

2022

Allied Health Professionals' Lived Experiences Concerning Organizational Justice and Inclusion

Jozette A. Wood
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Management and Human Potential

This is to certify that the doctoral dissertation by

Jozette A. Wood

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. James Brown, Committee Chairperson, Psychology Faculty

Dr. Rachel Gallardo, Committee Member, Psychology Faculty

Dr. James Herndon, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Allied Health Professionals' Lived Experiences Concerning Organizational Justice and
Inclusion

by

Jozette A. Wood

MA, Saint Leo University, 2008

BS, University of Phoenix, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Industrial-Organizational Psychology

Walden University

August 2022

Abstract

The lived experiences of allied health assistants (AHAs) are not well understood regarding organizational justice (OJ) and their sense of inclusion within their workplace. Although, OJ and inclusion have been an area of study among scholars for over a decade; the amount of literature supporting AHAs perceptions of these constructs is limited. The purpose of this phenomenological study was to gain a deeper understanding of AHAs' perceptions of the components of OJ (i.e., distributive, and procedural) and the potential implications for their sense of inclusion. Justice judgment theory provided the theoretical framework for this study. Three primary research questions were proposed: two specifics to the components of OJ and one about inclusion. Data were collected through extensive interviews with 10 licensed AHAs with seven or more years of work experience in healthcare. Data were analyzed, organized, and coded to reveal 10 themes: unsupportive leaders, performance-based recognition, affiliative leaders, accommodative, uncertainty, loyalty to leadership, access to resources, devalued, inspired to engage, and culture of trust. Based on these findings, the social change implications include the creation and implementation of policies that may be used to increase the AHAs' perception of value to ensure that inclusionary practices are fair and engaging.

Allied Health Professionals' Lived Experiences Concerning Organizational Justice and

Inclusion

by

Jozette A. Wood

MA, Saint Leo University, 2008

BS, University of Phoenix, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Industrial-Organizational Psychology

Walden University

August 2022

Dedication

Glory to our Master, our Creator, the King of all Kings, and the Lord of all Lords!

I dedicate this work to my heart, my love, my husband, Marcus for demonstrating what *'for better or for worse'* truly means by being my rock through all the turbulence! For without your constant unconditional love, counsel, and support, we know the outcome would have been very different! Now that we have weathered, yet another one of life's many challenges, albeit this one was self-inflicted; it is time to enjoy the fruits that this next chapter has to offer!

To my mom, Mary, how wonderfully blessed I am to have a mother such as you! One who has been my biggest cheerleader since conception with ALWAYS believing in me and ALWAYS ready with a word of encouragement. I love you and thank you for ALWAYS being there!

A special dedication to my brother, Darrin, who was so very proud and although could not be here in the natural to love on me like I know he would, is smiling upon me and cheering me on in Heaven.

Acknowledgements

I want to first acknowledge my hearts, my children, Martia, Marquis, Gabriel, and Jaydon. Although you showed your love, patience, support, and understanding; it was not reciprocated through my actions at times and for that; I apologize and give thanks to you all! I am truly grateful to my older brother, Andre, as the distance never kept you from connecting with me to ensure I was on track!

I would like to recognize and thank my dissertation committee, Dr. Jimmy Brown and Dr. Rachel Gallardo. Dr. Brown, since the first time we met you believed in me, you were the only one that took the chance and has stuck by me ever since. Dr. Brown, you have shown me a level of support that other doctoral students wish for. I want you know, with a full heart and all sincerity, how thankful I am to have been blessed to have had such a dedicated chair! Thank you for all you have done and will continue to do.

As my second committee member, you, Dr. Gallardo, have bestowed invaluable insight that has propelled me to take the next step and turn the page for the next chapter. With your encouragement and continued support, Dr. Gallardo, you have my utmost gratitude.

Dr. James Herndon, with your support in the role as my URR, I am very much appreciative of all feedback as I know that is how the process of refinement occurs!

Thank you all for taking this journey in allowing me to be the best version of myself and to make a difference I hope to see in this world.

Table of Contents

Dedication	vi
Acknowledgements	vii
List of Tables.....	v
List of Figures	vi
Chapter 1: Introduction to the Study	1
Background	4
Problem Statement.....	9
Purpose of the Study	10
Research Questions.....	11
Theoretical Framework.....	11
Nature of the Study	13
Definitions.....	16
Assumptions	17
Scope and Delimitations	18
Limitations	18
Significance.....	19
Summary	19
Chapter 2: Literature Review	21
Literature Search Strategy.....	21
AHPs	22
Theoretical Framework.....	24

Distribution Rules	24
Procedural Rules	25
Literature Review of Key Variables	28
OJ Components	28
Inclusion	38
Summary and Conclusions.....	45
Chapter 3: Research Method.....	47
Research Design and Rationale	47
Researchers' Role	48
Methodology	49
Participation Selection	49
Instrumentation	50
Pilot Study Procedure.....	51
Procedures for Recruitment, Participation, and Data Collection.....	51
Strategy for Data Analysis	53
Issues of Trustworthiness	54
Ethical Procedures	55
Summary	57
Chapter 4: Results.....	58
Settings.....	59
Demographics.....	60
Data Collection.....	61

Data Analysis	63
Code Development	63
Theme Exploration and Code Reduction	64
Thematic Analysis	64
Evidence of Trustworthiness	66
Credibility	66
Transferability	68
Dependability	68
Confirmability	68
Results	69
Unsupportive Leaders	70
Performance-Based Recognition	72
Affiliative Leaders	73
Accommodative	75
Uncertainty	78
Loyalty to Leadership	80
Access to Resources	82
Devalued	84
Inspired to Engage	86
Culture of Trust	89
Summary	92
Chapter 5: Discussion, Conclusions, and Recommendations	94

Introduction	94
Interpretation of the Findings	97
Findings for RQ ₁	97
Findings for RQ ₂	98
Findings for RQ ₃	100
Limitations of the Study	104
Recommendations	105
Implications	107
Conclusion	109
References	112
Appendix A: Interview Protocol	134
Appendix B: Demographics Questionnaire for Allied Health Assistants	141

List of Tables

Table 1. Participant Demographics	61
Table 2. Details of Unit Collection.....	62
Table 3. RQs and Themes.....	69

List of Figures

Figure 1. Depiction of an Emerging Theme65

Chapter 1: Introduction to the Study

Worldwide, there is a reduction in the viability of the health care workforce (World Health Organization [WHO], 2016). Concerns about workforce shortages and increased work demands have contributed to a health care workforce that has diminished viability (Kroezen et al., 2018; Lin, 2015). Although the allied health workforce accounts for about 60% of the U.S. health care labor force, shortages continue to exist due to the growing elderly population (Demo et al., 2015). To mitigate shortages within the health workforce, a 14% increase in health occupations is expected by 2028 (Bureau of Labor Statistics [BLS], 2019). Currently, within the allied health workforce, there are over 500,000 allied health assistants (AHAs) working in health care settings throughout the United States (BLS, 2019). AHA is a title used when referring to certain disciplines in the medical field (Lizarondo et al., 2016; Somerville et al., 2015), which include medical assistants, pharmacy aides, physical therapy assistants, occupational therapy assistants (OTAs), veterinarian assistants, dental assistants, and radiology technicians (BLS, 2019).

Even though AHAs were recognized in the literature as assets in alleviating the existing shortages to move the industry forward (Kroezen et al., 2018; Metcalf et al., 2015; Mickan et al., 2018; Pearce & Pagett, 2015), AHAs often feel stressed, undervalued, and dissatisfied with their work-related experiences (Czuba et al., 2019; De Vries, 2016; Eason et al., 2015; Lacher et al., 2015). For example, an OTA can be placed in a position to take on additional work allowing the occupational therapist registered (OTR), also known as an allied health professional (AHP), to engage in other responsibilities (Executive Council of Physical Therapy and Occupational Therapy

Examiners [ECPTOTE], 2019), ultimately enhancing clinical experiences and decreasing the need for another OTA (Abdelhak, 2016; Pearce & Pagett, 2015).

Future research was recommended to discover factors that might help address shortages for AHPs (Rodwell & Gulyas, 2015). Noblet et al. (2017) also explained that bringing awareness of an employee's work-related experiences is a positive step towards satisfaction on the job. Although some studies have provided insight on AHPs (Lane et al., 2018; Pearce & Pagett, 2015; Rodwell & Gulyas, 2015), there is very little literature specific to the United States (Brimhall et al., 2017; Demo et al., 2015; Kroll et al., 2020; Lilly & Wipawayangkool, 2018; Mor Barak et al., 2016; Schminke et al., 2015). Studies on AHAs primarily focus on their education, workforce outcome, and competency (Boop et al., 2017; Clark & Kingsley, 2020; Johnson et al., 2019; Kroll et al., 2020; Mickan et al., 2018; Nardella et al., 2018; Pearce & Pagett, 2015; Snowdon et al., 2020; Umbarger, 2016).

Organizational justice (OJ) refers to how fairness within the workplace is perceived (Arab & Atan, 2018; Franklin et al., 2019; May et al., 2020). Although many components of OJ exist within the literature (Arab & Atan, 2018; Elechi et al., 2020; Keshabyan & Day, 2020), only distributive and procedural justice were the focus of this study. Perceptions of equality concerning the distribution of resources such as job duties and pay have been recognized in the literature as distributive justice (Cloutier et al., 2015; Czuba et al., 2019; Kilroy et al., 2016; Lambert et al., 2020; Le et al., 2016; Wålinder et al., 2018).

Based on the principle of exchange, distributive justice occurs when a person compares to what they have received to what others have received Lambert et al., 2020). Distributive justice has also been identified in several studies as being linked job satisfaction (Czuba et al., 2019; Keshabyan & Day, 2020; Kilroy et al., 2016; Le et al., 2016; Shin & Sohn, 2015). An employee that views their added duties as unequal might experience stress, adversely affecting their level of job satisfaction (Cloutier et al., 2015; Czuba et al., 2019; Elechi et al., 2020; Keshabyan & Day, 2020; Kilroy et al., 2016; Le et al., 2016; Wålinder et al., 2018).

In the literature, job satisfaction was found to also be an outcome of procedural justice, another component of OJ (Bayarçelik & Findikli, 2016). *Procedural justice* refers to an individual's view of equality concerning outcomes and decision-making processes (Haghighinezhad et al., 2019; Lilly & Wipawayangkool, 2018; Rodwell & Gulyas, 2015; Ryan & Wessel, 2015; Schminke et al., 2015). For example, how an employee perceives their organizations decision to change their allotted time for lunch is considered procedural justice. Trinkner et al. (2016) noted that procedural justice enables leaders an opportunity to convey to their employees that they are valued. Fixed in social exchange, procedural justice has been shown to positively inspire work commitment and collaboration among employees as a substantial factor in the leader–member relationship (Cloutier et al., 2015; Kim & Park, 2017). Cloutier et al. (2015) found that perceptions of an organization's allocation procedures empower employees the opportunity to determine their level of value with the company.

Satisfaction on the job, retention, and loyalty are considered outcomes of inclusion and OJ (Le et al., 2016). Le et al. (2016) mention that inclusion in the workplace aligns with OJ because they refer to the lived experiences around fairness. The attention that has been given to investigating the relationship between OJ and inclusion of AHPs is sparse. AHAs have a significant implication on the healthcare industry (Kroezen et al., 2018; Metcalf et al., 2015; Mickan et al., 2018; Pearce & Pagett, 2015); their view of job satisfaction is influential to the care they provide (Kilroy et al., 2016). Sustaining and empowering these professionals is a feat that should be accomplished for the vitality of the workforce (Rodwell & Gulyas, 2015). To be successful in supporting AHAs, a clear understanding of their lived experiences within the constructs of inclusion and OJ must be developed.

The intent of this study is to contribute to the literature on allied health, OJ, and inclusion by exploring the perceptions of AHAs on OJ and inclusion. More specifically, this study provides a deeper understanding of the AHA's views of OJ and their sense of inclusion. This chapter includes a background of the study, problem statement, purpose of the study, research questions, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

Background

The BLS (2019) has projected growth of 14% from 2018 to 2028 in healthcare occupations. According to the BLS, the growth is due to a population that is living longer, making way for a demand increase in health services. Over the years, healthcare has become increasingly harder to manage secondary to the challenges of staffing

shortages, growing workloads, and the escalating cost of care (Asamani et al., 2016; Kroezen et al., 2018; Lin et al., 2015). Research has suggested that some healthcare workers are not being efficiently utilized (Chapman & Blash, 2017). AHAs, more specifically, have been acknowledged in research as clinicians who can be used to ease shortages occurring within the healthcare system (Chapman & Blash, 2017; Lin et al., 2015; Metcalf et al., 2015; Pearce & Pagett, 2015).

