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Thesis Advisor (signature required)____________________________________

Second Reader ____________________________________

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[only if applicable such as with interdisciplinary theses]

Occupational Therapy Honors in the Discipline

SWOT Analysis of Entrepreneurial Occupational Therapy in Community-Based Practice

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SWOT Analysis of Entrepreneurial Occupational Therapy in Community-Based Practice

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May 1, 2022

Abstract

The literature suggests that community practice in occupational therapy (OT) is a beneficial and cost-effective way to expand occupational therapy services past traditional practice into emerging practice areas that meet the direct needs of the clients. Through entrepreneurship in the field, occupational therapists can expand the scope of occupational therapy practice. The purpose of this scholarship project is to increase widespread understanding of the benefits, feasibility, and challenges of entrepreneurially establishing community-based occupational therapy practice. Four occupational therapists who practice occupational therapy in a community-based setting whose practice is also entrepreneurial in nature were interviewed, and their responses were assimilated into a SWOT analysis. Based on the information collected in the SWOT analysis, it is clear that occupational therapy has a viable opportunity to expand further into community-based practice through entrepreneurship to provide meaningful and needed services to individuals and populations. AOTA, OT schools, and other governing bodies need to support both students and practitioners interested in and currently working in entrepreneurial community-based settings to make this expansion.

SWOT Analysis of Entrepreneur Occupational Therapists in Community-Based Practice

Occupational therapy is described by the American Occupational Therapy Association (AOTA) as "the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability" (American Occupational Therapy Association, n.d.). Occupational therapists (OTs), "have a holistic perspective, in which the focus is on adapting the environment and/or task to fit the person, and the person is an integral part of the therapy team" (American Occupational Therapy Association, n.d.).

Occupational therapists work in many settings. The latest IBISWorld industry report on the occupational therapy industry described the major market segmentation as follows: hospitals (27%), schools (20%), skilled nursing facilities (19%), outpatient clinics (11%), home health (7%), academia (6%), mental health (2%) and all other (8%) (Le, 2021). However, it is unclear what this "other" category encompasses. Results from the 2010 AOTA workforce survey identified similar traditional practice areas in their categories of areas in which OT practitioners work but include "community/other" with 4.3% of OT practitioners working in this area (American Occupational Therapy Association, 2010). The most recent AOTA workforce survey from 2019 updated their categories of practice, separating "community" from "other" (American Occupational Therapy Association, 2019). They reported that 2.4% of OTs worked in the community as their primary work setting in 2018 (American Occupational Therapy Association, 2019).

Defining community-based practice in occupational therapy is a challenge due to its "encompassing nature and its differences from traditional practice" (Doll, 2010, p. 5). The AOTA 2019 workforce survey listed examples of community-based settings as adult care

programs, group homes, low vision programs, prevention/wellness programs, and senior care (American Occupational Therapy Association, 2019). Some other examples of these emerging community practice settings that occupational therapists were involved in include non-profit organizations, prison reintegration programs (Zubrinksi et al., 2019), mental health in criminal justice settings (Ferrazzi, 2019), furthering education programs, farms, hospice services (Thew et al., 2008), and emergency shelters (Mattila & Dolhi, 2016).

While many occupational therapy practitioners are working in community settings, the "concepts and framework of community practice in occupational therapy have not been formally outlined or accepted in the profession" (Doll, 2010, p. 7). IBISWorld reported that the demand for OT services has been increasing and will continue to increase because of the aging population, the increasing prevalence of autism spectrum disorder diagnoses, and its effectiveness during rehabilitation following injury or surgery (Le, 2021). Doll (2010) agreed that the aging population is increasing the demand for occupational therapy services and suggests that newly emerging areas of practice, such as in the community setting, are related to the needs of the aging population (Doll, 2010). Doll also described that there is an increasing demand for community health programs developing across the disciplines, which is a result of the "drastic changes in healthcare services, the rising costs of health care, and the time constraints on providing health care caused by funding limitations" (Doll, 2010, p. 5).

Community practice services intend to enhance the quality of life for the community members, and many settings arise from the need to provide services to underserved people (Meyers, 2010). In these emerging community settings, a holistic view of the person is emphasized (Doll, 2010), and a holistic perspective is a core component of occupational therapy practice (American Occupational Therapy Association, n.d.). When practicing in a community setting, practitioners have a "clear picture of the dynamics that affect a person's ability to

practice healthy occupations" (Doll, 2010, p. 6). This type of practice provides a "realistic view of the client's life and promotes better treatment outcomes because suggestions and therapy occur in context" (Doll, 2010, p. 6).

AOTA's Vision 2025 statement indicates the importance of community, client-centered, and customized services (American Occupational Therapy Association, 2016). When occupational therapy services are provided in community practice settings, client-centered care is a natural basis for OT treatment, since the practitioner is observing the client in a more comfortable environment for the individual (Meyers, 2010). Client-centered care in community practice may emphasize environmental factors that "influence success in achieving goals at home and in the community, provid[ing] the foundation for client success in adaptive performance" (Meyers, 2010, p. 36).

Literature Review

Community-Based Occupational Therapy

Historical Perspective

The literature identifies that there is a need for community-based practice in occupational therapy. Historically, community practice dates back before the twentieth century, when individuals with "mental illness were cared for in the community, and participated with caregivers and others with mental illness in work to sustain the community, exercise, and leisure activities that appeared to lessen symptoms of their illness" (Meyers, 2010, p. 4). The founders of the occupational therapy profession developed community-based programs in the early 1900s (Scaffa & Retz, 2014). George Barton established Consolation House in 1914, where occupations were used to enable convalescents to return to productive living (Scaffa & Retz, 2014). In addition, Eleanor Clarke Slagle, in 1915 created a program at Hull House in Chicago where individuals with mental or physical disabilities were provided an opportunity to work and

become self-sufficient (Scaffa & Retz, 2014). Despite early advocacy for the need to practice in the community, this movement was "short-lived and very limited in scope" (Scaffa & Retz, 2014, p. 3). Though the concept of community practice benefiting patients was recognized, few occupational therapy programs were developed in the community through the 1970s (Meyers, 2010). This is attributed to barriers that existed during this time, including practical constraints (limited opportunities and public perception of OT as a medical discipline), historical factors (professional identities being associated with medical institutions), and gaps in knowledge and theory related to community-based practice (early models provided inadequate guidelines and rationales for services in this setting) (Scaffa & Retz, 2014).

