitioners.

Considering the results of this review, the significant differences in the organizations’ beliefs as represented by their mission, philosophy, and policies may indicate a significant cultural conflict. Being respectful and having an open attitude for international practice was suggested by WFOT (2013). This can serve the individual in having a meaningful experience while serving if there were to be conflicts in the pragmatics, methods of operation, or day-to-day cultural aspects of living and working in another country; however, personal faith and beliefs may encompass more than a matter of respect and being open-minded. An individual may have strong convictions concerning his or her personal beliefs, specifically about how religious life should be lived out publically. As a result, there may be much more conflict between personal beliefs and the cultural beliefs of the organization in the matter of evangelizing and sharing Christian witness.



The continuum places each organization along its length according to their approach to missions regarding a team or individual approach. On the “team” end of the continuum was *Health Teams International*. This represents the strong group orientation that is apparent in the methods of this organization. Volunteers with *Health Teams International* prepare for a mission as a group, travel to the destination country together, then serve with one another throughout the mission. An occupational therapy practitioner serving with *Health Teams International* may not have the opportunity to display their professional occupational therapy skills through treating patients, as the organization has guidelines to follow and no occupational therapy specific role was identified in the review of the organization’s website.

*CURE* is the next organization, which is placed closer to the “team” end of the continuum, but almost right in the middle. Volunteers with *CURE* can choose to travel on their own, but once they arrive at the *CURE* hospital, they will work as a team member. Similar to volunteers with *Health Teams International*, *CURE* volunteers may not be encouraged to treat patients as an occupational therapy practitioner, but rather as a member of the hospital team (*CURE*, 2015). Expectations for hospital team members are listening to the hospital staff and Medical Director about procedures and priorities for care and they are encouraged to train local volunteers and staff if possible (*CURE*, 2015, Frequently Asked Questions section, Global Outreach, April 2016).

Further down the continuum on the “autonomous” end, is *Projects Abroad*. This organization allows for the volunteer to choose to serve as an individual or on a team. There is a specific category of projects for professionals, which is where an occupational therapy practitioner may be placed. A volunteer with *Projects Abroad* will travel to the destination country and serve as a single provider of services. There are supports within the country and

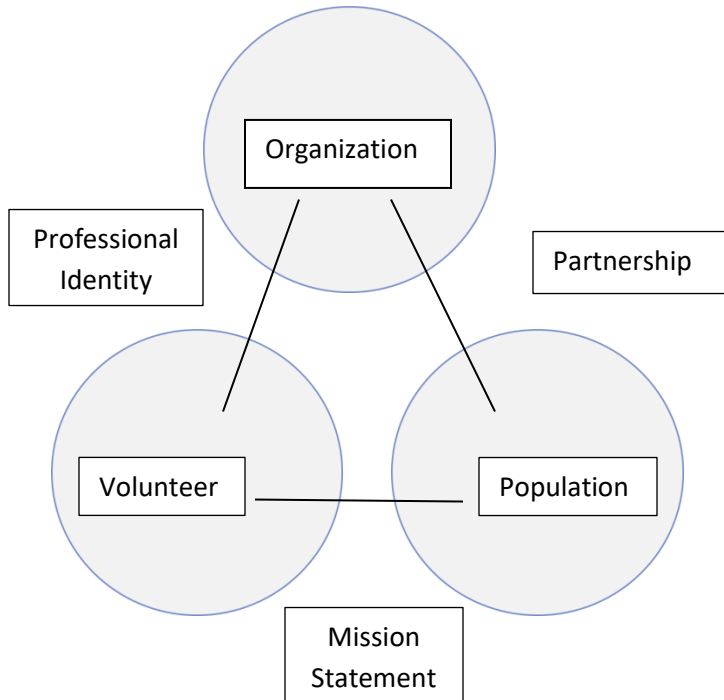
designated workers connected with *Projects Abroad* available to help the volunteer navigate the culture and any concerns (*Projects Abroad*, 2016). *Projects Abroad* is the only organization of the four to specify opportunities specifically for occupational therapy. Considering this, a volunteer with *Projects Abroad* would have the freedom to use occupational therapy skills to treat patients while serving a mission. This allows a volunteer to further develop a professional identity while in another country.