AHAs are independent clinicians who provide evidence-based practice to clients to restore and maintain optimum physical, sensory, psychological, and cognitive (Mickan et al., 2018; Somerville et al., 2015). AHAs work across an array of disciplines and settings to include acute care hospitals, rehabilitation hospitals, nursing facilities, and mental health institutions (BLS, 2019; Rogers et al., 2016; Somerville et al., 2015). AHPs have university training and take on roles in the clinic or managerial setting (Rodwell & Gulyas, 2015; Somerville et al., 2015). AHPs consists of several disciplines, including dietitians, occupational therapists, physical therapy, speech pathology, medical assistants, social workers, radiographers, nutritionists, and podiatrists (Lizarondo et al., 2016; Skinner et al., 2015; Somerville et al., 2015). AHPs involve clients in decisions regarding their care and help them achieve optimum function to improve their quality of life (Lizarondo et al., 2016; Philip, 2015). AHPs are generally supported by AHAs to whom they delegated tasks and supervise them (Somerville et al., 2015). AHAs encompass medical assistants, pharmacy aides, physical therapy assistants, OTAs, veterinarian assistants, dental assistants, and radiology technicians (BLS, 2019).

Researchers have maintained that, due to the ever-increasing demand for health services, an opportunity exists to ensure enough health professionals are available to meet the demand (Abdelhak, 2016; Lin et al., 2015; Pearce & Pagett, 2015; Skinner et al., 2015). Researchers have found that an increase in productivity leads to an increase in workplace stress and a decrease in job satisfaction (Czuba et al., 2019). Workplace stress due to workload and lack of control have contributed to AHAs experiencing burnout, dissatisfaction, disloyalty, inefficiency, and a diminished well-being (Czuba et al., 2019). Researchers have acknowledged well-being as being either one or a combination of depression, burnout, or stress (Karaeminogullari et al., 2018; Vaamonde et al., 2018). Burnout or the syndrome of burnout is considered emotional fatigue and can be damaging to a person's health (Năstasă & Fărcaș, 2015; Rineer et al., 2017; Vaamonde et al., 2018).

Literature related to workplace well-being has categorized it under one of the following work-related types: job satisfaction, job commitment, and mental exhaustion (Karavasilis, 2019; McKeever & Brown, 2019; Soh et al., 2016; Vaamonde et al., 2018). Researchers have explored the connection between satisfaction on the job and turnover intent, determining that satisfied employees appear to have minimal turnover intentions (McKeever & Brown, 2019; Vaamonde et al., 2018). Vaamonde et al. (2018) found there to be an association between a lessened effect of emotional fatigue, satisfaction on the job, and components of OJ (i.e., distributive, procedural, and interpersonal justice). Simply put, an employee with a balanced emotional level will show job satisfaction.

There is also a connection between stress and the different components of OJ (Johnston et al., 2016; Karaeminogullari et al., 2018). For instance, employees could feel

stress on the job in response to high job demands and low position of control. Stress at work is a mental state resulting from perceptions of unequal supply and demand (Hassard et al., 2017; Johnston et al., 2016; Ouyang et al., 2015). The work inadequacy that a person might feel produces undesirable emotional responses decreasing satisfaction on the job (Ouyang et al., 2015). Satisfaction on the job has been shown to have a relation to the improvement of a person's well-being (Johnston et al., 2016; Rineer et al., 2017). For example, a worker with good stress levels is more likely to have increased job performance and greater engagement than is a worker with increased stress.

Overall well-being has been shown to be driven by perceptions of OJ and inclusion in research studies (Capone & Petrillo, 2016; Johnston et al., 2016; Proost et al., 2015; Rineer et al., 2017; Rodwell & Gulyas, 2015). Vaamonde et al. (2018) pointed out that workers who perceive unfair procedures are more susceptible to feeling exhausted emotionally. Although well-being is an important factor in OJ and inclusion, there is not enough published research found on how they—OJ and inclusion—affect AHAs. Therefore, the focus of this study was exclusively dedicated to OJ and inclusion, not well-being specifically.

There is a definitive need to recognize better ways of supporting AHAs in the pursuit of fairness and inclusion; however, before discovery, a deeper understanding of their experiences on OJ and inclusion in workplace experiences must be addressed. The literature is abundant in the areas of OJ and inclusion (Chen et al., 2015; Goswami & Kishor, 2018; Humberd et al., 2015; Jiang et al., 2017; Kittikunchotiwut, 2017; Le et al., 2016; Le, Zhou, et al., 2018; Mashi, 2018; Saifi & Shahzad, 2017); however, there is a

lack of current published phenomenological research in the United States on the lived experiences of AHAs, specifically OTAs concerning OJ and inclusion. There is a substantial body of literature that exists related to AHPs (Asaba et al., 2017; Cardin & Hudson, 2018; De Vries, 2016; Naccarella, 2015; Philip, 2015; Rodwell & Gulyas, 2015; Wilson, 2015), yet the literature is very limited regarding AHAs. Job demands and lack of control create job stress, which plays an important role in poor work experiences (Alkassabi et al., 2018; Czuba et al., 2019). These are all factors that may be related to AHAs' work-related experiences.

As previously mentioned, an OTA is an AHA and is a part of the AHP (BLS, 2019). OTAs are the frontline workers who provide therapeutic services to patients (Pearce & Pagett, 2015). Therapeutic services are provided with guidance and supervision by the occupational therapist (ECPTOTE, 2019; Flynn, 2018; National Board of Certification in Occupational Therapy [NBCOT], 2019). The patients' plan of care, which is designed to sustain, improve, or rebuild the quality of life, also decides the type of treatment provided by the therapist (Flynn, 2018). The occupational therapy field specializes in the treatment of temporary or continuing motor function deficits induced by muscular-skeletal, cerebral, psychological, or emotional issues (Flynn, 2018). Occupational therapy services can be provided in many settings such as inpatient rehabilitation, classrooms, nursing homes, and hospitals (American Occupational Therapy Association [AOTA], 2019; BLS, 2019; Rogers et al., 2016).

Mashi (2018), Le, Zhou, et al. (2018), and Rodwell and Fernando (2015) encouraged researchers to explore the work experiences of marginalized employees and

their perceptions on the interceding role of OJ and inclusion. Kumar et al. (2016) posited that employees' perceptions and experiences at their workplaces have been shown to modify productivity and performance. Briki and Markman (2018) proposed that a "psychological momentum" takes place in response to feedback (para. 1). The researchers further explained that as input is received, a cognitive shift occurs that could be positive or negative, which would reflect in behavioral responses (Briki & Markman, 2018). Briki and Markman interpreted psychological momentum as a construct of phenomenology that can implicate goal pursuit altering the rate of change in psychological and behavioral experiences.

There has been some research on marginalized health service employees (i.e., home health aides, creative art therapists, community health workers); however, there is a paucity of research related to OTAs. Very little is known about the perception of their work-related experiences including the perceived level of inclusions and OJ (Lacher et al., 2015). The intent of this research is to shed light on the emotional well-being of AHAs by studying the lived experiences of OTAs concerning OJ and inclusion using the theory of justice judgment.

Problem Statement

The specific problem is that the lived experiences of OTAs were not well understood regarding OJ at their place of employment. Furthermore, there was limited understanding as to the perceptions of OTAs on their sense of inclusion within their workplace. OTAs contribute to enhanced clinical experiences (Abdelhak, 2016; Pearce & Pagett, 2015). Researchers Pearce and Pagett (2015) recognized that OTAs can be

utilized more efficiently to alleviate shortages within the health profession. These AHA advancements would not only prove beneficial to clients, but also increase job satisfaction throughout the workforce (Pearce & Pagett, 2015). Overall, the advantages of advancement far exceed the disadvantages by leading to positive influences on employment and retention. Unfortunately, Pearce and Pagett's study lacked evidence revealing the implication of OJ and inclusion on employee experiences in order to mitigate any potential adverse outcome.

The lack of current published phenomenological research is of concern because without an explicit understanding of the impressions of AHAs on the influence of OJ and inclusion on work experiences, health care managers would be ill-informed as to the most effective way to manage this population. Rodwell and Fernando (2015) and Le, Zhou, et al. (2018) encouraged future research on the interceding role of OJ and inclusion on work experiences of understudied employees. For the U.S. healthcare system, understanding the experiences of therapy assistants in practice would offer several benefits; inform healthcare policymakers about the benefits of inclusion for AHAs in their places of employment, and help with their retention. By understanding what is ethical and reasonable through the eyes of AHAs, AHPs can become better advocates at encouraging inclusivity and fairness.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of AHAs related to OJ at their place of employment (Lacher et al., 2015; Le et al., 2016; Le, Zhou, et al., 2018; Mashi, 2018; Rodwell & Fernando, 2015).

Furthermore, the study explored the extent to which OTAs, representatives of AHAs, felt included in their work settings. Specifically, this study explored the OTAs' perception of distributive and procedural rules and the potential implications for their sense of inclusion. Data were collected through semistructured interviews with OTAs working in various settings in the state of Texas. The overarching goal of this study was to acquire a deeper understanding of the lived experiences of AHAs and add to the limited body of literature regarding their work experiences.

Research Questions

Three research questions were examined in this study. Two of the research questions were related to OJ and one was linked to inclusion. The research questions proposed for this study were:

RQ₁: What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organizations?

RQ₂: What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?

RQ₃: What are the perceptions of therapy assistants within the AHP on inclusion within their organizations?

Theoretical Framework

The theoretical framework for this study is Leventhal's (1976) justice judgment theory, which has also been used in several current research studies (Cloutier et al., 2015; Đorđević et al., 2019; Franklin et al., 2019; Jasso, 2015; Le et al., 2016; Lilly, 2017; Miles & Naumann, 2016; Pan et al., 2018; Sahni et al., 2018). This theory constructively

enables the exploration of the influence of perceived unequal procedural justice, distributive justice, and organizational exclusion on employee workplace well-being (Leventhal, 1976). Simply put, Leventhal's justice judgment theory can be used to explore the well-being of employees under the OJ and inclusion construct.

To obtain a broader view of perceived injustices in social relationships, a more comprehensive approach was necessary. Justice judgment theory, a multidimensional approach, allowed a deeper understanding of the procedure underlying the distribution of fair experiences (Leventhal, 1976). Unique in its approach, justice judgment theory suggests that an individual's perception of fairness is justice rules-based (Leventhal, 1976). Leventhal (1976) defined justice rules as a person's feeling that the allocated rewards and the process of allocating rewards are equal once a specific criterion is met (Leventhal, 1976). To support the multidimensional approach, Leventhal offered two overarching justice rules that underly what is perceived as fair experiences: (a) distribution rules and (b) procedural rules.

Gaining a rich understanding of the lived experiences of workers concerning OJ and inclusion is the goal of this research. Leventhal's (1976) justice judgment theory aligned well with this study as the facets of justice rules—distribution and procedural—provide a basis for how information received is processed and why perceptions are influenced. Chapter 2 contains a complete representation of the theoretical framework with consideration given to the two justice rules.

Nature of the Study

This study utilized a qualitative approach with a phenomenological design. Qualitative designs are generally used to study and understand the meaning individuals assign to a social dilemma (Creswell, 2009). Ravitch and Carl (2015) also explained that within qualitative research, an individual's experiences and perceptions are rooted in the contexts that influence their lives, and how an individual's experience of the world is subjective and can change over time. A quantitative design was not feasible for this study as open-ended questions are needed to allow for more of a descriptive response. Closed-ended questions are typically used in quantitative approaches as they elicit responses that are indistinct (Creswell, 2009).

To develop meaning and understanding, themes must be produced, which cannot be performed through a quantitative approach. A quantitative approach is used to analyze the information numerically and not descriptively (Creswell, 2009). The purpose of this study was to gain a deep understanding of the lived experiences of an underrepresented occupation. To successfully capture and give light to the views of AHAs, it was essential to employ an approach that encompasses a participants' worldview, a descriptive design, and open-ended interview questions (see Appendix A). Qualitative research is an evolutionary process involving open-ended questions and data analysis emerging from specifics to general themes (Creswell, 2009). Given the differences between quantitative and qualitative designs, a qualitative approach was best suited for this study as it allowed narratives.

Phenomenological design is an approach of analysis in which the researcher recognizes the core of human experiences concerning a phenomenon as explained by participants (Creswell, 2009). The intent of this qualitative approach is to extract rich information from the participants' experiences at work (Creswell, 2009; van Manen, 2015). A small number of participants is essential for a phenomenological design to not only gain a significant understanding through their eyes but also to examine emerging and conflicting information in greater detail (Alase, 2017; Creswell, 2009). The rationale for using a phenomenological design in this qualitative study was to provide a forum that allowed participants to speak freely on their perspectives without fear of repercussions (Alase, 2017).