Community practice in occupational therapy has been backed by several prominent and respected figures in the occupational therapy field. Wilma West was one of the first people to receive a master's degree in the occupational therapy profession, served as executive director of AOTA, and was the founder of the American Occupational Therapy Foundation (AOTF) (American Occupational Therapy Association, 2017c). She believed that integrating individuals with disabilities back into the community was not best accomplished in hospitals, but in the community (Meyers, 2010). Ann Mosey was a "significant occupational therapy pioneer in the development and articulation of a cohesive configuration of occupational therapy as a profession, including its philosophical base, theoretical base, and applied knowledge base" (American Occupational Therapy Association, 2017a). Mary Reilly also contributed significantly to theory development, specifically the occupational behavior frame of reference, as well as to research, practice, and education (American Occupational Therapy Association, 2017b). Both Mosey and Reilly were advocates for learning life skills in the community since that is where they were to be practiced by the clients (Meyers, 2010). Reilly believed that community practice would enhance the client's adaptive competencies and should be the focus of occupational therapy

(Scaffa & Retz, 2014). She also advocated that "the future growth of the profession was predicated on the transition of occupational therapy services from the hospital to the community" (Scaffa & Retz, 2014, p. 3).

Expanding OT Practice

There are many services that community-based practice can provide to expand the profession's scope of practice, including addressing acute and chronic medical care, health promotion, disease and injury prevention, and rehabilitation (Holmes & Scaffa, 2009). Community OT practice usually arises from "the needs of individuals or groups of people living in the same area who share public services and have a common interest" (Meyers, 2010, p. 17). Occupational therapy practice in the community "opens the door for the profession of occupational therapy to grow and apply occupation in its natural setting." (Doll, 2010, p. 5). These services do not strive to replace acute care and traditional practice but are an additional area of service provision (Pattison, 2008). Practitioners in the community setting provide "a continuum of services; these include health promotion and disability prevention in addition to the intervention services typically provided by the profession [...] Other roles [of the practitioner], such as consultant, advocate, community organizer, program developer, and case manager, are also included" (Scaffa & Retz, 2014, p. 4). Occupational therapists in community-based practice become part of a team of individuals who are all supporting a client's needs to fulfill valued community roles, which differs from the traditional medical team (Meyers, 2010). These team members can include family members, friends, teachers, and employers (Meyers, 2010).

A study by Arntzen et al. (2019) described that occupational therapists expressed feeling trapped in what they described as traditional occupational therapy tasks. This feeling often leads the therapists towards innovation in community practice areas. Arntzen and colleagues reported that community-based therapists demonstrated innovation through offering group interventions

and working more with prevention and health promotion (Arntzen et al., 2019). Innovation also can lead to "simplifying processes and developing new models and new forms of cooperation that optimize professional resources" (Arntzen et al., 2019, p. 379). Therapists in emerging practice also become innovators regarding policy for both the profession and their clients (Arntzen et al., 2019). OT practitioners advocate with "service authorities and policy makers to make their services known and to show how the profession can contribute to solving health challenges" (Arntzen et al., 2019, p. 379).

Community Practice in Other Countries

In some countries outside of the United States, community practice has already been further developed. Countries that have a national health service are utilizing community practice to reduce health care costs and minimize hospitalizations (Meyers, 2010). One such example is in Norway, where "community-based services are a cornerstone of occupational therapy" (Bonsaksen et al., 2019). Gat & Ratzon's findings stated that "changes in the health care systems, the expansion of community-based practice, and the lack of occupational therapists in community placements" demonstrate the need for more OTs in community settings (Gat & Ratzon, 2014, p. 48). As the public health sector in Norway is being restructured, beginning in 2020 occupational therapy was set to become a mandatory community service in the country (Bonsaksen et al., 2019). Another study done in the Netherlands found that community occupational therapy intervention for people with dementia and their primary caregivers was cost-effective (Adang et al., 2008). Their intervention saved on average $2,641 over three months and was associated with a 35% higher proportion of successful treatment compared to a control group who received their usual care with no OT services (Adang et al., 2008, p.7). Therefore, these researchers concluded that "community occupational therapy is a highly effective non-pharmacological therapy for older people with dementia and their care givers"

(Adang et al., 2008, p. 8). Community occupational therapy intervention improved the daily functioning of the individuals with dementia, as well as their caregiver's sense of competence (Adang et al., 2008). It was also found that the community-based therapy improved "the quality of life, mood, and health status of both patients and care givers, which are recommended as major outcomes in therapeutic research in dementia" (Adang et al., 2008, p.8).

Community Practice Challenges

Although the benefits of emerging community settings have been identified, regulatory bodies and organizations often completely exclude references to these settings or only discuss requirements for fieldwork students in role emerging placements (Zubriski et al., 2019). The overall lack of established reimbursement sources is another challenge for service provision in new emerging areas of practice, as well as the need to develop and market a new service (Holmes & Scaffa, 2009). It is also important to note that examples of community-based practice effectiveness in countries outside of the United States such as in the Adang et al., 2008 and Bonsaksen et al., 2019 studies were completed in countries where medicine is socialized. Their example may be challenging to replicate in capitalized countries such as the United States.

Entrepreneurship in Community OT Practice

Many community-based practice settings are the result of entrepreneurship in the field by occupational therapy practitioners. In general, entrepreneurs are often described as "individuals who are obsessively opportunity focused, resourceful, constantly on the lookout for new opportunities that add value to people's lives, risk takers, and innovators who see opportunities not problems" (Timmons & Spinelli, 2009, as cited in McClure, 2011, p.499). The field of occupational therapy resonates with many of those qualities of entrepreneurs described. OT practitioners do have the power to become entrepreneurs and establish their own health care businesses, which can be highly rewarding, especially for those who provide a service to a

community (Hudgins et al., 2018). An occupational therapy practitioner's skills, characteristics, and roles "mirror those of entrepreneurs" (Scaffa & Retz, 2014, p. 114). As McClure (2011) wrote, "entrepreneurship focuses on acting, thinking, and behaving in an enterprising and innovative manner, which makes a difference and adds value to society. Ultimately, it is about adopting an entrepreneurial mindset and being an agent of change" (McClure, 2011, p. 499). Hudgins et al. (2009) agreed and expanded this idea to occupational therapy, describing that being entrepreneurs in occupational therapy private practices allows therapists to "be influencers of change, offering services in an effort to meet society's needs" (Hudgins et al., 2009, p. 7). Entrepreneurship in the occupational therapy field is developing rapidly; however, the "process of entrepreneurialism is not well defined nor understood" (Scaffa & Retz, 2014, p. 129).