The fourth organization, *MedSend* is placed on the “autonomous” end of the continuum. This organization solely provides financial grants for healthcare professionals. Occupational therapy is not listed as an accepted healthcare profession; however, *MedSend* accepts other healthcare professionals on a “case-by-case basis” and there have been occupational therapy practitioners accepted in the past (*MedSend*, 2016, Frequently Asked Questions section, Lifestyle and Financial Issues, March 2016). *MedSend* requires volunteers to connect with a separate agency with which to serve (*MedSend*, 2016). In addition to understanding *MedSend*'s mission, a volunteer will also need to understand the details of the organization they serve with, through financial assistance by *MedSend*. Considering the minimal involvement *MedSend* has with a volunteer, they are furthest from having a team approach, and they allow for a volunteer to develop and exhibit professional identity.

### **Labeling Relationships between Organization, Volunteer, & Population**

Through the content analysis of the four faith-based organizations, an understanding was developed of the connections between an organization, a volunteer serving with that organization, and the population being served (Figure 2.).

Figure 2. Labeling Relationships between Organization, Volunteer, &amp; Population



*Figure 2.* The relationships between organizations, volunteers, and populations have been identified with a given label: organizations and volunteers in terms of professional identity; volunteers and populations in terms of mission statements; and populations and organizations in terms of their partnership.

The relationship between an organization and a volunteer is defined by the level of professional identity utilized during the mission. An organization can relate to a population being served by the partnership established between the two. A population may receive benefits from the organization and in turn continue the relationship to allow for on-going communication and affiliation. The third connection is between a volunteer and the population they serve. This relationship is defined by the mission statement and how the mission is carried out. Explaining the goals of a mission and how a group or individual plan to execute the mission contributes to an outline of the relationship between a volunteer and population they are serving.

### **Personal Considerations**

In completing this study, it became apparent that it is crucial to realize that a volunteer should expect to find multiple organizations with very different approaches, philosophies, external supports, and views of personal and professional autonomy. It is realistic to expect that not all aspects of consideration may perfectly match his or her preferences in every aspect. However, understanding each consideration, as identified in this study, can lead to a volunteer searching for an organization with the right combination in each area or may give the practitioner pause to consider what aspects are the most valued or desired. As stated throughout the discussion, there are many considerations for an occupational therapy practitioner to take into account when exploring organizations in which to serve under. In order to find the best fit for a volunteer, he or she should decide which consideration is of the most and least importance. The volunteer then could seek out an organization which fits his or her preference for the consideration they deemed most important.

After working through this study, an important aspect may be pragmatics or type of organization. Following the determination of the most important category, the volunteer can also identify which is the least important consideration. Recognizing the need for a compromise on preferences in one or more considerations can make it easier to choose the best fit of an organization. A list of potential considerations is offered below:

### **Choosing an Organization**

1. Type: Governmental, Faith-based, Secular
2. Pragmatics: Time commitment, Location, Financial costs, Living arrangements
3. Team or Independent approach; External supports
4. Methods of Operation
5. Outcomes

## 6. Compatibility with Spiritual/ Religious Beliefs

(A possible order by which a volunteer may go through the decision-making process to choose an organization).

### **Further Considerations**

This study only consisted of content analyses of four organizations' websites, which can be considered a limitation. The research could have been expanded if there were interviews in order to better understand the thoughts and perspectives of a volunteer who has worked with one of these organizations. In performing interviews, there is the potential to learn more about conflict resolution in the field, an occupational therapy volunteer's inside look to the decision-making process, and any other considerations a volunteer may need to take into account when choosing an organization with which to serve.