Although in quantitative studies greater obscurity can be provided in terms of the method used for data collection, applying a survey as part of a semistructured interview in qualitative research enables the collection of profound insight and experiences (Ravitch & Carl, 2015). Miles et al. (2015) claimed that the recall of experience elucidates how a phenomenon of relevance is acted upon or occurs, thus providing meaningful information from which the researcher can deduce. Adequate evidence was retrieved through phenomenological questions proposed to participants (van Manen, 2015).

The target population for this research study was OTAs working in various settings in the state of Texas. I used a nonprobability purposive and snowball sampling approach to select participants for this study. Nonprobability sampling is favorable to qualitative research as it allows for rich context and detailed accounts of target

populations (Ravitch & Carl, 2015). Purposive sampling enables a researcher to intentionally select individuals and research settings that will help collect the data needed to answer the research questions (Ravitch & Carl, 2015). A purposive sampling procedure involves the intentional selection of a participant secondary to the attributes the participant maintains (Etikan et al., 2016). I also used snowball sampling to accompany the purposive method to expand the group of participants through the referral from existing participants. The snowball technique has been successfully applied to behavioral studies to reach participants who are otherwise inaccessible to the researcher (Weathington et al., 2010). I created and used a demographics questionnaire (see Appendix B) to determine what work settings and what type of AHAs are most appropriate to provide data for the study. A nonprobability purposive and snowball sampling method allowed me to get the most qualified participants by ensuring that they met the criteria.

The sample size for this study was 10 licensed OTAs. A small sample size was chosen to produce a greater quality of information from the participants (Ravitch & Carl, 2015). To obtain rich descriptions of work experiences from OTAs, additional time attention was considered. For this study, the inclusion criteria were that participants must (a) be OTAs working in various settings such as hospital, skilled nursing facility, and outpatient clinic, (b) currently hold a license to practice, (c) have been in the profession for at least seven years, and (d) have been employed at the same setting for at least two years.

Definitions

Allied health: Allied health is a term used to refer to disciplines in the medical field (Lizarondo et al., 2016; Somerville et al., 2015).

Allied health assistants: AHAs are independent clinicians who provide evidence-based practice to clients to restore and maintain optimum physical, sensory, psychological, and cognitive (Somerville et al., 2015).

Allied health professionals: AHPs have university training and take on roles in the clinic or managerial setting (Somerville et al., 2015).

Distributive rules: Distributive rules suggest that individuals believe that all are equal when incentives and reprimands are supported by a predetermined criterion (Leventhal, 1976).

Inclusion: Inclusion is a set of social progressions that affect an individual's feeling of belongingness, social support, and access to information (Aysola et al., 2018).

Occupational therapist: Are considered AHPs that delegate and supervise OTAs (AOTA, 2019; BLS, 2019).

Occupational therapy assistant: OTAs are considered AHAs (Pearce & Pagett, 2015). They assist licensed occupational therapists with the provision of therapy-based services to patients (Flynn, 2018).

Organizational justice: OJ formulates employee perceptions of the extent to which the organization treats them equitably (Rodwell & Gulyas, 2015).

Procedural rules: Procedural rules suggests that individuals consider the procedure for which resources are allocated are equal when satisfied by a predetermined criterion (Leventhal, 1976).

Well-being: The existence of positive or negative feelings and attitudes that portray fulfillment with life (Czuba et al., 2019).

Assumptions

There were four overarching assumptions relevant to the study of the lived experiences of OTAs regarding OJ and inclusion. The first assumption was that the investments given by an OTAs to acquire and maintain their professional licensure could increase the likelihood of rich and authentic feedback they provide to this study. This assumption was managed through the recruitment process and the use of the interview protocol. The second assumption was that the OTAs would be willing to participate in this study. To work with this assumption, participants were briefed on the importance of anonymity and the option to exit the study at any time. A third assumption was that all participants would be transparent and honest during their interviews, and not provide safe or socially desirable responses. This assumption was managed through an anonymity briefing. The final assumption was that descriptions provided by the participants would be based on their years of experience and give the information necessary to understanding the phenomenon. The theory of justice judgment was used to design the interview protocol to gain rich descriptions and validate this assumption.

Scope and Delimitations

To limit the scope of this study, delimitations were employed. The first delimitation centered around the selection of participants. The participants were OTAs from various settings within the state of Texas. The next delimitation was that participants were to be licensed to practice in their profession. Licensed OTAs were chosen for this study because they require specialized training to qualify for a license. This investment given by OTAs to get their license could increase the likelihood of rich and authentic feedback provided.

Limitations

Limitations are vulnerabilities in a study that can limit the implications of the research (Marshall & Rossman, 2016). This study has several limitations. The first limitation was derived from the relatively small sample of participants. In qualitative studies, a small sample size can limit the types of data analysis performed (Ravitch & Carl, 2015). To further enhance the validity of this study, a purposive recruitment method was used. This study is not generalizable because all OTA participants were from the state of Texas. The spirit of this qualitative research is to yield experiences transferrable to some settings, but not all. In qualitative research, the investigator is a crucial instrument for data compilation and exploration (Ajagbe et al., 2015). A limitation could potentially occur from researcher bias through the insertion of their personal feelings. This bias was limited by reflexivity (Ravitch & Carl, 2015). Reflexivity is when any researcher is hypervigilant in their position to not hamper the validity of the findings (Morse, 2015). Objectivity and use of a journal by the researcher can encourage validity.

Significance

This study is significant because it focused on a gap in the literature by exploring the lived experiences of underrepresented workers relating to OJ and inclusion. Understanding justice and employee well-being from the employee's perspective has the potential to improve management practices (Le et al., 2016). From a research standpoint, the insufficient research on underrepresented workers limits knowledge of the efficacy of treatment across this population (Erves et al., 2017). Furthermore, research has suggested that the lack of research on underrepresented workers (i.e., AHAs) increases their susceptibility to poor outcomes in healthcare (Erves et al., 2017). OJ and inclusion are significant factors contributing to employee welfare, work performance, and commitment (Le, Jiang, et al., 2018).

The intent of this study is not only to add to the literature but to bring forth awareness and the need for change. By informing policymakers and employers, the findings of this study may contribute to improvements in distributive and procedural justice practices. Work environments that foster healthy collaborations through inclusive atmospheres (Kontoghiorghes, 2016) will facilitate committed employees (Mashi, 2018). Implications for social change include employers' acknowledgment of their current just and inclusionary practices, initiate healthier work behaviors, improve employee well-being, and job commitment to reduce employee turnover.

Summary

In search of understanding the lived experiences regarding the constructs of OJ and inclusion, I employed a qualitative phenomenological approach. AHAs contribute

substantially to the healthcare industry (Kroezen et al., 2018; Metcalf et al., 2015; Mickan et al., 2018; Pearce & Pagett, 2015) and for reasons such as this, a finite amount of attention and support should be given to the well-being of these professionals. Various outcomes (i.e., job-related stress, satisfaction, trust, burnout, commitment) of well-being have been addressed in the literature and are further discussed in Chapter 2. This research into AHAs was grounded in the justice judgment theory to allow for a constructive multidimensional investigation into the role that OJ and inclusion perceptions play on a worker's well-being. This level of understanding is necessary for the potential benefits it could provide with enhancing management practices. Chapter 1 of this research study introduced the problem statement and provided a background of the OTA population.

This chapter also provided the purpose of this research. A list of research questions was included, followed by the theoretical framework and nature of the study. Definitions, assumptions, scope, and delimitations were also presented. Chapter 2 highlights former research studies that offer awareness into the implication of OJ and inclusion and reviews the considerations of peer-reviewed studies concerning employees and their experiences of OJ and inclusion. The next chapter also focuses on the theoretical foundation and provides a rationale for the theory that applied to preceding research studies.

Chapter 2: Literature Review

The purpose of this qualitative study is to explore the implications of OJ and inclusion on the experiences of AHAs by studying OTAs as they will represent the AHA population. Chapter 2 contains a discussion of the literature on the justice judgment theory. This chapter also includes the search strategy for the empirical literature, followed by an overview of the pertinent literature on OJ and inclusion with persons from a variety of health care settings. Chapter 2 concludes with a summary of key points in the literature review.

The literature review in Chapter 2 analyzes the implications of OJ and inclusion on the research questions in Chapter 1. Although the literature is abundant in the areas of OJ and inclusion, no published research was found on the perceptions of AHAs on these constructs in the United States. Much of the current literature concerning AHAs has focused on their educational needs, workforce outcome, roles, and competency (Boop et al., 2017; Clark & Kingsley, 2020; Johnson et al., 2019; Mickan et al., 2018; Nardella et al., 2018; Pearce & Pagett, 2015; Snowdon, et al., 2020; Umbarger, 2016).

Literature Search Strategy

For the literature review, I used the following library databases and search engines: Walden University Library, ProQuest Health & Medical Complete, ProQuest Nursing & Allied Health Source, ProQuest Science Journals, ProQuest Central, OVID, PubMed, PubMed Central, THOREAU: Academic Search Complete, SAGE Journals, OVID, PsycINFO, Medline with Full Text, PsycARTICLES, Health and Psychosocial Instruments (HaPI), ERIC, and Emerald Management. The websites of the U.S.

Department of Health and Human Services, BLS, and Allied Health Association were used for additional information. Search terms and a combination of these terms used to conduct the inquiry included *distributive justice, procedural justice, inclusion OJ, employee outcomes, work outcomes, psychological distress, job satisfaction, work demands, social support, well-being, ostracism, burnout, inclusion, turnover, stress, job neglect, organizational commitment, support workers, occupational therapy, occupational therapy assistants, allied health assistants, allied health professionals, and justice judgment theory*. Books were obtained related to this study with the key terms *procedural and distributive justice* and *industrial and organizational psychology*. The search strategy included articles published from 2015 to 2020.

AHPs

An AHP is a worker who provides services to individuals that have sustained an injury or have been diagnosed with a disability (Anderson & Oakman, 2016). Several groups of occupational specialties are categorized as AHPs (Anderson & Oakman, 2016). The specialty jobs that typically fall within the parameters of AHP include radiographers, physical therapists, physical therapy assistants, speech-language pathologists, speech therapy assistants, occupational therapists, OTAs, psychologists, dietitians, and recreation therapists (Anderson & Oakman, 2016; Lizarondo et al., 2016; Skinner et al., 2015; Somerville et al., 2015). AHPs can work in various settings and are subsequently subordinate to medical doctors because a patient's treatment plan is controlled by the physician (Rodwell & Gulyas, 2015; Somerville et al., 2015). The role and relationship

present between an AHP and a physician might hamper the authority of the AHP (Rodwell & Gulyas, 2015).

Assistants to the AHP are AHAs. The disciplines categorized as AHAs include physical therapy assistants, OTAs, and speech therapy assistants (Pearce & Pagett, 2015). As AHPs can fill a variety of roles, so can their counterparts (Mickan et al., 2018; Somerville et al., 2015); however, an AHAs level of authority is far less (Czuba et al., 2019). The literature has revealed that AHAs are invaluable for their role within a multidisciplinary team even though they are not being used to their full capacity (Pearce & Pagett, 2015; Somerville et al., 2015). The intent of this study is to shed light on the well-being of AHAs through studying the lived experiences of OTAs concerning OJ and inclusion using the theory of justice judgment.

The OTA is considered a support worker to the AHP, the registered occupational therapist (OTR), in their field (BLS, 2019; Flynn, 2018). The OTR will delegate tasks such as workload to the OTA (AOTA, 2019; BLS, 2019; ECPTOTE, 2019; Flynn, 2018; Somerville et al., 2015). With OTR supervision, OTAs carry the responsibility of providing treatment sessions—guided by the patients' care plan—to patients on their workload (AOTA, 2019; ECPTOTE, 2019). Occupational therapy (OT) specializes in the treatment of temporary or continuing motor function deficits induced by muscular-skeletal, cerebral, psychological, or emotional issues (Flynn, 2018), with the overall objective being to improve patient quality of life through the restoration of optimal daily function (AOTA, 2019). For example, an OTA will use their skillset to assist an elderly

patient with becoming as independent as possible with the development of their self-care skills (i.e., bathing, dressing, grooming) while providing emotional counseling.

Theoretical Framework

Leventhal's (1976) justice judgment theory has been included in recent studies (Cloutier et al., 2015; Đorđević et al., 2019; Franklin et al., 2019; Jasso, 2015; Le et al., 2016; Lilly, 2017; Miles & Naumann, 2016; Pan et al., 2018; Sahni et al., 2018) and is used to guide this study. According to Leventhal's theory, an individual's belief that compensations or measures of correction are allocated in line with the recipients' contributions (Leventhal, 1976). The theory assumes that an individual's perceptions are based on several dimensions. Leventhal expressed the need for a multidimensional approach to be employed when researching reciprocal relationships. The justice judgment theory was suggested as an alternative approach to Adam's equity theory (Bayarçelik & Findikli, 2016; Pan et al., 2018) as Leventhal believed that Adam's theory was one dimensional. Leventhal also suggested that two justice rules, distributional and procedural, be considered in relation to an individual's position at work. Justice rules were defined as an individual's feeling that the procedures that underlie distribution are fair (Leventhal, 1976). The two justice rules offered by Leventhal are further explained.