Just as entrepreneurs strive for innovation, occupational therapists utilizing an entrepreneurial approach find "increasingly innovative ways to deliver services that make a difference to people's lives, health, and wellbeing" (Pattison, 2008, p. 405). Innovation in occupational therapy practice, as Arntzen et al. (2019) found, is occurring in these emerging community practices. Occupational therapy entrepreneurs can "help foster the practice of occupational therapy within many diverse settings and communities" (Hudgins et al., 2018, p. 7). Pattison explained that occupational therapists need to move beyond the traditional boundaries of occupational therapy because it limits practice (Pattison, 2008). Rather, we should entrepreneurially apply the core skills of occupational therapy practice in the most effective ways, and through the design of creative and sustainable solutions to complex problems (Pattison, 2008).

This concept is also echoed by scholars discussing occupational therapy education. McKinstry and Fortune (2014) stated that "we must help our students to think far beyond the narrow confines of where practice happens predominantly at this time […] we believe that

students need to envisage themselves as 'occupational entrepreneurs' – highly creative innovators, collaborating in the establishment of [entrepreneurial endeavors in the OT field]" (McKinstry & Fortune, 2014, p. 285). In some educational bodies, entrepreneurship is beginning to be addressed. For example, in the United Kingdom in 2009, the College of Occupational Therapists' Curriculum Guidance for Pre-Registration Education "emphasized the need to include entrepreneurship and leadership skills in the education of occupational therapy students" (McClure, 2011, p. 499). At all levels of the occupational therapy field, whether educators, researchers, managers, or practitioners, all can "inspire and support a vibrant entrepreneurial culture within occupational therapy for the benefit of our service users" (McClure, 2011, p. 499).

Community-Based Practice's Impact on the OT Industry

From a business perspective, the occupational therapy industry in the United States is expected to increase revenue by an annualized 2.3% over the next five years to $30.6 billion in 2026 (Le, 2021, p. 9). Also in the next five years, the number of industry enterprises, or businesses, are expected to grow at an annualized rate of 2.0% to 41,363 companies, and at an annualized rate of 2.2% over the next 10 years due to the strong demand for OT services (Le, 2021, p.15). In the United States, entrepreneurship and entrepreneurial businesses are essential to both the U.S. economy and the concept of the American dream (Anderson & Nelson, 2011). As McClure (2011) defined it, "entrepreneurship is about developing and enhancing existing organisations and developing and renewing communities" (McClure, 2011, p. 499).

Occupational therapy entrepreneurs believe that OTs are well-positioned to take advantage of entrepreneurial opportunities due to the "fundamental nature of their service: making a match between complex people and complex environments (occupational forms) so that function and positive adaptation are maximized" (Anderson & Nelson, 2011, p. 222). Since occupational therapists understand their profession so well, it places them at a good competitive

advantage as entrepreneurs because they know where the edge is and where innovations are possible in the field (Anderson & Nelson, 2011). Any emerging practice area is an opportunity for business ventures that occupational therapists can take advantage of (Anderson & Nelson, 2011). Occupational therapy practitioners are often natural leaders, and those skills combined with strategic planning can maintain a successful and rewarding occupational therapy practice (Hudgins et al., 2018). Therapists often describe themselves professionally as problem solvers, as they use the OT process as a means of assisting their clients (Robertson & Griffiths, 2012, p. 1). While problem-solving is not a unique process to the profession, it is what OTs bring to the problem-solving process that differentiates their skills (Robertson & Griffiths, 2012, p. 1). This again places them at an advantage for entrepreneurship within the field, as they seek to solve problems for their clients through innovation and expanding the profession to meet client needs.

Occupational Therapy Fieldwork Education in Community Settings

Community emerging sites are also being utilized in occupational therapy fieldwork education and are commonly referred to as either non-traditional community or role emerging sites. These sites are often at agencies that are not currently offering occupational therapy services and are usually community-based (Gat & Ratzon, 2014). Nontraditional placements are often “described as experiential or service learning” (Nielsen et al., 2020, p. 1). This is in opposition to what happens in traditional fieldwork where students are supervised by an OT and perform tasks in well-established roles (Gat & Ratzon, 2014).

Skill Development

Community fieldwork placements allow occupational therapy students to develop special skills required for these settings while solving community problems (Gat & Ratzon, 2014). In a study by Thew et al. (2008), occupational therapy students felt that role emerging placements helped them to “gain confidence in professional practice and would recommend the placement

for future students" (Thew et al., 2008, p. 351). They also found that "it is feasible and beneficial to establish role-emerging practice placements in a variety of settings for a full cohort of occupational therapy students, with supervision from practising occupational therapists" (Thew et al., 2008, p. 352). Nielsen et al. (2020) found through their research that while both traditional and nontraditional fieldwork students gained critical thinking skills, "only students in the nontraditional Level I fieldwork experience showed significant gains in their overall HSRT [health sciences reasoning test] score. In addition, only students in the nontraditional fieldwork experience had statistically significant improvement in the area of analysis" (Nielsen et al., 2020, p. 5). A study by Gat & Ratzon (2014) concluded that "students who completed CF [community fieldwork] in a placement without an active occupational therapist on site rated their personal responsibility, cultural competence, and overall personal skills significantly higher than those in placements with an active occupational therapist present" (Gat & Ratzon, 2014, p. 52). They also interestingly found that "the lack of direct on-site supervision by an occupational therapist and the absence of an occupational therapy model in the community fostered students' reflection and developed their personal growth" (Gat & Ratzon, 2014, p. 52). Nielsen et al. (2020) found that nontraditional fieldwork placements improve students' overall critical thinking skills, especially when paired with intentional pedagogical approaches (Nielsen et al., 2020). Students in community placements in the study by Gat and Ratzon (2014) showed an overall tendency, while not statistically significant, to score higher on statements concerning personal growth, for example in creativity and improvisation skills. They also scored higher on professional growth statements, such as the competence to facilitate change (Gat & Ratzon, 2014). These scores were especially seen in community fieldwork placements where there was no active occupational therapist on-site (Gat & Ratzon, 2014). Placements in nontraditional community sites provide a greater number and variety of difficult situations, which results in flexibility in learning and

opportunities for present learning that are not always available in traditional fieldwork settings (Gat & Ratzon, 2014). The ability to critically analyze and solve problems is an important skill for OT students to develop, since problem solution is a step in the OT process (Boyt Schell & Gillen, 2019).

Promoting the Profession

Not only are fieldwork placements in emerging sites beneficial for students, but they also create an opportunity to "market and raise the profile of occupational therapy, which is vital within the ever diverse and changing health and social care arena" (Thew et al., 2008, p. 353). As stated by Hudgins et al. (2018), opening an OT practice "in various communities and settings increases the visibility and sustainability of the profession" (Hudgins et al., 2018, p. 1).