### **Conclusion**

In conclusion, this study uncovered the many considerations an occupational therapy practitioner may wish to take into account when choosing an international organization with which to volunteer. The literature regarding international work by occupational therapy practitioners revealed the role that culture plays into establishing rapport, the expectations of volunteers working in another country, and providing client-centered assistance to populations of a different culture than one's own. The results from a content analysis on four faith-based organizations produced information on the pragmatics, themes that describe each organization's approach to partnerships, the level of professional identity a volunteer can assume when volunteering and the team or autonomous approach of each organization, the area of social justice each organization's outcomes address, and a visual of the relationships between organizations, populations, and volunteers. The discussion addressed the many aspects of



international volunteering with organizations through an analysis of the results and an interpretation of the literature. The topics presented in the discussion include the necessity of cultural sensitivity when volunteering internationally, how to prevent or resolve conflicts that may occur between the organization and volunteer or between the volunteer and population they serve because of cultural differences, a possible order of considerations when choosing an organization that best fits a volunteer, and the necessity for volunteers to prioritize the considerations in order to find the most suitable organization. An occupational therapy practitioner may need to compromise on a few of the aspects of least importance in order to choose an international organization with which to volunteer.

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## Appendix A.

Organizations Resource Table

ORGANIZATION	LOCATION(S)	MISSION STATEMENT/PURPOSE	TYPE	EXTRA INFORMATION
<b>GENERAL</b>				
WFOT <a href="http://www.wfot.org">http://www.wfot.org</a>	World OT Map	"WFOT promotes occupational therapy as an art and science internationally. The Federation supports the development, use and practice of occupational therapy worldwide, demonstrating its relevance and contribution to society."		
Global Volunteer Network <a href="http://www.gvnfoundation.org">http://www.gvnfoundation.org</a>	19 countries: Rwanda, Uganda, Vietnam, Costa Rica, Peru, Guatemala	"Our vision is to connect people with communities in need, with a particular focus on vulnerable women and children. We do this by supporting the work of local community organizations in countries through the placement of international volunteers."	volunteer, Non-profit	
Rehabilitation International <a href="http://www.riglobal.org">www.riglobal.org</a>	over 100 countries	"Advancing the rights and inclusion of persons with disabilities worldwide." "A global network working to empower persons with disabilities and provide sustainable solutions for a more inclusive society."	network; democratic with an Assembly	short-term, 2 weeks
World Health Organization <a href="http://www.who.int/en">www.who.int/en</a>	147 countries	provide global leadership in public health; primary role is "to direct and coordinate international health within the United Nations' system"	UN	
International Committee of Red Cross <a href="http://www.icrc.org">www.icrc.org</a>	80 countries	"support families and communities affected by armed conflict or by natural disaster in conflict regions all over the world."	delegates and health professionals in the field	
Helen Keller International <a href="http://www.hki.org">www.hki.org</a>	22 countries	"To save the sight and lives of the most vulnerable and disadvantaged."	administration jobs	
Exceed Worldwide (formerly Cambodia Trust)	5 countries in Southeast Asia	"Working in partnerships to deliver high quality, sustainable services that equip, enable and empower persons with disabilities."	prosthetist; for-profit	
Action for Disability and Development (ADD)	5 countries across Africa and Asia	"To achieve positive and lasting change in the lives of disabled people, especially those living in poverty."	administrative jobs; in the field jobs (not currently hiring)	
Action Aid <a href="http://www.actionaid.org">www.actionaid.org</a>	45 countries	"working to end poverty and defend the human rights of marginalized and impoverished people"	specific administrative, consultant, team management jobs	
Basic Needs <a href="http://www.basicneeds.org">www.basicneeds.org</a>	12 countries	"to enable people with mental illness or epilepsy and their families to live and work successfully in their communities by combining health, socio-economic and community orientated solutions with changes in policy, practice and resource allocation."	International NGO	
Help Age International <a href="http://www.helpage.org">http://www.helpage.org</a>	75 countries	"We work with our partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security."		