Distribution Rules

The decision to make allocations is based on the rules of distribution. Under the distribution rule, the assumption is that most people believe that all are equal and just when rewards, punishments, or resources are aligned with established criteria and

allocated (Leventhal, 1976). Justice judgment theory assumes that there are four stages that an individual uses to evaluate rewards and punishments:

- *Weighting*: An individual decides the distributive rule is most applicable in this stage of the sequence. The rules are assigned weights given their significance. For example, the higher the importance the heavier the weight, thus having more influence on an individual's perception of equality.
- *Preliminary estimation*: At this stage, the degree and kind of outcomes that recipients receive are estimated and centered around each rule that applies.
- *Combination*: several estimates are assigned at one time to assist an individual with deciding on a recipients' worthiness.
- *Outcome evaluation*: At this stage, an assessment is conducted by the individual to analyze the equality of the recipient's outcomes. The previous stages of the justice judgment sequence allowed an approximation of what the recipients might receive; however, at this stage, the determination is made as to whether what was allocated was equivalent to their output.

Procedural Rules

This rule suggests that people mostly believe that the procedures for allocation which fulfill certain standards are equal and just (Leventhal, 1976). How a person processes the information concerning the episodes before the distribution and the evaluation of these episodes is significant because various rules were applied. Procedural rules consist of six specified criteria for which allocation procedures must be met to be identified as fair:

- *Consistency rule*: This rule determines that allocative procedures should be constant for all persons over time. Breach of this rule could lead to the belief of inequality in procedures by individuals. Under this rule, because everyone is treated fairly, no one receives special treatment.
- *Bias suppression rule*: According to this rule, arrogance and narrow-mindedness should be avoided. Under this rule, a person is prone to believe that fairness in procedures is in violation when there is limitless arrogance to authoritarian views. The bias suppression rule dictates that a single individual should not serve as judge and jury of their event.
- *Accuracy rule*: This rule commands that a fair, allocative process occurs with an informed decision. Under this rule, the information gathered must be free from errors. A violation of this rule occurs if erroneous information is used for evaluation.
- *Correctability rule*: According to this rule, leniency must be provided to allow amendments at different points in the process of allocation. The degree to which a decision is perceived as fair is positively influenced by the existence of leniency in the process.
- *Representativeness rule*: To fulfill this rule, an individual's judgment of fairness in the procedural process is contingent upon all stages of the allocative process must be represented by a subsection of the population to provide an accurate reflection of their standards and apprehensions.

- *Ethicality Rule*: For this rule, an individual's decisions of fairness in the procedures might be based on whether the allocative methods are consistent with their ethical values. If the procedures of allocation are incompatible with an individual's ethical values, their level of fairness that is perceived with decrease.

Although Leventhal's (1976) justice judgment theory has been recognized and supported by numerous researchers (Cloutier et al., 2015; Franklin et al., 2019; Jasso, 2015; Le et al., 2016; Miles & Naumann, 2016; Pan et al., 2018; Shin & Sohn, 2015; Swalhi et al., 2017), few current studies have used the theory as a framework (Franklin et al., 2019). No recent published literature was uncovered that used the theory in the same context as that of this research study. One published study was discovered but was out of the parameters of the literature search strategy with 2002 as the year of publication.

A review of the most recent literature provides additional insight into how the justice judgment theory has been applied in past research. This theory was used to ground a study by Franklin et al. (2019) to examine the connection between interpersonal justice and employee commitment among telecommunication employees. Cross-sectional in nature, this study showed a connection between commitment and relational justice (Franklin et al., 2019). If employees perceive their interpersonal treatment as fair, they will have favorable perceptions of overall justice even in times when results are adverse. Franklin et al. found that workers with healthy interpersonal relationships also had positive perceptions of OJ even during undesirable outcomes.

My research questions are guided by justice judgment theory (Leventhal, 1976). The purpose using Leventhal's theory in this study is three-fold: (a) inform the research questions, (b) assist with obtaining a clearer understanding of the stages an individual employs when information is received (a cognitive component), (c) provide guidance as to how an individual's perception is developed. Three research questions were developed using the justice judgment theory to explore therapy assistants' perceptions of fairness. Additionally, two of the research questions were related to OJ, specifically, procedural justice and distributive justice. Leventhal's theory also provided direction in the construction of this study's interview questions by facilitating that each justice rule (i.e., distributional rules, procedural rules) contain six interview questions.

Literature Review of Key Variables

In this section, I present a literature review of variables that are relevant to this study. The review includes literature published between 2015 to 2020, arranged in an order that is the most logical to cover study constructs (i.e., OJ components [distributive & procedural] and inclusion). This review is followed by a synthesis and an explanation of relevance to this study.

OJ Components

Distributive Justice

Distributive justice is the perception of equality in the distribution of resources (i.e., pay, promotion, services; Cloutier et al., 2015; Gomberg, 2016; Ryan & Wessel, 2015; Schminke et al., 2015; Shin & Sohn, 2015). The literature revealed OJ and inclusion to be predictors of well-being. Although the construct of well-being is included

in this literature review to provide further context, it was not considered in the scope of this study. A review of the literature illustrated that researchers have connected distributive justice to well-being (Cloutier et al., 2015; Rodwell & Gulyas, 2015), job contentment (Shin & Sohn, 2015), and work outcomes (Schminke et al., 2015).

In an exploratory study of 403 Korean participants from 23 various organizations, researchers Shin and Sohn (2015) sought to understand the implications of socially comparative behavior on perceptions of distributive justice and job satisfaction. To select participants, Shin and Sohn used gender and age as part of their demographic criteria. The researchers translated a paper survey package to accommodate the Korean dialect followed by the administration of it to each respondent. Shin and Sohn's study revealed attitudes of distrust and a need to be better than others tend to encourage an individual to find corresponding details in the other person. Simply put, people tend to relate themselves to others when they believe they have commonalities. For example, in identifying a high-functioning co-worker, an employee might believe they may be privy to similarly favorable treatment (i.e., distributive justice). Societal comparisons, according to Shin and Sohn, were found to be influential in perceptions of distributive justice.

Distributive justice and procedural justice were paired in another exploratory study of the association between OJ and an employee's positive or negative organizational behavior (Pan et al., 2018). The researchers chose to use two participant groups for a total of 5,313 manufacturing employees in China to randomly sample. Pan et al.'s (2018) initial group contained 2,566 workers that completed a paper survey

assessing the variables: OJ and organizational behavior. The second group included 2,747 workers that participated in a situation-based experiment involving the analysis of a situational story. Perceptions of distributive justice, procedural justice, and positive organizational behavior were measured, and Pan et al. found a major implication of distributive and procedural justice on behavior. In particular, distributive justice was shown to be more favorable in negative behavior than that of procedural justice which was linked to positive behavior. For example, the distribution of resources could potentially have a negative implication on an employee's behavior within an organization if their attitude behind the distribution is unfavorable.

Employees from an automotive dealership in Pakistan were participants in another study that focused on distributive justice, specifically on investigating the antecedents of an employee's positive organizational behavior and the influence of unfavorable supervision (Khan, 2019). Khan (2019) used convenience sampling to select participants and a time lag technique to collect data. Data were collected from the structured questionnaires completed by 382 respondents, revealing that a malevolent leadership has a substantial effect on distributive justice. The researchers also found that distributive justice was the mediating factor between malevolent leadership and a worker's voice. Furthermore, it was found that abusive behavior from leadership is a stressor that diminishes the feeling of equality for a worker in the practices of distribution.

Feelings of equality regarding OJ have been associated with various work outcomes in the literature. For instance, Kaya et al. (2016) used questionnaires to examine how fairness perceptions implicate leaving intentions in a convenience sample

of 259 employees from various companies in Turkey. Results of this Kaya et al.'s study indicated that views of procedural justice have a considerable association with leaving intentions. Thereby, an employee that views procedures of allocation to be unfair might have increased feelings to leave the organization.

A study of 237 randomly sampled manufacture leaders and subordinates in India by Biswas and Kapil (2017), used trust in the organization as a mediator to work outcomes. The purpose of the study was to determine the role that trust plays in an organization in relation to OJ (i.e., procedural, distribution, interactional justice) and support for the organization. Biswas and Kapil found, the information collected from questionnaires, that support for the organization was positively linked to job performance versus OJ which showed no connection. Simply put, support for the organization shows in a worker's job performance when leaders interact regularly to meet their needs.

OJ literature produced on member-leader interaction has acknowledged its positive influences on job performance (Wang et al., 2017). For instance, a study by Wang et al. (2017) revealed that high perceptions of OJ in female workers positively affects job commitment and performance. In New Zealand, 118 frontline hospitality workers participated in a self-administered study which explored the influence of member-leader interaction on leaving intentions and job commitment. Distributive, procedural, interactional, and informational justice were the specific organizational components chosen as mediators of work outcomes. Wang et al. found that positive member-leader interactions decrease leaving intentions. Additionally, the researchers found that gender played a moderating role in the relationship between member-leader

interaction, OJ, and work commitment. Female workers viewed interaction with leaders differently than male workers, thus altering their perceptions of organizational commitment and equality. Male workers who showed positive connections to the member–leader interaction, OJ, and work commitment were more affected by social norms.

Procedural Justice

Procedural justice refers to an individual’s perception of equality as it pertains to the organizational outcomes and decision-making processes (Haghighinezhad et al., 2019; Lilly & Wipawayangkool, 2018; Rodwell & Gulyas, 2015; Ryan & Wessel, 2015; Schminke et al., 2015). An important dimension in the member–leader interaction, procedural justice perceptions, was suggested in the literature to influence the well-being of workers. According to Schminke et al. (2015), procedural justice has shown associations with ethical principles, collaboration, and well-being (Cloutier et al., 2015). Empowering workers with a voice in the decision-making process could boost well-being (Lilly & Wipawayangkool, 2018; Ryan & Wessel, 2015), and job commitment (Kim & Park, 2017).

Adding to the OJ literature, Schminke et al. (2015) proposed a construct of cohesive perceptions of equality at work. The overarching goal of this study was to encourage additional conversation on cohesive ethical values and perceptions of justice to understand how they might connect to social justice. Surveys were completed by 652 United States workers from various settings. Variables pertinent to justice perceptions and cohesive values were considered, which revealed that a positive correlation between

them to be present. Schminke et al.'s results also suggest that when each member of a team cohesively merges their values, the perception of equality in procedures might elicit more positivity. An effective cohesive collaboration of group members not only promotes positive procedural justice perceptions but also a healthier well-being. Practical application of the results implies that when group interaction and cohesion are exercised, an organization may have healthy and content employees.

Within the context of law enforcement, OJ has been applied to bring awareness of unfavorable conduct, job performance, job-related stress, and job commitment levels (Patten et al., 2015). For example, 229 United States law enforcement employees participated in a three-component survey that employed measures specific to OJ (i.e., procedural, interactional, distributive). Out of the three OJ components variables used, procedural justice showed to be the most influential in the level of commitment given by an employee.

Similarly, findings from an explanatory study by Herminingsih (2017) revealed that procedural justice perceptions had a substantial implication on leadership trust and job contentment. The researchers study explored implications of OJ (i.e., distributive, procedural, interactional) and trust in leadership on engagement and contentment. Herminingsih found that within the data collected from questionnaires of 150 Indonesian workers, there was an appositive correlation between contentment and commitment. Fairness perceptions tend to increase employee contentment thereby also increasing their level of commitment.

Findings from a study by Wolfe et al. (2018) showed a significant association between member-leader interactions and procedural justice. The researcher's examined the association between leadership temperance and their motivation to effectively enforce fair practices. Questionnaires completed by 211 United States law enforcement leaders were analyzed to reveal the significance of member-leader interactions in the presentation of leadership temperance and support of fair practices. Simply put, relations between members and their leaders are influential to a member's perceptions of procedural justice.

Perceptions of procedural justice and job-related stress were considered in a study by Cloutier et al. (2015). Job-related stress in the context of OJ (i.e., distributive, procedural) was the primary focus of the study. Cloutier et al. enlisted the participation of 659 Canadian telemarketers to complete an online survey. The researchers found that the results coincided with previous research suggesting that perceptions of OJ might affect an individual's well-being. Cloutier et al. also concluded that an individual's well-being was more affected by perceptions of procedural justice than that of other OJ components. Perceptions of procedural justice have a direct effect on the well-being of workers; revealing that workers assign heavier weights to procedures.