Overall, it is evident that community practice in occupational therapy is a beneficial and cost-effective way to expand occupational therapy services past traditional practice into emerging practice areas that meet the needs of the clients. Through fieldwork education and entrepreneurship in the field, occupational therapists can expand the scope of occupational therapy practice. Therefore, the purpose of this scholarship project is to increase widespread understanding of the benefits, feasibility, and challenges of establishing community-based occupational therapy practice.

Methods

Design

This project took a qualitative approach to understand the individual experiences of entrepreneurial occupational therapy practitioners working in community-based settings. Based on the individual experiences and qualitative data, a SWOT (strengths, weaknesses, opportunities, and threats) analysis was conducted. The SWOT analysis is a commonly used tool

in many fields for strategic planning and analysis since the 1950s and 1960s (Chermack & Kasshannah, 2007). The SWOT analysis helps to explore new possibilities and to suggest new programs using a systematic approach that identifies both positive and negative aspects of the subject (Chermack & Kasshannah, 2007). This approach can identify the best match between environmental trends and internal capabilities (Chermack & Kasshannah, 2007). For these reasons, SWOT analysis proves a useful tool to utilize when analyzing the benefits and feasibility of occupational therapy in emerging community practice areas.

Participants

The principal investigator (PI), in collaboration with the primary advisor, selected participants for this project from the primary advisor's professional network. The PI and primary advisor contacted selected individuals who practice occupational therapy in a community-based setting whose practice was also entrepreneurial through email. Four occupational therapists agreed to provide information for the project. Diversity among the participants was considered to collect information from individuals with different backgrounds and experiences. Participants included individuals with differing ethnicities and areas of occupational therapy practice. All four participants are female, and currently practice in the state of Pennsylvania.

Therapist 1 is an occupational therapist who has also achieved her specialty certification in driving and community mobility, and she is also a certified driver rehabilitation specialist. She owns a private practice where she provides driving interventions for clients including comprehensive driving evaluations as well as fitting and training on adaptive driving equipment. All of her clients are adults; many have mild cognitive impairment, Parkinson's disease, dementia, frontal temporal lobe dementia, Alzheimer's disease, brain injury, or traumatic brain injury diagnoses. She also works with clients returning to driving after an injury, illness,

amputation, or stroke, as well as individuals with multiple sclerosis or peripheral neuropathy. Providing education for OTs related to driving and community mobility is another component of her business. She additionally partners with a driving school for new drivers who have medical conditions. Her motivation regarding entrepreneurship and opening her own driver rehabilitation practice stemmed from working for other driver rehabilitation programs and experiencing burnout. She described her practice as completely community-based, as she sees clients from the comfort of their homes and community environment.

Therapist 2 opted to have her name included in the scholarship project. Maude Le Roux, OTR/L, opened her private practice in 2001. This holistic, family-based private practice serves mostly kids and some adults with a variety of diagnoses using a sensory processing frame of reference. She employs OTs, speech pathologists, and DIRFloortime therapists. She has developed her own assessment and treatment protocol for autism, dyspraxia, reading, ADHD, and attention disorder. They additionally do evaluations for anyone with sensory processing issues. She additionally opened her own academy in 2019 to train other OTs in the methods they use in practice. In addition to being entrepreneurial, she describes her practice as community-based since they work closely with the school systems and focus on transitioning skills from therapy into the home and the rest of the client's community.

Therapist 3 is an occupational therapist who has worked in various community settings in the past. She currently is utilizing her occupational therapy knowledge working as a program specialist with a nonprofit organization that works with families who are facing separation. Most families are referred through Children and Youth Services at the county level for abuse, neglect, or other adverse experiences. She identifies her entrepreneurial spirit influencing her advocacy in an interdisciplinary team where colleagues may or may not be familiar with OT and bringing

occupational therapy into novel situations. She describes her current practice as community-based and prefers the term “community-built occupational therapy”, as the participants are the ones leading the intervention and meaningful, purposeful next steps based on their individual needs. This allows for the translation of skills from a group standpoint at the community level to an individual level.

Therapist 4 is an occupational therapist and entrepreneur who owns an infant-toddler early intervention (EI) practice. They provide services to children from birth to three years and employ occupational therapists, occupational therapy assistants, physical therapists, teachers for the visually impaired, teachers that specialize in behavior, and infant massage therapists. They see their clients in their natural environments and provide routine-based interventions. The company additionally contracts with the Western Pennsylvania School for the Deaf at their preschool program providing OT and PT services. The company is entrepreneurial and completely community-based, as per the EI system’s requirements, they go into the child’s environment to provide EI services, whether that is in children’s homes, daycares, family members' homes, or foster care.

Procedures

Once the therapists confirmed their interest in participating in this project, the PI scheduled meetings. Participants received consent forms to sign before data collection through email. The PI generated questions to guide the conversations with participants based on the findings of the literature review and the SWOT analysis framework. For example, question 5 concerning the OT’s perspective of the strengths of their practice corresponded to the strengths section of the SWOT analysis. The list of questions appears in the Appendix. The primary

advisor approved the questions, and several additional consulted faculty members also provided feedback.

The PI collected data through video or phone calls with the participants. The participants selected which format (video or phone call) they wanted to utilize. If the therapist consented, the PI recorded the conversations through Zoom or by audio recording on a separate device. The PI saved the recordings on a password-protected computer.

Each conversation began with introductions and the PI confirming their consent, as well as answering any questions. Then, the investigator proceeded to ask each question on the list in order. The PI used probing questions such as “tell me more about that” to deepen the conversations. Questions were re-worded if necessary for clarification.

Following each conversation, the PI uploaded the recorded conversations to Otter AI, a program that creates transcripts from recordings. The PI listened to and checked the transcripts, editing any errors the software made. Transcribing the recordings promoted data accuracy while allowing the PI to be fully engaged in the conversation. The PI also took field notes regarding the individual’s nonverbal behaviors and affect during the conversation, such as their interest in and attention to the conversation.

The PI then shared at random a short clip from one of the recorded conversations and the notes that corresponded to that conversation with the primary advisor. The primary advisor compared the notes to the recorded conversation to promote data accuracy.

Data Analysis

From the transcripts, the PI compiled quotes taken from each participant’s responses and organized them into the categories of the SWOT analysis: strengths, weaknesses, opportunities, and threats. The PI then generated the SWOT table (Table 1) from their combined responses.