<b>COMMITTEE/DELEGATE ORGANIZATIONS</b>				
International Round Table for the Advancement of Counselling <a href="http://www.iac-irtac.org">http://www.iac-irtac.org</a>	worldwide	"To serve as an international leader and catalyst for counsellors and counselling associations by advancing culturally relevant counselling practice, research and policy to promote well being, respect, social justice and peace worldwide."	membership with access to networks	
International Spinal Cord Society <a href="http://www.iscos.org">http://www.iscos.org</a>	87 countries	"The International Spinal Cord Society shall work in collaboration with national and international bodies, thereby encouraging the most efficient use of available resources worldwide."	non-profit, research committee	
United Nations <a href="http://www.un.org">http://www.un.org</a>	193 member states	"To maintain international peace and security, and to that end: to take effective collective measures for the prevention and removal of threats to the peace, and for the suppression of acts of aggression or other breaches of the peace, and to bring about by peaceful means, and in conformity with the principles of justice and international law, adjustment or settlement of international disputes or situations which might lead to a breach of the peace"		
United Nations Development Program <a href="http://www.undp.org">http://www.undp.org</a>	170 countries	"achieve the eradication of poverty, and the reduction of inequalities and exclusion"	UN	
United Nations Refugee Agency <a href="http://www.unhcr.org">http://www.unhcr.org</a>	123 countries	"to safeguard the rights and well-being of refugees."	UN	
United Nations Children's Fund (UNICEF) <a href="http://www.unicef.org">http://www.unicef.org</a>	more than 190 countries	"UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential."	UN	
World Food Program <a href="http://www.wfp.org">http://www.wfp.org</a>	people in 75 countries each year	"to provide food aid: to save lives in refugee and other emergency situations; to improve the nutrition and quality of life of the most vulnerable people at critical times in their lives; and to help build assets and promote the self-reliance of poor" people and communities, particularly through labour-intensive works programmes.	UN, NGO	
United Nations Educational, Scientific and Cultural	195 member states	"Create holistic policies that are capable of addressing the social, environmental and economic dimensions of sustainable development"	UN	
World Association for Psychosocial Rehabilitation <a href="http://www.wapr.info">http://www.wapr.info</a>	representatives from six regions of the world (30-40 members)	"dissemination of the principles and practices of psychosocial rehabilitation"	NGO	
World Federation of United Nations Associations <a href="http://www.wfuna.org">http://www.wfuna.org</a>	over 100 national agencies	"to build a better world by strengthening and improving the United Nations through the engagement of people who share a global mindset and support international cooperation–global citizens."	NGO	
Western Pacific Region (WHO) <a href="http://www.wpro.who.int">http://www.wpro.who.int</a>	37 countries and areas	WHO's mission is to support all countries and peoples in their quest to achieve the highest attainable level of health, defined in the WHO Constitution as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."	WHO	