A study to explore the association between procedural justice and trust in law enforcement leadership was conducted by Haas et al. (2015). Specifically, to what degree does fair decision-making relate to trust in leadership? Approximately, 536 Argentinian law enforcement officers were enlisted to complete an online survey. Upon the completion of an analytical method, data showed no evidence that trust in leadership was correlated with procedural justice perceptions. Support for the organization by

subordinates was also identified by Haas et al.'s study was most likely to occur when there are opportunities for the empowerment of one's voice. The researchers further suggest that member–leader interaction is significant in the cultivation of fair procedural practices.

Economically, according to Rineer et al. (2017), the burden for work-related health issues is \$58 million in the United States a year. Rineer et al.'s study of construction staff revealed a substantial relationship between procedural justice and well-being. Skewed views concerning allocation processes could implicate health. An assessment of each participant's vitals revealed that increased levels of OJ (i.e., procedural justice) and the belief that they are supported, contributed to a reduction in heart palpitations and blood pressure (Rineer et al., 2017). Another point of view advanced by Cloutier et al. (2015), in their study on OJ and mental distress in Canadian telemarketers showed perceptions of OJ (i.e., procedural, distributive justice) had minimal implication on stress.

OJ (i.e., procedural and interactional) and well-being have been the subject of a study by Cassar and Buttigieg (2015) of 620 automotive industry workers. Using variables such as OJ (i.e., procedural, distributive, and interactional), mental contract, and well-being, a quantitative exploration study was conducted to understand their association with each other. Findings revealed breach and interactional justice to be predictors of well-being. Cassar and Buttigieg's findings also suggest that even if there is no breach, OJ (i.e., interactional and procedural) still had a substantial relationship to well-being. For instance, a worker that has fair perceptions of organizational procedures

and interactions might have a healthy level of well-being, even in the absence of a mental contract breach. Conversely, if a worker perceives a breach has occurred and they also have negative perceptions of interactional justice, their well-being might be adversely implicated.

Mental breach and well-being were the topics of another study by Rodwell and Gulyas (2015) of 113 Australian allied health workers. To examine the implication of OJ and breach on well-being and commitment, Rodwell and Gulyas applied variables similar to the study by Cassar and Buttigieg (2015). Comparatively, the variables used included well-being, breach, and OJ (i.e., distributive, procedural), and Rodwell and Gulyas also included stress and two additional components of OJ (i.e., interpersonal, informational) that Cassar and Buttigieg excluded in their study. This quantitative study revealed that distributive justice and a breach of the mental contract influential on well-being. Rodwell and Gulyas also found well-being to be influenced by procedural and breach perceptions. Procedural and distributive justice, specifically, were found to be positively influential on perceptions and well-being (Rodwell & Gulyas, 2015).

Researchers Proost et al. (2015) discovered that OJ perceptions can be important in explaining the mental health of employees. Proost et al. used a cross-sectional study to research mental health of 197 nursing home employees in the Netherlands. The researchers used the components of OJ (i.e., procedural, interpersonal, informational justice) as defenses against work-related stress. Proost et al. suggest that workers benefit from OJ to manage the demands of work. Participants were recruited through letters from the researchers. Proost et al. employed Likert-type surveys to be completed manually to

measure variables such as job satisfaction, turnover intentions, well-being, and OJ.

Findings, following a hierarchical regression analysis, revealed that the three components of OJ measured were preconditions for managing well-being and job satisfaction.

To continue the research on OJ, Johnston et al. (2016) suggested that an important subjective concept that aids in maintaining a person's well-being is the belief that a fair world is a world in which an individual receives what is earned. The recruited random sample of 2,956 Swiss employees in various general settings to participate in a two-wave survey which measured perceptions of OJ (i.e., distributive, procedural, interpersonal), well-being, work stress, and satisfaction on the job. Johnson et al. found that views regarding justice to be drivers of OJ and are impactful to an individual's well-being.

For forty years, justice researchers have merged organizational outcomes with fairness perceptions. As stated earlier, specific OJ components such as distributive, procedural justice, interactional, and informational justice have generally been used in the research. Although researchers employed theories such as social exchange, OJ, equity, and allocation of resources to their study of a combination of the four organizational components, the most prominent findings showed distributive justice to be the most significant in terms of the implication on work outcomes (Biswas & Kapil, 2017; Ghosh et al., 2017; Kaya et al., 2016; Pan et al., 2018; Wang et al., 2017) and procedural was shown to be most significant in terms of the implication on well-being and commitment (Biswas and Kipal, 2017; Cloutier et al., 2015; Haas et al., 2015; Herminingsih, 2017; Wolf et al., 2018). Most of the procedural justice research is cross-sectional and revealed

procedural justice to be foundational to effective social exchange relationships (Cloutier et al., 2015; Swalhi et al., 2017).

Contextually, justice research studies have been conducted at many occupational locations (i.e., banking, retail, construction, consulting, manufacturing, frontline hospitality) with no current published studies including AHPs found. Minimal justice research within the last five years took place in the United States, and most of the literature found was conducted in countries outside of the United States such as India, Turkey, New Zealand, and China. A large majority of the research related to justice perceptions used a quantitative approach with statistical analysis. An aspect of this study that was weighed is the relationship between procedural justice and trust in leadership, as it will assist me with understanding the rapport between the participants and their leaders. While the abovementioned studies on justice perceptions are informative to me, they are not free of constraints which include their choice of methodological approaches, locations, and samples. Some of the methods chosen by researchers included Likert-type paper surveys, situational experimentation, cross-sectional survey design, random sampling approach, and large participant pools with a statistical analysis performed.

Inclusion

Diversity within the United States is anticipated to grow in such a way that by 2030, one out of five citizens will be over 65 and by 2044, and greater than 50% of all citizens will be a part of another cultural group (Colby & Ortman, 2015). As diversity continues to increase in the workplace (Brimhall et al., 2017) organizational leaders are challenged with assuring that all employees collectively experience fairness and

appreciation (Mor Barak et al., 2016). Inclusion and diversity are close in their relation as diversity is a primary aspect of a culture that displays inclusivity (Tang et al., 2015). Management of diversity to inclusivity implies that a realization has occurred among organizations that their current diversity practices are not beneficial to everyone (Tang et al., 2015). Researchers have noted the full manifestation of benefits from diversification will only occur when employees can be heard (Mor Barak et al., 2016; Walker et al., 2019). Organizations have the opportunity to produce successful and inclusive environments. According to, Mor Barak et al. (2016) and Shore et al. (2018), the goal of many organizations is to employ and sustain an inclusive and effective climate.

The subject of inclusion has been significant in recent research studies (Brimhall et al., 2017; Tang et al., 2015; Walker et al., 2019). Many studies have suggested that inclusion is a practice that accepts and respects the unity of perceptions by employees and the degree to which an employee's workplace helps each employee feel important (Mor Barak et al., 2016; Shore et al., 2018). An employee experiencing the feeling of being a valued member within an organization has to do with the inclusion practiced (Shore et al., 2018).

A review of the literature illustrates that favorable outcomes occur from the establishment of inclusivity within a diversified workplace (Brimhall et al., 2017; Jaiswal & Dyaram, 2019; Mousa, 2019; Shore et al., 2018; Tang et al., 2015). Identified within the literature, favorable outcomes include job contentment, work engagement, and well-being (Brimhall et al., 2017; Downey et al., 2015; Mor Barak et al., 2016). Attention to individual work outcomes is necessary to understand the conditions under which

diversity produces positive outcomes; therefore, additional research has been dedicated to scholars seeking to gain an understanding of individual work outcomes included in a diversified team (Walker et al., 2019).

Scholars have demonstrated interest in inclusion from a variety of different contexts (Brimhall et al., 2017; Hvidtfeldt et al., 2017; Jaiswal & Dyaram, 2019; Tang et al., 2015; Walker et al., 2019). For example, to understand the evolution of inclusivity over time, Brimhall et al. (2017) conducted a longitudinal study. Information was gathered from 360 diversified welfare services workers in the United States. Brimhall et al. focused their study on the relationship between leadership, employee, and inclusion. An analysis of the questionnaires revealed that leaders who invest time and money into creating meaningful interactions (i.e., inclusion) with their employees will benefit from an increase in equality perceptions. Brimhall et al. also found that benefits will continue to manifest in the employee's rate of retention, job contentment, and emotional well-being. Findings from this study reveal a call to action for employers to understand that by investing in the employees, the employees will invest in the organization.

Earlier within this literature review on inclusion, China was a context in which the concepts of inclusion and well-being have been explored. According to Tang et al. (2015), diversity awareness in the context of another country is significant as organizations aspire to create valuable procedures to have a more effective inclusive culture. Tang et al. chose a qualitative approach to gain a better understanding of inclusion perceptions at the organization and individual levels. As part of their study, Tang et al. enlisted the theory of optimal distinctiveness to create open-ended research

questions. Obtaining information through 30 60-minute recorded interviews from 54 Chinese employees from various companies and positions; findings revealed that notions of inclusion varied across the different positions within the organization. The researchers ultimately discovered that a manager's perceptions of inclusion do not necessarily coincide with that of their subordinate. Another key finding revealed that most of the interviewees mentioned that tolerance for errors of others as their definition of inclusion. The stress that was placed on seeking tolerance for another's errors reflects the societal well-being emphasized by the Chinese culture according to Tang et al. The improved rapport between leaders and their subordinates is important to understanding inclusion at different levels. With a new awareness of inclusion, organizations will have a greater opportunity to enhance their management of inclusion for healthy well-being overall.

The concept of values, shared among employees, has also been the attention of some OJ scholars. For example, health care workers in Denmark participated in a multi-step study by Hvidtfeldt et al. (2017) to explore their well-being of inclusive values in the workplace. To continuously monitor the health of employees, data were collected through assessments to identify any potential inclusive matters. A sample of 73,614 health care employees participated in a "well-being in hospital employees (WHALE)" two-wave study (p. 1758). Hvidtfeldt et al. used two studies, one for a baseline and a questionnaire for the second as well as variables such as justice, trust, and teamwork to gain an overall perspective of relations throughout hierarchical levels. Hvidtfeldt et al.'s findings revealed that senior workers and women to be favorable with demonstrating collective values with no significant difference between full and part-time workers. The researchers

also found that the inclusion of values to be greater in leaders and women amid the organization, thus positively influencing well-being.

A study to explore the degree to which ethnicity affects views on inclusivity (i.e., communication, job satisfaction, work relationships, work outcomes) when working within racially diverse groups (Walker et al., 2019). Walker et al. sampled 160 diverse undergraduate students in the United States through an online questionnaire. Results of this study indicated that the degree to which an individual feels a part of a group might be implicated by ethnicity and that ethnic groups do not encounter inclusion in the same manner. Walker et al. further found African Americans were less likely to engage in diversified group activities versus Hispanics, Asians, and Caucasians, adversely affecting their well-being.

OJ, well-being, and the process of decision-making was the attention of Lilly and Wipawayangkool's (2018) study. Lilly and Wipawayangkool used the "appraisal theory of stress" to guide their study (p. 683). The "appraisal theory of stress" suggests that a person makes an assessment first to determine the extent to which an incident will negatively implicate their well-being (Lilly & Wipawayangkool, 2018, p. 683). To investigate the well-being, OJ perceptions, and decision-making processes among 150 college students in the United States, Lilly and Wipawayangkool used an experimental design to evoke group identification type emotions. The researchers gathered information from questionnaires and board games, revealing that OJ (i.e., procedural) perceptions have no relation to egocentric behaviors. Lilly and Wipawayangkool's results suggested that when identifying with a group, a person with an inferior complex might respond

unfavorably to an unfavorable outcome decided upon through fair practices. Perceptions of certain external factors can bring forth feelings of stress. The overarching goal of this study was to explore the effects on a person's well-being when placed in a group decision-making situation.

Health care workers were included in another study conducted in the United States to understand the views associated with an inclusive work setting (Aysola et al., 2018). With a sample of 315 diversified health care workers from various medical facilities within the United States, Aysola et al. employed a phenomenological approach. From the descriptive analysis, several themes emerged which revealed that unfair expectations and exclusion practices of women and minorities can have negative implications. Expectations of work that are perceived to be unfair amongst underrepresented employees could prove to be harmful to their well-being. Aysola et al.'s results revealed that inclusion perceptions harmed promotions for the individuals that had typically flourished in the organization. A practical application from this study dictates that an analysis of leadership is warranted to ensure equality is being exercised. A review of organizational inclusion procedures should be conducted to also ensure that an all-inclusive environment is effectively being practiced.

Demographic diversity and job-relation are concepts added to the recent literature on inclusion by Jaiswal and Dyaram (2019). To investigate how well-being is implicated by perceptions influenced by demographic diversity and how their association is mediated by inclusion, Jaiswal and Dyaram surveyed 248 workers from sizable organizations in India. Inclusion was shown to provide substantial mediation between

demographically influenced perceptions and well-being. No mediation from inclusion was found between well-being and job-related perceptions. Jaiswal and Dyaram found that demographically influenced perceptions showed to negatively implicate well-being while job-related perceptions had a more positive influence. Although, there did not appear to be any intervention from inclusion on the relationship between well-being and job-related perceptions; essentially, perceptions created from diversity within an organization (i.e., job-related perceptions) proved to have a greater influence on well-being.