Results

The PI organized the therapists' responses from their conversations by topics into the SWOT table format (Table 1) based on their answers to the questions (Appendix A). Many of the therapists described similar topics and ideas, and their responses are explained further below.

Table 1

Summary SWOT analysis of entrepreneurial occupational therapy in community-based practice

Strengths	Weaknesses	Opportunities	Threats
Practicing in client's natural environments	Lack of encouragement from AOTA and OT schools	Need for OT to address wellness and prevention in community settings	Mindset & lack of focus on entrepreneurship & community-based practice as a viable career path
Positive impact on clients	Lack of business knowledge & business coaches that understand OT	Mental health and trauma-informed practice	Perceptions of & challenges within entrepreneurship
OT skillset & personality; ability to hire skilled employees	Difficult to build network in non-traditional setting	Creating opportunities for OTs in entrepreneurship	Lack of defining entrepreneurship in OT
Not restricted by insurance reimbursement codes	Lack of reimbursement & funding	Expanding OT into novel situations	Threat of new entrants
Client buy-in	Minimal support in non-traditional community settings	Fieldwork education	Lack of reimbursement & managing insurance
Ability to use creative thinking skills	Client buy-in		
Constant adaptation and innovative care			
Focus on advocacy			
NBCOT, POTA as supports/resources			

Strengths

The four therapists identified many strengths of community-based entrepreneurial OT practice. They acknowledged practicing in the clients' natural environments when discussing community-based practice. Therapist 1 described this strength as, "the heart of OT is people in their homes and their occupations in their environments, really understanding that. So, I want my practice to be in their environments and to understand them and to be able to look towards their challenges." In the early intervention area of practice, Therapist 4 also discussed being in a client's environment: "We go into people's homes all the time. . . We go into their homes, their daycare, or wherever the child is. So, if that's grandma's house, aunt's house, foster care . . . . We're 100% community-based." Therapist 1 told a story about a client she worked with post-stroke who was driving a modified van and using a motorized scooter. When he pushed a button, a ramp would come out of the van, and he would use that ramp to maneuver and transport the scooter. Therapist 1 described that it was easy for the client to maneuver this mechanism outside in the sunshine, but when she went to his home, "he pulls into his garage, and I realized suddenly [he's] afraid to back down because there's not enough lighting. Being able to see those environmental factors . . . That would be a major obstacle if he didn't feel comfortable doing that."

Next, the therapists identified that their entrepreneurial community-based practices benefit their clients. Therapist 2 knows this because in her experience:

> They get better. They move on with life . . .. The moms send me these emails with these pictures of graduations, of kids getting driver's licenses. . . they say, Maude, we just remember all the work we did with you those years, and we want to thank you again, after all these years. It's so special that after 10 years of not being with me that they still

> remember . . .. It's also my staff that's involved in the process that they thank, you know, for what was done.

Therapist 4 believes that her clients benefit from the early intervention model, stating “I think early intervention is the way to go with children.” Through their community-based interventions, therapists can “see how it changes [clients’] lives” (Therapist 1). In the example of driving interventions, Therapist 1 describes that for her clients:

> There is nothing like having the freedom of choice and choosing and doing it on your own. I love to ask my clients . . . where's the first place that you've gone on your own? The first place is never the doctor or the grocery store. Nobody cares about getting the stuff they have to do done. I mean, that's important, we all have our have to-dos, but it's the stuff we *want* to do. I love it when my clients tell me. . . I drove to the convenience store and was able to pick out the cigars I wanted. Or I went and I finally had a cup of coffee, and I sat in the restaurant, or I went for ice cream, or [a client] who I told you about, the first place he went was to the Hallmark store to buy his wife a card . . .. So, it's all those things, again, from an OT perspective, that make life worth living. It's the things that feed our souls. . . I'm so lucky to help people connect to that.

The skillset and personality of occupational therapists are also a strength of practice in this area. Particularly, Therapist 4 identified highly skilled practitioners as a competitive advantage of her practice, stating:

> My therapists, [the] bulk of them. . . they possess skills where people are calling them outside of the usual referral process. . .. I hire only highly skilled individuals . . .. So, we are highly skilled, we are very experienced. I try to partner with people that have the same work ethic that I do and the same level of excellence that I do.

Therapist 1 agrees that "as an occupational therapist, I feel strongly that my skillset gives me a distinct advantage and is something that people actually will choose." She continued to describe her personality along with skillsets: "As OTs... I think that we're empathetic and we think about that person and what they're going through, and we're there to help. I think being an OT really distinguishes me." Therapist 3 echoed this concept:

> I've had my own life experiences that allow me to be a peer when it comes to listening to somebody's story and understanding where they're coming from . . . because we can be compassionate and empathetic and sympathize. There's just that fine-tuned space, where you can actually relate to somebody's life experience and/or provide purposeful suggestions and/or treatment approaches.

Another major area that Therapist 1 acknowledged as a strength is the ability to avoid restrictions from insurance reimbursement codes:

> Driving is not covered by insurance, which means it's cash-based, which means I don't have to follow the reimbursement codes for things. The other side of that is. . . I always spent a lot of time thinking about what I wanted to do. Then I'm [thinking], how would I bill that? How would I code that? Instead of thinking about: what do we really need to do? What does this person really *need*? A great example is I worked with a speech therapist who has MS, and she needed to learn hand controls. Well, we spent her training sessions going to and from her schools, we spent her training sessions going through the Dunkin Donuts drive-thru, because that is her life or habits or her routines. Being able to do that stuff in the community is amazing. Even another guy who I worked with on Valentine's Day asked: "Can we stop at this chocolate shop? I want to go in." Going to get his wife something. So, of course, we can do something like that! I don't have to get

> permission from the hospital to be off-campus or to do something out of the car. I can just go with people and do the things that they need to do, and they *want* to do to be better and to feel more whole again.

Client buy-in was an additional strength the therapists recognized. Therapist 4 in the early intervention setting describes parent buy-in as vital to practice, since without it “you don't have that carryover unless you have a highly motivated [client], teenager, maybe college student.” In Therapist 3’s case, involvement from the client is vital to her work in the nonprofit setting, “because our participants are the ones that are leading the work. They're the ones that are leading the intervention, leading meaningful, purposeful next steps. So, it's about their needs.” Therapist 1 attributes client buy-in in her practice as a result of being cash-based and not covered by insurance:

> People choose to work with me, they choose to invest something in me. I think in some ways, they have a better outcome because of that. Because they are choosing to do it, not because somebody ordered it, and they got shuffled over to this person to participate in this therapy, then that therapy, then the other, and then the MRI. . . It's not covered, so, they have to make a conscious choice. They want to do that, and I love that. . . . If this is for them great, and if it's not, no problem. It's whatever you need. I want you to do what you need; but when they choose it. . . it's fantastic.