<b>FAITH-BASED</b>				
Pioneers pioneers.org	103 countries	"Pioneers' passion has been to see God glorified among those who are physically and spiritually isolated from the gospel of Jesus Christ."	network of non-profit organizations	
Agape in Action http://agapeinaction.org	Guatemala	"We serve to bring the love of Christ to those in need through medical care and evangelism."	non-profit	
Agape Unlimited http://agapeunlimited.org	Soviet Union	"Go – where no one wants to go; Help – those no one cares about; and Share – God’s love with everyone!"		
Blessings International http://www.blessing.org	Haiti, Africa, Morocco, and other countries	"to heal the hurting globally and locally by providing life-saving pharmaceuticals, vitamins and medical supplies to medical mission teams, clinics and hospitals; to build healthy communities by treating the poor and victims of endemic medical problems, outbreaks of disease or overwhelming disasters; to transform lives by actively demonstrating the love and compassion of Jesus Christ."	non-profit	
Christian Blind Mission International http://www.cbmi.org	68 countries	"CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest countries of the world. Based on its Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause, and a consequence, of disability, and works in partnership to create a society for all."	Faith-based	community health education and construction
Breaking Borders http://breakingborders.org	North Africa, Middle East, Afghanistan	"Exists To Glorify God Through: Mobilizing God-Centered believers to restricted and unreached areas of the world to share the gospel of Jesus Christ. Utilizing medicine & medical aid as a bridge to bring the gospel of Jesus Christ to peoples in restricted nations. Raising awareness of Christian persecution and the lack of Christian witness among unreached people groups in restricted nations. Educating the local church on Islam and training the body of Christ to reach Muslims in the USA and abroad."	non-profit	Outreach, Medical Education, Medical Clinics, and our Agape Farm.
Global Health Outreach http://globalhealthoutreach.org	El Salvador, East Africa, India, the Pacific, Central Asia, Nicaragua, the Middle East, and others	"Christian Medical & Dental Associations motivates, educates and equips Christian healthcare professionals to glorify God by: serving with professional excellence as witnesses of Christ’s love and compassion to all peoples, and; advancing biblical principles of healthcare within the Church and to our culture."	non-profit	
CURE International cure.org	30 countries	"healing the sick and proclaiming the kingdom of God"	non-profit	medical teams in persecuted areas
Haiti Health Ministries http://www.haitihealthministries.org	Haiti	"We endeavor to present the Gospel and subsequently follow up with discipleship training as an outgrowth of the medical ministry and outpatient medical clinics in Haiti."		for allied health professionals
Health Teams International healthteamsintl.org	Guatemala, Haiti, Uganda, and more	"to assist in the evangelization of the unreached people groups of the world through the ministrations of short-term Christian health care teams"	non-profit	short-term missions; medical trip
Mercy Ships https://www.mercyships.org	West Africa	"to provide hope and healing to the world’s forgotten poor"	non-profit	medical clinic

New Frontiers Health Force <a href="http://www.healthfrontiersf.org">http://www.healthfrontiersf.org</a>	30 countries	"to touch the nations by offering hope and healing through the development of international health centers, medical outreaches and community education programs"	non-profit	short-term missions
Projects Abroad <a href="http://www.projects-abroad.org">http://www.projects-abroad.org</a>	Cambodia, Kenya, Morocco, South Africa, Tanzania, Vietnam	"Our mission is to encourage young people to volunteer for worthwhile work in developing countries. We expect that doing this kind of voluntary work will in time become the norm. As more and more people join us, we aim to create a multi-national community with a passion to serve, to learn, to understand, to teach, to inspire and to be inspired."	Volunteer, For profit	
MedSend <a href="https://medsend.org">https://medsend.org</a>	worldwide	"Our mission is to enable healthcare providers to work where they have been called, unencumbered by educational debt, and to monitor their progress in their roles as healthcare providers, teachers and examples."	ECFA Accredited	pays school loans while volunteering internationally
Medical Strategic Network <a href="http://medsn.org">medsn.org</a>	Dominican Republic	"Equip health professionals and students to reach their spheres of influence for Jesus Christ and to help fulfill the Great Commission."		
World Vision International <a href="http://wvision.org">wvision.org</a>	100 countries	"World Vision is an international partnership of Christians whose mission is to follow our Lord and Savior Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice, and bear witness to the good news of the Kingdom of God."	Faith-based	short-term mission trip
Volunteers in Medical Missions <a href="http://www.vimm.org">http://www.vimm.org</a>	Dominican Republic, Honduras, Tanzania, Nicaragua, Panama, Peru, Kenya, Haiti, Belize	"To encourage fellowship among Christian volunteers. To promote a Christian approach to the treatment of medical patients throughout the world. To initiate and develop medical mission projects. To provide medicines, supplies, and equipment to clinics in third-world countries. To provide international public health information. To inform missionaries, of any Christian denomination, what is available to them in the fields of medicine and construction. To involve non-medical people in mission projects such as construction, Bible schools, evangelism and the use of other skills. To procure necessary funding through individuals, churches, corporations and foundations."	non-profit	short-term medical mission trips

Appendix B.