Extending the inclusion literature that addresses egocentric behavior, Brimhall and Saastamoinen (2020) investigated existential resources that might assist with the increase in inclusive practices with diversified organizations. In the United States, 213 health care workers completed a survey that examined themes among individuals who felt included within the workplace. Following a binomial regression, Brimhall and Saastamoinen's results revealed that an organization may have workers who have similar attributes and might feel excluded at work. In particular, there is a likelihood that ethnic groups except Caucasians are more likely to feel excluded adversely affecting well-being.

Various theories (i.e., social exchange, equity, appraisal of stress, fairness) were employed by researchers to ground their study. The majority of the studies conducted also used a quantitative approach, a cross-sectional design, and Likert-type questionnaires. Very few published qualitative justice studies within the last five years were found. The methods used by qualitative researchers included data saturation, 60-minute interviews, narrative analysis, and coding. Overall, the literature reviewed

provided a logical reference for this qualitative phenomenological study, which examined the experiences of AHPs.

Summary and Conclusions

This review of the literature brought forth a few constraints. Many of the studies presented in this review used either a cross-sectional design (Cloutier et al., 2015; Franklin et al., 2019; Swalhi et al., 2017) or one that was experimental design (Czuba et al., 2019; Lilly & Wipawayangkool, 2018; Pan et al., 2018). Using a design that is cross-sectional requires that a population be studied in its entirety to create data that are useful; however, studying a large sample could potentially increase the possibility of errors (Kesmodel, 2018). According to Kesmodel (2018), a cross-sectional study design is also challenging to replicate as present settings are required to gather data. An experimental design creates difficulty in certain settings as the ability to control unnecessary variables is hard to do (Barker & Milivojevich, 2016). Researchers Barker and Milivojevich (2016) further reported that difficulty is apparent in the generalizability of an experimental design as groups might not be equivalent. While most of the literature reviewed contained antecedents of OJ (Biswas & Kapil, 2017; Khan, 2019; Proost et al., 2015; Shin & Sohn, 2015; Wang et al., 2017), individual perceptions regarding the antecedents were not the primary focus.

Although some studies took place in the United States (Brimhall et al., 2017; Demo et al., 2015; Lilly & Wipawayangkool, 2018; Mor Barak et al., 2016; Schminke et al., 2015), there is a greater amount of studies related to OJ and inclusion that have been conducted in other countries (Aloisio et al., 2018; Franklin et al., 2019; Ghosh et al.,

2017; Le, Jiang, et al., 2018; Martinez-Inigo & Totterdell, 2016; Pan et al., 2018; Shin & Sohn, 2015; Shkoler & Tziner, 2017). The amount of literature on AHP in the United States is sparse (Kroll et al., 2020) and lacks current published phenomenological research that explored the lived experiences of OTAs under OJ and inclusion constructs.

Chapter 2 restated the problem and purpose. This chapter also provided the literature search strategy by listing library databases, search engines, and key terms used. The next section named and described the theory making up the theoretical framework for this study. In Chapter 3, I explain the methods used for this study. The chapter sections include the research design, rationale, researcher's role, methodology, instrumentation, recruitment procedures, issues of trustworthiness, and ethical procedures.

Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to explore the OTAs' perception of distributive rules in the settings in which they are employed. The study also explored how OTAs perceive the procedural rules in the settings in which they are employed, and how the distributive rules and procedural rules influence organizational their sense of inclusion at their place of employment. The overarching goal of this study was to better understand the lived experiences of AHAs and add to the limited body of literature regarding their work experiences. This chapter presents the research design and rationale, the role of the researcher, methodological approaches, issues of trustworthiness, and a summary.

Research Design and Rationale

To meet the intent of this study, three research questions were proposed for inquiry:

- RQ₁: What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organizations?
- RQ₂: What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?
- RQ₃: What are the perceptions of therapy assistants within the AHP on inclusion within their organizations?

A qualitative approach was chosen for this study. Qualitative designs are generally used to study and understand the meaning individuals assign to a social situation (Creswell, 2009). Researchers who choose to conduct qualitative studies must

be benevolent and purposeful in their recruitment of a suitable approach (Ravitch & Carl, 2015).

A phenomenological approach is significant in research to gain a rich understanding of the nature of an individual's everyday experiences (Creswell, 2009; van Manen, 2015). This approach includes exploring a small number of participants through an extensive appointment to develop profound relationships (Creswell, 2009). This design increased the amount of pertinent information divulged by the therapy assistants. The recollection of an experience reveals how a phenomenon of relevance is acted upon, thus assigning meaning from which the researcher can deduce (Miles et al., 2015).

The rationale for choosing a qualitative phenomenological approach is rooted in its supportable practices in analyzing lived experiences. This traditional approach not only assisted with the development of the research questions that encouraged the additional development of the interview questions, but also aided in the establishment of the framework. The questions were specifically designed to collect data related to work experiences regarding OJ (i.e., distributive and procedural justice) and inclusion. Ravitch and Carl (2015) explained that an individual's experiences are rooted in the contexts that influence their lives, and are therefore subjective and ever-changing.

Researchers' Role

Inductive in its approach, the qualitative method enables the researcher to be a key instrument in collecting and examining data (Rudestam & Newton, 2015). As a therapy assistant currently working as an OTA, I made sure to reduce bias and therefore the study was not conducted at my place of employment or a place that was a part of my

employment history. No personal relationships existed with the participants. My role in the research was to conduct myself in an honorable manner and develop an ethical study. To ensure compliance with the guidelines set forth in the *Belmont Report* on the protection of human rights, three defining principles were enlisted and kept primary: (a) respect for the study participants, (b) concern for their well-being, and (c) fair treatment (see U.S. Department of Health and Human Services, 1979). As an OTA, my objective was to demonstrate accuracy in my approach by following the layout of the interview protocol.

Before interviewing the participants, I became cognizant of my prejudices, viewpoint, assumptions. Reflexivity was applied to handle the biases that arose from my personal experiences. As mentioned previously, reflexivity is the ability of the researcher to become hypervigilant regarding their position as to not hamper the validity of the findings (Morse, 2015; Ravitch & Carl, 2015). I practiced objectivity and annotated my thoughts through journaling throughout this research study. As a fellow OTA, I identified biases and dealt with them accordingly. The objective was neither to indulge nor allow my feelings to manipulate the voices of my participants.

Methodology

Participation Selection

The target population for my research study were AHAs; specifically, OTAs employed in various settings in the state of Texas. To capture experiences and to represent the AHA population, OTAs were selected. Participants were chosen based on their professional title, licensure, and years of field experience. The sample size for this

study included no fewer than 10 OTAs with the flexibility to recruit more participants to meet data saturation. Sample size was based on anticipated coverage of the phenomenon (Patton et al., 2015).

Participants were recruited through the enlistment of my colleagues. A demographic questionnaire was used to identify qualified participants, the following are criteria that have been included in the checklist: (a) AHAs with the title of OTA, (b) current license to practice, (c) at least seven years' experience, (d) employed with current or past employer for at least two years, and (e) currently or previously employed at any of the following: local hospital, school, skilled nursing facility, home health or outpatient clinic. A demographic questionnaire was used to select participants from each of the following settings to achieve equal distribution: hospital, school, skilled nursing facility, home health or outpatient clinic. Each participant received an email recruitment invitation to participate in a semistructured interview. The invitation contained information that explained the intent of the study, their rights as a participant, and what to expect as a participant.

Instrumentation

The data were collected using an interview protocol. Interview questions were developed based on the theoretical framework that I used to guide this study as well as on the literature review (Rudestam & Newton, 2015). The interview questions were designed to elicit enough information to answer the research questions.

Pilot Study Procedure

For this study, I pilot tested the data collection instrument to assess the adequacy of the instrument in gathering the data needed to answer the research questions. Pilot studies play a significant role in qualitative research (Wray et al., 2017). The purpose of the pilot study was to check the viability of the methodology and allow adjustments to be made before the commencement of the study (Gallego-Jiménez et al., 2018). Two participants were recruited based on referrals from work colleagues within the AHP community. I conducted in-depth semistructured 45-minute interviews with two AHAs from radiology and speech therapy and two AHPs from occupational therapy, approximately 45 minutes each. Before the meetings, the participants received a briefing of the study, and informed consent was requested. I also asked the pilot study participants to provide feedback on the semistructured interview guide where they described areas that they felt needed additional attention to obtaining satisfactory feedback.

Procedures for Recruitment, Participation, and Data Collection

The recruitment goal was to select the most qualified participants for this study. Through the process of referral, contact was made by phone and email to send invitations. I contacted no fewer than 10 participants from varied work settings (i.e., skilled nursing facilities, outpatient clinics, hospitals), meeting the criteria based on their professional title, licensure, and years of field experience. The chosen number of participants, according to Patton, should be based on anticipated coverage that provides adequate attention to the phenomenon (Patton et al., 2015).

Interview appointments were scheduled with participants who consented. Before scheduled appointments, participants received an explanatory recruitment email containing the following: (a) intent of the study, (b) their rights as a participant, and (c) their role. I scheduled participant interviews at a location that adhered to the social distance guidelines, away from the participant's place of employment and at a time convenient for them. I contacted all participants by phone one day before the interview to confirm time, location, date, and duration. To conclude the interview, each participant exited the interview following a debriefing with me reiterating the intent of the study, research questions to be answered, and the reasons for a potential future follow-up interview. Debriefing also allowed the participants another opportunity to further express their thoughts. Follow-up interviews would have occurred in the event there were insufficient data gathered to satisfactorily answer this study's research questions.

It was my responsibility in this qualitative research to protect and collect data from the semistructured interviews. Each participant was assigned a pseudonym for their protection. I audio-recorded all interview sessions using a smartphone or through the Zoom platform (<https://zoom.us/>), which was solely accessible to me. These recordings were downloaded and stored on my password-protected computer within 24 hours of the interview. Data collection concluded when saturation was met. Saturation of the data occurs when there is a lack of new information coming forth (Faulkner & Trotter, 2017). This point of saturation further suggests that a researcher can presume with relative confidence that additional data collected would generate analogous results confirming evolving themes (Faulkner & Trotter, 2017).

Strategy for Data Analysis

After transcribing the interviews for analysis, I sent the transcriptions to all members (i.e., participants) to check to ensure that the recordings adequately captured the participants' responses. Member checks are typically performed for credibility and validation. The process of thematic analysis outlined by Braun and Clarke (2006) was the next step upon receipt of validated transcripts. Thematic analysis is unique in that it is useful with any theoretical framework as it is not specific to a certain one (Braun & Clarke, 2006). Typically used for identifying and accounting for themes within data, thematic analysis was chosen as it allows easy interpretation and assists with the development of a succinct depiction of materialized themes (Braun & Clarke, 2006). Thematic analysis is a significant way to report societal experiences. According to Braun and Clarke, a thematic analysis can essentially be used to report experiences or ways in which things are perceived in society.

Braun and Clarke's (2006) six-phase thematic analytical framework includes the following steps: (a) familiarize oneself with the narratives, (b) begin producing initial codes, (c) search for themes and organize codes, (d) review themes to develop a thematic map, (e) examine narratives to describe themes to tell a story, and (f) write up the comprehensive steps of the data analysis process. To become familiar with the descriptive narratives, I documented thoughts and themes while maintaining records of all notes. The next step of creating initial codes included the employment of reflexivity and an audit trail. Thirdly, notes were delineated regarding the procedures of the study and create a diagram to connect themes. Next, I checked the thematic map—the diagram

created in the third step—for adequacy by returning to the initial data. The next step was an extraction of thematic descriptions created from field notes. The final step was to produce a comprehensive written report that included the following: member checks, coding process, rich descriptions, audit trail, theoretical framework, methodology, and rationale for the study. Data were further analyzed using Dedoose qualitative software.

Issues of Trustworthiness

The integrity of a qualitative research study is dependent on the establishment of the following criteria: credibility, transferability, dependability, and confirmability. Saturation should occur before credibility can be established; this transpires when enough people are interviewed so that the themes which emerged are not based on a single person's opinion. Creswell (2009) explained that to increase the quality and trustworthiness of the findings, descriptions rich in context should be used. Creswell and researchers Ravitch and Carl (2015) posited that using rich descriptions allows for credibility, transferability, confirmability, and dependability of the results. Data quality checking was included with reference to qualitative software (viz., Dedoose).