Therapist 2 describes her ability to think creatively as a strength of her practice: “Creative thinking, I think is a big one. But not the kind of creative like an artist. Creative thinking in terms of let's problem solve this, let's see what we could do.” Therapist 1 agrees that this type of practice promotes creativity, stating, “you no longer have to work for somebody. . . I was working 7 to 3:30. . . that's painful. It cramps your creativity and 90% productivity gives you no

time to think there are other ways to do things." Therapist 2 also believes that in addition to creativity, her ability to constantly adapt and provide innovative care is a major strength:

> Always learning and always adapting. Not everybody does that. I see with other practices around me, as soon as they have something that really works for them, they sort of settle. I don't settle. I always think there must be something else out there . . . it's been trying to stay on the cutting edge. You see, over the years, I have trained therapists in my area to do what I'm doing. So, they open practices on my doorstep, essentially taking my clients from me, because they may be closer, or they may have a better rapport with the client. Because people do what I do. . . . So, if I don't stay ahead of the game, they never really can quite catch up. . . I'll become just another practice, which is not going to be good for the practice, but it also thrills me. Thrills me to say, okay, there's something new out there. Let's do it. . . . I got tired of working in places where they didn't really expect you to make change. In fact, I almost left OT because of that. And maybe it's just the experiences that I had. . . Once I sort of got into this direction, and realize now there's more that one can do. . . but I had to go and figure it out myself. Nobody else was really doing the whole intensive model.

Therapist 3 agrees, that "the flexibility, the ability to adapt…" is a strength of an entrepreneurial community-based OT setting. Therapist 3 additionally believes that her ability to focus on advocacy is a huge part of her practice:

> I'm a firm believer that as a society, we cannot grow and really achieve all levels of success. . . and heal, whether it's intergenerational trauma or other components; we can't really heal and move forward unless we're addressing those needs. I find myself really holding strong to advocacy, whether it's . . . writing letters to my representatives, or

making sure that I am reading the current literature on mental health and community spaces and bringing that into the practice.

When asked what supports and resources they use to be successful, therapists acknowledged strengths from the National Board for Certification in Occupational Therapy (NBCOT) and the Pennsylvania Occupational Therapy Association (POTA) organizations. Therapist 2 discussed NBCOT, stating:

> The NBCOT is beautiful with the whole Navigator system, and so I send my therapists to the NBCOT more than the AOTA. NBCOT has got these case studies, you can kind of think and ponder about. . . more clinical thinking. It's one thing to learn about ADHD, but it's another thing to clinically think about ADHD. . . . so they answer a big need for me there.

Therapist 3 notes POTA as her biggest support, sometimes utilizing AOTA's resources to a lesser extent:

Being a member of POTA here in Pennsylvania has been a really helpful component. . . also being on the legislative committee. It's been helpful, because then I can speak to other people on the mental health task force, for example, on a project that I'm currently working on, and have those communications with entities that exist in Pennsylvania to push our field forward. . . . [Also] constantly researching, you know, just looking at what information exists out there. It's helpful and important. I do utilize, some of the resources and continuing ed stuff that's put out through AOTA as well. And just networking, communicating, participating.

Weaknesses

The therapists cited a lack of encouragement and support from both AOTA and OT schools as a weakness within entrepreneurial and community-based OT practice. Regarding this, especially entrepreneurship, Therapist 1 stated:

> I think the biggest weakness is that we're not empowering each other to do it sooner. I think that there needs to be a whole course on this, I think that even if it's an elective . . .. I think that there's a lot to maybe why this hasn't happened yet. I think that there could be, you know, we're predominantly a female-led industry. If you look at other female-led industries, they haven't been empowered or thought of the same way. But I think that that time is now for it to change. We need to empower each other to step up and to step out to run and do your own things. . . . I think now is time for us to really explore that, because there are revenue streams for that. We don't have to be held captive to just what's covered by insurance or reimbursed by insurance, but we can look at what people want and what people are choosing.

Agreeing with this concept, Therapist 2 echoed:

> Entrepreneurship must be embraced by the AOTA. I think we must see courses come up about how do you create your vocation as an occupational therapist in today's world? How do you adapt to the changes of today's world to meet the demands of everything that's out there? Yes, we have the traditional streams of workman's comp and looking at putting a paraplegic back into their home or into a job. Those are the traditional pieces, we have the pieces of neuro, we have the ortho, we have the peds. But there’s a changed market out there, there is a technology market out there.

Regarding OT schools and entrepreneurship, Therapist 3 continued the discussion:

> I think it depends on the school program. You know, how much each program emphasizes the business side, of being an entrepreneur. I know that in OTD programs, they certainly go through the managerial side, what it looks like to work as an OT in a non-traditional capacity, what it would be like to be a CEO …the practical, the pragmatic side of how to run a business, that being its own elective course, because some students may or may not have that drive to do that.

She continues by talking about community-based settings and entrepreneurship as well, saying,

> I think one of the most important things is, if we're advocating and educating students, so you can be an entrepreneur, you can work in a community setting, but then not really setting them up with the tools to be effective, then it's kind of setting people up for failure. And that's something that I hate seeing over and over.

Therapist 4 agreed with the above statement on OT education:

> I don't think our OT programs are preparing our students at all…I think our undergrad programs don't do a good job of getting us ready. . . . You have so few electives in OT school . . . I had two that I can think of. Why would you take a business course? Like that doesn't make any sense, right? But it would take literally embedded in one of the current courses, maybe a practice course. . . . It would take literally a week, maybe two [or] three lectures to prep you so that you don't do stupid things when you first start.

She continued, combining her discussion of entrepreneurship, community-based practice in education, and AOTA support, stating:

> Education, I think that's the big one. Just to get baseline education. . . . I think AOTA could do more with private practice, just educational type things like they could offer

> CEUs on that, they could offer you know how they have those little like one credit things that you test for competency? I think those would be good.

Similarly, another weakness identified by the therapists is a lack of business knowledge and business coaches that understand OT. Therapist 1 described her experience as:

> Having more OT business coaches would have been really helpful to me. Just even a therapy-based business coach would have made a huge difference for me. . . . I have a coach that I work with, and I recommend that for anyone who's getting into this. . . just having somebody to guide you is always helpful. But it was hard to find that person, and then even now, I'm not even sure he fully understands what I do. . . he's trying, I'll give him credit for that.