Table 1. Four Faith-Based Organizations

Organization	Philosophical theme to explain partnership approach	Outcomes	Beliefs: Spiritual and theological understanding of purpose	Types of Healthcare
Health Teams International healthteamsintl.org	Directive: <ul style="list-style-type: none"> <li>small number of missions per year, established relationships in a few locations</li> </ul>	<ul style="list-style-type: none"> <li>32 missions completed 2012-2016</li> </ul>	<ul style="list-style-type: none"> <li>manual with guidelines for how to share Christianity</li> </ul>	<ul style="list-style-type: none"> <li>Dentistry, medical, opticianry, pharmacy, and others (OT is not included)</li> </ul>
Projects Abroad www.projects-abroad.org	Collaborative <ul style="list-style-type: none"> <li>work with organizations stationed in the location and give choices to the volunteer</li> </ul>	<ul style="list-style-type: none"> <li>100,000 volunteers have been placed; 502 organizations helped</li> </ul>	<ul style="list-style-type: none"> <li>four values: contribution, community, company, culture</li> </ul>	<ul style="list-style-type: none"> <li>Acupuncture, dentistry, nutrition, massage therapy, medical, midwifery, nursing, OT, PT, SLP, ophthalmology, psychiatry, and others</li> </ul>
CURE International cure.org	Relationship <ul style="list-style-type: none"> <li>repeatedly send volunteers to established hospitals</li> </ul>	<ul style="list-style-type: none"> <li>10 running hospitals</li> </ul>	<ul style="list-style-type: none"> <li>equality of access to care; to share the "message of God's love"</li> </ul>	<ul style="list-style-type: none"> <li>Medical, plastic surgery, neurosurgery, nursing, pharmacy, psychology, dentistry, and others</li> </ul>
MedSend medsend.org	Individual <ul style="list-style-type: none"> <li>each volunteer goes through a separate agency</li> </ul>	<ul style="list-style-type: none"> <li>500 grant recipients</li> </ul>	<ul style="list-style-type: none"> <li>"We believe: In one all-powerful God; In Jesus Christ; In the presence and power of the Holy Spirit; In the Bible as the Word of God; In salvation; In the church"</li> </ul>	<ul style="list-style-type: none"> <li>Medical, nursing, dentistry, veterinary, pharmacy, PT, optometry, and others</li> </ul>

Table 2. Pragmatics

Pragmatics	Financial Costs	Living Arrangements	Travel	Training	Time Commitment
Health Teams Intl	Potential grant, mission expenses	Pre-arranged local housing	Travel discounts	Manual with healthcare and spiritual instructions and resources	Short-term: 6 days to 2 weeks
Projects Abroad	Includes all except flights and visas; price chart; dependent on destination country	Pre-arranged, included in expenses; host family	Not included in expenses	Language courses available onsite upon arrival	Two weeks to several months
CURE Intl	In-country expenses and fundraising	Pre-arranged, included in expenses	Included in expenses	Pre-trip orientation materials	One week to one year
MedSend	School loan grants	Open	Open	As required per partner agency	2 years min. standard 4 years



Table 3. Social Justice

	Social and Occupational Justice
Health Teams International	<b>Distributive justice:</b> They are “dedicated to serving the unreached people groups through short-term Christian health care teams” which is related to providing equal opportunity and resources.
Projects Abroad	<b>Addressing poverty:</b> “We provide new benefits and services for poor people living in the countries where we work by improving the social and physical environment around the developing world.” They work to decrease poverty by improving “the lives of some of the most economically disadvantaged people in the world.”
CURE International	<b>Empowerment:</b> They provide a sense of “hope during loss” and work to reduce the presence of stigma towards those with a disability or physical illness. <b>Reduce occupational deprivation and marginalization:</b> “We say <i>healing changes everything</i> not only because it brings an end to physical pain but because it means restoration of dignity, protection from abuse, and <b>inclusion</b> in family, school, and culture.”
MedSend	<b>Reduce occupational marginalization</b> by providing care for those who do not have access to services. This organization works to “reach out to the poor and medically underserved.”