Results of this study may be transferrable to some AHA populations under the same criteria; however, it was not free of limitations due to the small sample size. Rich descriptions were provided for researchers to make connections (Ravitch & Carl, 2015). The results are transferrable to OTAs working in similar settings and under the same criteria used for this study. An advantage to a transferrable research study is that it allows the audiences of the research (i.e., researchers, stakeholders, and participants) to duplicate portions of the study design.

Dependability in a study is about capturing the contextual changes and keeping them consistent. Establishing dependability in a study was another factor of trustworthiness. One way I established dependability was through an audit trail. The audit trail is a clear depiction of the procedures taken in this study from the beginning to the development and of the findings. The audit trail includes researchers field notes, journals, and anything else written to assist with processing and interpreting the data (Morse, 2015).

Confirmability was the fourth strategy in this study's trustworthiness. To prove confirmability, reflexivity was used, the role of any researcher to become hypervigilant regarding their position as to not hamper the validity of the finding (Morse, 2015; Ravitch & Carl, 2015). Objectivity was maintained by using a journal to annotate any personal thoughts or feelings throughout the study.

Ethical Procedures

According to the U.S. Department of Health and Human Services (1979), it is the responsibility of the researcher to assess the procedure of the study to ensure that it is developed properly. The first consideration is the confidentiality and anonymity of the participants. These considerations are an ethical risk for this study; however, I employed several measures to minimize such risks. I verified that the participants were appropriate for the study and that the participants had fairly volunteered and were not coerced (see U.S. Department of Health and Human Services, 1979). Upon receipt of approval (no. 0457947) from the Institutional Review Board at Walden University, each participant was respected and treated autonomously (see U.S. Department of Health and Human

Services, 1979). Following their consent to participate in the study, the participants were provided a pseudonym to protect their identity.

Participants were briefed on their rights, the purpose of the study, their role in the study, time commitment, any potential risks, and plagiarism (see U.S. Department of Health and Human Services, 1979). Participants had the right to know what was expected of them, and that the interviews were audio-recorded using a tape recorder and downloaded to a password-protected computer within 24 hours of the interview. Participants also were informed that their participation was voluntary and that they had the right to withdraw from the study at any time. The time commitment was no less than 60 minutes, but no more than 2 hours for an interview.

Potential risks involve harm and privacy breach; therefore, I took the following measures to mitigate any risk: (a) used pseudonyms in place of names, (b) employed anonymity to maintain privacy, (c) conducted interviews away from participants' place of work, and (d) in the event the semistructured interview caused distress, paused the interviews temporarily to allow the participant to gain composure and for the mental health of the subject to be checked (U.S. Department of Health and Human Services, 1979).

All transcripts were given a distinct identification to ensure privacy. Any information collected from participants to include informed consents, responses from interviews, and all notes were kept on a password-protected computer that only I had access to. Information was transcribed followed by the immediate deletion of audio-recordings.

Summary

Chapter 3 presented a synopsis of the research methodology and the rationale for the specific qualitative design. A qualitative phenomenological design was selected as the method of inquiry to explore the lived experiences of AHAs regarding OJ and inclusion. Phenomenology is substantial in research to gain a rich understanding of the nature of an individual's lived experiences (Creswell, 2009; van Manen, 2015). Included in this chapter were the research questions, the role of the researcher, recruitment procedures, sample population, sample size, strategy for data analysis, ethical considerations, and issues of trustworthiness. In Chapter 4, I explain this study's results. The sections disclosed in the following chapter will include the study's settings, the participant demographics, and the processes used for collection and analysis of the data. The chapter sections will include the research design, rationale, researcher's role, methodology, instrumentation, recruitment procedures, issues of trustworthiness, and ethical procedures. Next, a detailed account of the code development, thematic exploration and analysis will be given followed by the evidence of trustworthiness, results, and the chapters summary.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to explore the lived experiences of OTAs related to OJ and the extent to which they felt included at their workplace. Data were collected through semistructured interviews of OTA participants who worked in various settings throughout the state of Texas. The overarching goal of this study was to acquire a deeper understanding of the lived experiences of AHAs and add to the limited body of literature regarding their work experiences. To meet this goal three research questions were proposed for inquiry:

- RQ₁: What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organizations?
- RQ₂: What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?
- RQ₃: What are the perceptions of therapy assistants within the AHP on inclusion within their organizations?

Within this chapter, I describe the investigative research approach applied, including the settings, demographics, and the data collection process. Upon completing collecting data, a deep familiarization of the information was conducted. This familiarization stage is the first phase of Braun and Clarkes' (2006) six-phase thematic analysis used for this research study and is further discussed in the data analysis section.

I used the web-based qualitative data analytic software Dedoose (<https://www.dedoose.com/>) for data management, to arrange and monitor coded data, and to explore the themes which emerged. Dedoose, upon completing the data entry,

displayed the number of times a code was assigned to a transcript or to a group of transcripts. Code reduction was performed in Dedoose following the analysis the thematic patterns and acknowledge the vast number of codes created. The code reduction required exporting the code application produced by Dedoose to an Excel spreadsheet. The spreadsheet was then analyzed for additional parallels between each participants transcript and the codes to which they were assigned to merge or delete codes with less than four excerpts. Further details on the development of the codes, subthemes, themes, and a general overview of the emergence of some prominent themes are addressed in this chapter. Additionally, I provide more information on Dedoose, the qualitative data analysis software used in the process. Evidence of trustworthiness is presented in a subsection specifically addressing credibility, transferability, dependability, confirmability, followed by this chapter's summary.

Settings

At the time of the interviews, no elements were known that may have hastened participants' responses. Although I currently work as an OTA, no personal relationships existed with any of the participants either at the time of this study or previously. The participants were not associated with any of my work settings, either past or present. All interviews were conducted away from the participants' place of work and in accordance with the guidelines for social distancing through the Zoom platform. Two interviews were interrupted (2 to 5 minutes) due to slow-moving internet; however, these interviews continued without further disruptions. Two more interviews were paused (>4 hours) due to prior obligations set by the participants; these interviews were resumed and completed

within a 24-hour period. For taking part in the study, the participants were compensated with a \$25 gift card.

Demographics

In compliance with the American Psychological Association's (APA, 2017) Ethical Principle Section 4 on confidentiality, I assigned each study participant a pseudonym. A total of 10 individuals consented to participate in this study, and Table 1 presents each participant's demographical description in this study. There was one male participants, who self-identified as Asian–Pacific Islander, as well as two females who self-identified as Hispanic, and seven females who self-identified as White. Each participant held a current Texas Occupational Therapy Assistant License to practice. All participants graduated from an accredited program specific to OTAs. Six participants had less than 15 years of experience, and four participants had 15 years or more of experience as an OTA. All but one of the participants worked in various healthcare settings (i.e., outpatient clinic, nursing home, home health, skilled nursing facility, psychiatric treatment facility pediatric clinic) with a single OTA present within a school setting.

Table 1*Participant Demographics*

Participant	Race	Professional title	Licensure	Experience (Years)	Work setting
P02	White	OTA	Texas	21	Healthcare
P03	Hispanic	OTA	Texas	15	Healthcare
P04	White	OTA	Texas	17	Healthcare
P06	Hispanic	OTA	Texas	9	Healthcare
P07	White	OTA	Texas	14	Healthcare
P08	White	OTA	Texas	13	Healthcare
P10	White	OTA	Texas	9	School
P11	Asian-Pacific Islander	OTA	Texas	25	Healthcare
P12	White	OTA	Texas	9	Healthcare
P13	White	OTA	Texas	9	Healthcare

Note. These results are from a random sampling of 10 people surveyed. OTA = occupational therapy assistant.

Data Collection

The primary data collection method consisted of semistructured interviews with 10 therapy assistants. Prior to conducting the interviews, I sent participants an explanatory recruitment email invitation containing the following: (a) intent of the study, (b) their rights as a participant, and (c) their role prior to the interview being scheduled. Each participant was advised to provide their informed consent through a secure email. The secure email was used as a means to keep the participant information confidential while receiving emails containing the words “I consent.”

Once I received participants’ consent, interview appointments were scheduled. I contacted all participants by phone one day before the interview to confirm time, date, and duration of interviews. The parameters of the interview, such as their rights and my

role as the researcher, were explained to each participant before beginning the process of data collection. Each participant was interviewed once through a recorded Zoom virtual platform session at a location away from their place of work. The appointment times varied throughout a day between the hours of 8:00 am to 5:00 pm at a time that was most convenient and comfortable for the participant. In-depth semistructured interviews lasted between 60 and 180 minutes and all sessions were recorded, downloaded, and transcribed.

The list of participants interviewed included the location, frequency, and duration as seen in Table 2. Participants were asked interview questions such as “Tell me how you felt about being included in the decision-making processes in your workplace” and “Tell me a time you felt empowered to contribute to your company’s success.” These prompts were guided by a set of preformulated interview questions.

Table 2

Details of Unit Collection

Participants	Location	Frequency	Duration	No. of pages
P02	Virtual	1	2:19:14	19
P03	Virtual	1	1:06:12	14
P04	Virtual	1	1:18:10	14
P06	Virtual	1	1:01:17	12
P07	Virtual	1	1:40:17	8
P08	Virtual	1	1:26:34	35
P10	Virtual	1	2:45:04	37
P11	Virtual	1	3:01:47	54
P12	Virtual	1	1:01:02	11
P13	Virtual	1	1:01:51	13

Note. Results are from the semistructured interviews.

Data Analysis

All interviews were recorded with Zoom, a virtual platform, saved to a password-protected computer, and then uploaded and transcribed by Trint (<https://trint.com>), a paid web-based transcription service. Once I received the transcriptions, they were checked for accuracy and edited then sent to each participant for member checking. The member checks are typically performed for credibility and validation purposes in qualitative research (Nowell et al., 2017). During interviews, I applied reflexivity by maintaining a journal of thoughts, feelings, and interesting attributes related to each participant. Analysis of the data began upon receipt of the validated transcripts from participants.

Code Development

To start the data analysis process, I employed Braun and Clarke's (2006) six-phase thematic analytical framework. Familiarization, the first phase of Braun and Clarke's framework, was completed when the exercise of (a) rereading text, (b) highlighting repetitive words or phrases, (c) identifying similarities, and (d) annotating shared experiences were done to the point of data saturation. The familiarization phase made allowed me to become more connected to the text by gaining a deeper understanding. An important step in data analysis, recommended by Alase (2017) to gain a good understanding of the experiences, is to thoroughly read each transcript from the interviews more than once. Through familiarization, I created a chart that delineated the evolution of the initial primary and secondary codes to themes that began to develop.

Theme Exploration and Code Reduction

Theme exploration and code reduction were concurrent. However, prior to exploring the emerged themes, the data were organized using the web-based qualitative software Dedoose. Once data coding was completed, Dedoose enabled me to view how often a code was assigned to a transcript or to a group of transcripts. Dedoose also facilitated the opportunity to analyze the thematic patterns and acknowledge the vast number of codes created, which warranted a code reduction. To perform the code reduction, the Dedoose code application was exported to an Excel spreadsheet to look for more parallels between each participant's transcript and the codes to which they were assigned. During this phase, codes with less than four excerpts were merged or deleted.

Thematic Analysis

I analyzed the emerged themes by reviewing the coded excerpts to identify patterns. The identified patterns were named, defined, and arranged in a way to depict a story to start the thematic map as shown in Figure 1. As part of the creation of the thematic map, theme descriptions were used to provide context for the findings of each research question.

Figure 1*Depiction of an Emerging Theme*

Cycle 1: Research Question

[For this depiction RQ2 was used]

RQ2. What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?

Cycle 2: Interview QuestionTell me a time you felt as though your employer included the interests or viewpoints of their employees in the decision-making process.

Cycle 3: Direct Quotes from the Narratives

P10 - "We see strengths and weaknesses ..., and I feel like we have ... valuable input ... we [assistants] reported things ... they valued our input ... listening to us for that decision making process ... my OTR did make me feel more valued and empowered because ... she would ask ... about the students anyway and literally just type almost verbatim what I was saying now I can just present the information in person."

P13 - "When I ... was the director of rehab we did a remodel of our therapy area and I got to be included in some of the decision making raised on some of the equipment that we were able to purchase for our area. I appreciated that they wanted feedback from someone who was actually working in there and I took it to my team and for their input ... because I'm only one person, one discipline."

Cycle 4: Initial Primary CodeIncluded Interests in the Decision-Making (IIDM)

Cycle 5: Secondary CodesIIDM: Work-Related Outcomes, IIDM: Logistically, IIDM: Accommodative

Cycle 6: # Of Times Codes Applied5 times

Cycle 7: Theme Emergence (Primary)IIDM: Accommodative

Cycle 8: The Primary Theme DefinedAccommodative in the context of this study refers to a leader that is receptive, supportive, and communicative with their employees.