Finding people who understand the business world as resources and mentors is echoed by Therapist 4, who stated:

> You definitely need, if you're starting, someone that understands the tax side of the business. I finally have it set where I've got an accountant that's good. I've got a payroll company that's easy to use and takes care of all my employees. So those are needs that I think were hard to get into place.

Therapist 2 also expressed a lack of business knowledge as a weakness, stating:

> I think there are many beautiful entrepreneurs in OT. I just think that they need to learn to toot their own horn . . . .There are more OTs like me out there that don't really want to put ourselves out there, but we are doing the work. People will say. . . you're the best-kept secret around, [but] we're not supposed to be secret; I don't try to be secret . . . . Without enough marketing knowledge, we don't have enough brand name types of

> knowledge. We don't have enough of those pieces out there that can tell people who we are.

Several therapists communicated that it was difficult to network with other therapists in non-traditional settings. Therapist 1 described her experience with networking in a community-based setting as an entrepreneur as “you're isolated. You have to work hard to build your network in a community. I feel like that's something I definitely spend energy and work on because if you don't, you can kind of be cut off from the rest of the therapy world.” Therapist 3 agrees with these challenges, particularly expressing the desire for “that in-person component; we're all missing that right now. I think that those opportunities to be able to meet up with other OTs in the area and see what they're doing. . . . We can have Zoom calls, and that's also effective.

The lack of reimbursement from insurance and overall funding is also identified as a weakness in this area of practice. Therapist 3 started this discussion about her short experience with private practice:

> So, it gets a little hairy as an entrepreneur. . . you can't bill Medicare necessarily. . . I couldn't see people in private practice who were on Medicare. It was out of pocket. [So] it was a short duration because it was with an affluent population of people who could afford to pay $100, $120 an hour to work with me.

She also perceived funding as a weakness from her experience in community settings and with nonprofit organizations:

> Funding. Funding across the board, there's never enough funding, because it's not inexpensive for our services. We go to graduate school, or some people go and get their doctorate level degree and thousands of dollars that we put in towards our education. I

> really had to advocate for $30 an hour at a part-time position. I wasn't willing to just get paid $20 an hour, because I know I value my skill set. It's also not just because of pragmatic reasons. I can't send my kids to school and be paying X amount of money, and only being returned for like a quarter of it. That's part of the logistical components, but more so the quality and value of the service. . . the legitimate value for the service, because it's just a chronic issue that exists that community settings are always underfunded. . . . It's really, really challenging working with nonprofits because they are under-resourced for the most part- or any public entity that provides care.

Therapist 4 agreed, stating: "Community-based is where I think we need to be as a profession, but it comes with a great deal of expense. So, the outpatient rates are not meant to reimburse you for that- it's expensive to do." Therapist 3 again expanded on reimbursement:

> I'll go back to the Practice Act, making our services reimbursable at the community level, whether it's in behavioral health or mental health services. Because that gives credibility and legitimacy to our service area and shows how we do stand apart from social work or other health professionals.

In the early intervention setting, Therapist 4 recognized client buy-in as a weakness for their practice:

> They don't pay for our service out of pocket at all. It is an entitlement service, which means if you qualify, you get it for free. In Pennsylvania- every state has early intervention, every state's different- but Pennsylvania is completely free. . . . There's no consequence to that. If you go to their house and they're not there, it's a no-show. We don't get paid. We only get paid for time spent with a child. But nothing happens to them

> unless they do it three times and we boot them. . . . The buy-in and the responsibility on the parent's part; it's tough.

Opportunities

The subjects agreed that there are many opportunities for occupational therapy to expand through both community-based and entrepreneurial practice. Therapist 4 explained it as:

> I think OT in general has a mission to expand into the community and be very community-based. That's what we do. I mean, that's a function of our early intervention practice. . . we're always going to be community-based. . . . I think they need to pull along the reimbursement to make that work.

Specifically, Therapist 1 specified the need for OT to address wellness and prevention in community settings; she described this opportunity as:

> We need more OTs in community practice. I think from a preventative model, it's really important because what kind of happens now is many times we see somebody once there is an event or an injury. Especially for older adults, you want to avoid those events and injuries. You want to prevent things before they get started. . .. If we can get more OTs into the community to address wellness and prevention, I think that's a huge area, and I do believe we are going to start seeing reimbursement, better reimbursement for that as well.

Additionally, several therapists identified opportunities for occupational therapy to expand into mental health and trauma-informed practice within entrepreneurial and community-based practice. Therapist 2 expressed this opportunity in depth:

> Right now, there's a huge opportunity in mental health. As OTs, we originate in mental health. Because of the whole rehab push, and the evidence-based practice push over the

> years, all the schools are gearing so much more towards rehab; they have to be science-based, which I totally get, and I totally want it. In that, we don't get as many mental health practices anymore; we don't even get mental health reimbursement the way that we can get reimbursement in Medicare and those other rehab places. So, we must revisit mental health because the world of trauma is exploding. It's completely exploding. . .. So now to find a home for OTs around this world of trauma and attachment. The interest is great, the courses have been going so incredibly well. So, the need is there. People are noting that there's more and more kids coming to us from the lens of trauma, rather than the lens of what we used to do 20 years ago. So, the AOTA needs to [create] a trauma special interest section, so that people can find a home where they can all converse around the same topic. ATTACH is an outside organization, and we started the first OT tracks, so there is a place for them, but I think we should build our own home amongst us as an OT community. So, in that home, we must fight the insurance companies to get reimbursement back for this piece. We must build how to really put quantitative and qualitative goals out there so that you can find the reimbursement for it. But right now, the codes are even lacking. So, there's a huge opportunity, I think for OTs to make a mark.

Therapist 3 agreed with this opportunity, stating:

> From a top-down level, from the state level, what we need to see is our Practice Act to include mental health services being reimbursable. . . currently, our state Practice Act only allows for physical disabilities to be reimbursable. So that would be a number one top-down thing that'll certainly get OT services more recognizable in communities, whether it's through hospital settings, and that trickle effect.

The therapists additionally described creating opportunities for OTs in entrepreneurship as a major opportunity. Therapist 3 encompasses this idea:

> We can be such beautiful entrepreneurs; we can be such great ambassadors for the fact that change is possible. We need to take it on…that's the bottom line. . . I'm willing to do it. [But] you need it coming from above, to create those avenues to make it happen.

Therapist 1 would agree, "It's such a good business for OTs to be in." She continued to discuss the ability of OT to expand as a profession through entrepreneurship: "As an OT who spent a lot of years doing ADLs, like basic ADLs, thinking beyond the bathroom sometimes can be a challenge, but I believe there really is a choice and an option for us out there" (Therapist 1).

Therapist 3 expressed at length the opportunity for OT to expand practice into novel situations stating, "as far as expanding in the community, it's really novel and unique experiences." She continues:

> So [community practice] is kind of an opportunity for me to extend my knowledge as an OT working with a population, who doesn't necessarily want the services, because most families are referred through CYS at the county level, for abuse or neglect, or some sort of adverse reason. So, working with a client population that doesn't necessarily want a provider there. . . that's a bit different for me and new for me in this capacity. I think. . . the. . . entrepreneurial spirit, working in an interdisciplinary team, where advocacy is present. Educating or, working with colleagues who are maybe familiar or not familiar with OTs; I just really value the opportunity to bring occupational therapy into novel situations. In my clinical work, and just community work as an OT, that's been kind of a little outside the box.

Therapist 3 added the notion of fieldwork education as an opportunity within

occupational therapy in these novel situations:

> Fieldwork opportunities for students to be placed in, whether there are OTs at their sites or not, that's a whole other conversation of what I find to be reasonable expectations for students in settings where there's not an occupational therapist. Having secondary professionals provide observation only and answer all the questions necessary. The students' opportunity just to see that, because as students, you guys are going into the workforce eventually. . . I finished school. . . in 2010, and advocacy was a huge component, and community work was a pretty prominent proponent of my curriculum. So being able to continue that from the education and academia side…"

Threats

When asked about the threats to this area of practice, the therapists acknowledged several areas. The first of these is one's own mindset and lack of focus on entrepreneurship and community-based practice as a viable career path. Therapist 1 stated it this way:

> Barriers [is] our own mindset. Our lack of focus on this as a viable career path. As a result, because we're not moving towards that quickly enough… we can lose our foothold in areas if we don't step up and do it. . . . We're all a little bit asleep at the wheel that we've been overworked and exhausted by insurance reimbursement restrictions that it's stunted our creativity and we no longer even have the energy to think. There are really good OTs out there… who just don't have the energy to do anything but get through the day. . .. We need to create a space, a way for people to be creative, and having a strict routine and measurements does not produce creativity, solutions, innovation.

Therapist 4 echoed this idea: “A lot of OTs don't get into OT to be a business owner. So, my barrier is I want to treat, I don't want to just… sit and do paperwork. . . but it's also very rewarding and why I do what I do.”

Similarly, individuals' perception of entrepreneurship is a barrier to the growth of OT entrepreneurship. Therapist 2 described this:

> There are some people who would think that being an entrepreneur is something that's not so good. They think, oh, you're only there for the money, or they have this sort of idea. . . I tell them, come look at my books. You're getting much more salary in your fixed job than I get as an entrepreneur… think that an entrepreneur is somebody that's a visionary, is someone that can see a vision for the future that's different. And that's my view of an entrepreneur.

Continuing the focus on entrepreneurship, the therapists expressed the lack of defining entrepreneurship in OT as another threat to practice in this area. Therapist 2 believes “it could be great for the OT organizations to spend more time on defining what that means for OT. To define what it means to have a brand under the AOTA or as an OT.” Therapist 2 also recognized what is described in business as the threat of new entrants, meaning the risk a new competitor with a similar product/service creates for existing companies within an industry. In her view,

> We are very free to give away our information. You know, if you go to ASHA [American Speech-Language-Hearing Association], they don't allow one OT to go on any speech therapy course. OT? Come! Everybody can come. Which I love because I personally like it if we have multidisciplinary people at our courses, so we can all understand each other. But somehow, we don't really tell the market: this is ours. (Therapist 2)

Finally, the therapists described the lack of reimbursement and challenges with managing insurance as threats. Therapist 4 expressed:

> I think reimbursement's always going to be our threat. Always. They're always messing around with fee schedules. I attempted to align with private insurance to take kids that have private insurance. Nothing short of a nightmare. There's no manual to that; the insurance companies don't help you. You think you're set up; you're not. I mean, it's just ugly.

Therapist 3 agreed, identifying "managing insurance. That's its own battle. I think folks really have to. . . want to go for the battle with and really understand."

Discussion

The purpose of this scholarship project was to increase widespread understanding of the benefits, feasibility, and challenges of establishing community-based occupational therapy practice through the experiences of practitioners working in this area of practice. Through the interviews based on the SWOT analysis, the therapists offered valuable insights into entrepreneurial community-based occupational therapy. Interventions in these OT practices are shown to be highly effective in the experience of these practitioners. Based on the information collected, it is clear that occupational therapy has a viable opportunity to expand into community-based practice and in novel areas through entrepreneurship that will provide meaningful and needed services to individuals and populations. However, AOTA, OT schools, and other governing bodies need to support students and practitioners interested in and currently working in community-based settings and/or entrepreneurship. With this support, occupational

therapists would have additional success in the areas of strengths they identified by limiting some of the barriers and threats to practice.

Limitations

Since this scholarship project's data consists of quotes from four occupational therapists' personal opinions based on their type of practice, these results are not meant to be generalizable to every OT practicing in a community-based or entrepreneurial setting. While many ideas overlapped, each therapist's responses were unique and tailored to their own experiences.

Since these participants were selected as a convenience sample and volunteered to participate in the project, they may have biased views on the topic. Their mindset may include a greater positive outlook on this area of practice. However, all participants did identify both positive and negative aspects of practice during the interviews.

Implications for future research

Building on the experiences of these practitioners, future evidence-based research on community-based entrepreneurial occupational therapy would be beneficial in systematically describing the benefits of this area of practice. Additionally, studies on effective ways to support practitioners and educate OT students on these emerging areas of practice will be necessary to improve upon the challenges that this project identified.

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Appendix

Interview Questions

1. Tell me about your practice and the clients that you serve
2. What led you into this area of practice?
3. Do you consider this practice entrepreneurial - how so?
4. Do you consider your practice to be community-based- how so?
5. How have you experienced your work benefiting your clients?
6. What do you perceive as the overall strengths of your practice?
7. What gives you a competitive advantage/ differentiates your practice from others?
8. What opportunities do you think exist to expand occupational therapy through community practice? How do you see this is your practice?
9. What weaknesses exist in practicing in a community setting?
10. What weaknesses exist in becoming an entrepreneur in the OT field?
11. What improvements need to be made in this area of practice?
12. What supports do you utilize to be successful?
13. What supports do you still need to be more successful?
14. What do you see as the threats or barriers to success to entrepreneurship in OT? In community-based practice?
15. Is there anything else that would help me understand the SWOT from your practice experience/view?
16. What advice would you have for someone who is pursuing entrepreneurship in occupational therapy?