Evidence of Trustworthiness

Trustworthiness was discussed in Chapter 3 and was readdressed in this chapter. A considerable piece to achieving trust in qualitative research are the units gathered from rich descriptions. As mentioned by Creswell (2009), qualitative research relies on the richness of narratives to increase the trustworthiness. Researchers Nowell et al. (2017) reiterated that for trustworthiness to be fulfilled in qualitative research, rich narratives are pivotal as they contribute to the manifestation of select criteria credibility, transferability, dependability, and confirmability.

Credibility

For qualitative studies to be recognized as truthful, researchers need to validate that the unit analysis was completed in a careful, thorough, and methodical way through systems (Nowell et al., 2017). To contribute to the establishment of credibility in this phenomenological study, I had to create a state of epoché, or neutrality, during data collection.

As this was a qualitative inquiry, it was important to be cognizant of the potential for researcher bias by exhibiting neutrality through engagement of reflexivity. To perform the exercise of reflexivity concerning any feelings or views, to not impede the validity of the findings, I used a journal during each interview. To communicate my presence non-verbally to participants, I took notes to make connections between the interview questions and the follow-up questions (i.e., probes). For trust to be developed, psychologists have ethical principles developed by the APA that must be upheld, which specifically address performing research and interacting with potential participants (APA,

2017). Therefore, prior to officially starting the interview, I briefed the participants for 5 to 10 minutes on the importance of privacy and their right to opt out of the study at any time.

In this qualitative research study, credibility occurred through prolonged interactions, with each participant interview lasting no less than 1 hour in duration. A small number of participants was essential for this phenomenological design, not only to gain a significant understanding but also to examine merging and conflicting information in greater detail (Alase, 2017; Creswell, 2009). Morse (2015) explained that the longer a researcher spends engaging with the participants, the less guarded and more forthcoming the individuals would be regarding personal experiences. Subsequently, to earn the trust of the participants and to obtain substantial responses, there was meaningful and prolonged engagements (i.e., 60–180 minutes).

Saturation needs to occur before credibility can be recognized. The phenomenological research approach is unique in that saturation of the data was from the descriptions and whether they are rich in value and thick in material (Fusch & Ness, 2015). I achieved data saturation through the administration of the preformulated interview questions during the semistructured interviews. To ensure there was enough rich and thick descriptions that would be quantifiably saturated, multiple participants were interviewed until no new information emerged at the conclusion of the interviews.

Member checks were selected as an additional step in the process towards achieving credibility for qualitative studies. At the conclusion of their interview, I debriefed each participant to acknowledge the member checking process. To begin the

process of member checking, I forwarded each participant a copy of their transcription via secure email. Once the participant received their transcript, they had the opportunity to review, edit, and return feedback on their own transcript.

Transferability

Transferability refers to the general applicability of an exploration (Nowell et al., 2017), that is, whether an inquiry can be utilized in another setting. A saturation of the data in this research study was obtained as there was no new information forthcoming. As previously stated, the results of this study may be transferrable to AHAs working in similar settings and under the same criteria. A thorough representation of the strategies used to conduct this phenomenological study was provided to include results with excerpts of the participants to ensure transferability which will enable readers to consider transferability in their own setting.

Dependability

Dependability refers to the level at which one researcher can rely on the analysis made by another (Lincoln & Guba, 1985). One strategy used to improve the reliability of this study the construct of an audit trail. To provide a detailed representation, an audit trail was created of the steps taken from the introduction through a report of the findings. As this was a study about capturing the contextual changes and keeping them consistent, it is comprehensive in its findings remaining constant and can be contextually replicated.

Confirmability

Steps taken to depict the findings that emerged and were not from the researchers' biases is referred to as *confirmability* (Kalu & Bwalya, 2017). To show the confirmability

of a qualitative study, a thorough explanation of the research processes should be delivered to allow researchers to make a determination as to whether the data analysis process was efficient or not (Creswell, 2009). For confirmability, each stage of the research process was documented which included the research method, design, and rationale for the study followed by any theoretical and methodological issues encountered.

Results

Contained within the following section are the research questions that were proposed for inquiry and their corresponding themes which emerged as shown in Table 4. Next will be the narratives from each participants providing invaluable foresight into their lived experiences regarding OJ and inclusion. It is with the rich descriptive narratives that themes were drawn upon to gain a deep understanding to adequately answer the proposed research questions.

Table 3

RQs and Themes

Research questions	Themes
RQ1. What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organization?	<ul style="list-style-type: none"> • Unsupportive leaders • Performance-based recognition • Affiliative leaders
RQ2: What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?	<ul style="list-style-type: none"> • Accommodative • Uncertainty • Loyalty to leadership
RQ3: What are the perceptions of therapy assistants within the AHP on inclusion within their organizations?	<ul style="list-style-type: none"> • Access to resources • Devalued • Inspired to engage • Culture of trust

RQ1. What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organization? For the first research question, there were three themes that emerged from the data. These include Unsupportive Leaders, Performance-based Recognition, and Affiliative Leaders. These are discussed in the section below.

Unsupportive Leaders

One of the most salient themes that emerged from the data in reference to fairness of distributive justice within organizations where therapy assistants work was Unsupportive Leaders. In the context of this study, the theme Unsupportive Leaders refers to the insufficient assistance or advocacy provided by therapy assistants' supervisors. Half of the study participants indicated there is a general lack of awareness on the part of their leaders regarding their needs. Participants P03, P04, P10, P12, and P13 shared examples of what they perceived to be an Unsupportive Leader as an unwillingness to change, poorly equips workers to do their job, lack of awareness or concern for nuances of the job, not being heard, and devalued. Specifically, remembering a moment of feeling frustrated, P03 recounted when she was "called to pick up [my child] from school" but because she "had clinic and had no one else to cover" her , when she "asked to leave" her leaders said she "could not" which made her feel as though her need were "not being met as my child needed me."

P04's experience of working in home health with an unsupportive leader can be a bit problematic as she felt it was "tricky" when her leaders would not ensure that "the address of the person [patient/client] and times" were accurate. P04 also went on to

mention the added expenditure of obtaining supplies needed to do her job which she had taken on due to either lack of adequate inventory or “if it’s stuff that can’t be reused like putty or something that can get pretty pricey.”

A familiar experience by P10 was recounted within a school district environment as being “challenging” and how it “just adds, like so many unnecessary hurdles to fulfilling your roles in your job.” The individuals that are assigned to be leaders over the area with which P10 works “are not therapists, so they don’t know what we even do.” She further stated that “they don’t know what our job entails, they don’t know the time that goes into treatment planning.”

Therapy assistant P12 identified her experience with an unsupportive leader as “frustrating” and a “constant struggle” explaining that “when you’re asked what your needs are, and you’re being ignored.” More specifically, caseload management was mentioned by P12 as “fairly distributed” amongst “all team members” to include “our team leads” who apparently “don’t treat [see clients] as much as a regular therapist” even though “several of us [therapy assistants] have made suggestions.”

P11 described his experience with unsupportive leadership as “Oh, bad” explaining that “if you are doing good and your boss is not telling you anything” but will always “tell you something when there’s a little bit of mistake” he viewed his leader as “not very supportive.” P11 provided a comparison recollecting another experience that he had with a “very supportive” leader as feeling “appreciated.” The difference between the two experiences for P11 is that the relationship between him and his leader was

reciprocal as he simply stated, “she respected and supported me as I did her as my leader.”

Performance-Based Recognition

In the context of this study, Performance-based Recognition, refers to the quality of one’s work. Performance-based Recognition emerged in reference to the fairness of distributive justice within organizations where therapy assistant’s work. Most of the participants identified with an overall acknowledgement from the leaders regarding the work of the employees. P03, P04, P06, P10, and P11 shared their experiences of what they perceived to be Performance-based Recognition at their workplaces as consistently maintain a low missed visit count, a high level of efficiency, good communication with leadership, and be a team player. P03 shared that a part of her company’s incentives is to “makeup visits” and ensure a “real low missed visit percentile” to increase the chance of being “rewarded [recognized].” In the same way, an essential element to receiving recognition at P06s’ work is a worker’s ability to “take on more patients” with the intent of maintaining a high level of productivity.

While at P04s’ workplace performance-based recognition is “really good” and is acknowledged through appreciation given from clients as she reported “my work has cards they [leaders] leave in the patients [clients] rooms for them [clients] to fill out” and collected for a “passionate patient care giver [employee]” to be selected. When probed for a greater understanding of how therapy assistants or AHAs are recognized, P04 explained that therapists are not set apart from the other employees as she repeated “they [leaders] pick a passionate patient care giver [employee]” monthly.

While P10 relayed her experience of being recognized for her performance within a school district as going “above and beyond to praise me and reward me with our supervisor” explaining that when an individual is a part of a smaller group “input is valued”. With 25 years as a therapy assistant, P11, spoke of how he perceived rewards to be given out during his time in an outpatient clinic:

It’s all about collaboration ... you must communicate with your leadership. I am not scared ...I talk to them ... and I work hard. I believe this is what has taken me to many places in life ... I was in the military, and we say medals ... one of their words ... rewards, let’s say that they say to me, good job. Just a plain word, this is just one sentence of good job. It’s good enough for me and for the clinic ... the OTR recognized my experience ... there was another therapist that did not believe in me ... that’s where I got my kudos.

Affiliative Leaders

For the first research question, the last and most pronounced theme that emerged from the data was Affiliative Leaders. Affiliative Leaders in the context of this study refers to the leadership accepting, collaborating, and showing flexibility with their employees. Most of the study participants expressed the leader’s willingness to collaborate and understand them. Examples of Affiliative Leaders communicated by therapy assistants included feeling safe at work, being more flexible with their schedules and doing more when it comes to listening, supporting, and communicating. P02 provided the following perception of Affiliative Leaders:

“the company that I work for has been very flexible with managing leave of absences that are short notice, very proactive when it comes to working with different buildings, perhaps one of our full time or part-timers is not getting hours ... a lot of what we do is all productivity and efficiency based to work for an eight-hour day. It can struggle as census ebbs and flows to get your hours. I have work for companies that have been a little bit harder lined when it comes to you didn't meet your minimum hours for your position, you need to take PTO. This company doesn't do that and is very proactive in trying to help people get their hours so that's nice”.

P12 gave an account of how her leadership demonstrated good listening at her workplace:

“I feel it happens quite often for us, our director and team leaders are really good at listening to our concerns and what we need for our schedule and how our day runs and how we see patients and what order ... we have a really good team. I feel if we have a concern or have a need, whatever that need is, there are going to do their best to make sure it's met. Because I think they understand if we're not happy and we can't work, then the patients aren't being seen. And it's just a snowball effect from there, right?”

An experience of more support is what P10 described in her response:

“I felt so supported, so loved from the entire team. We just felt so loved they would do luncheon's all the time, even on a personal level, like if somebody was getting married or having a baby, they'd do the baby shower in their meeting room upstairs and have like potluck style type thing. Everybody just felt valued.

A valued member of the team and on a personal level ... I remember ... the majority of the people who work here happened to be moms and so we want the longevity with you even if you get pregnant and have to go on maternity leave, we would like you to return ... with whatever schedule works for you.”

Whereas P04 was satisfied with how her organization managed the needs of their workers at the start of the global pandemic:

“When we had a lot of patients with COVID, they did a lot of training with us, that they supplied all the things that we needed to go into the rooms. It was all new to them there were things that could have been better and done better, but everything was new out there trying to figure out the situation ... so they’re pretty good. They don’t mind spending money. I’ve never worked at a place that you have so many texts to text three texts a day that will clean all equipment if you need them to, they’ll get your patients. I mean, the place I worked before in the past, I have to get my own patient.”

RQ₂. What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organization? For the second research question, there were three themes that emerged from the data. These include Accommodative, Uncertainty, and Loyalty to Leadership which was discussed in the following section.

Accommodative

A noticeable theme that emerged from the data in reference to the second research question was Accommodative. Accommodative in the context of this study pertains to a

style of leadership that is accessible and receptive with their workers. In the accommodative processes, half of the study participants expressed that when their leaders displayed what they considered to be accessibility and receptiveness, they felt valued and motivated. A few examples of what an accommodative leadership is perceived to be was shared by therapy assistants P03, P06, P10, P12, and P13 as being attentive, communicative, and respectful. P03, especially, referred to a time at her work when she encountered her leadership as being attentive and communicative:

“We [therapists] had the same view and my OTR [leader] at the time had asked if we could discuss this kiddo [patient] when I mentioned to her [leader] that this kiddo was not benefiting from home health, she agreed, and we brought it up to our director [leader] and recommended a clinic setting. I felt that was us [therapists] communicating and included in the decision-making.”

P06 also recollected a time like P03's in that she was also valued for her input. She stated:

“I know that they ask for my opinion with reevaluations because I'm with the child all the time and they feel like they ask for me, *How do you see them doing this?* or *How do you see them doing that?* And I'll explain it and we're also working on these other things that are not part of the goals, but they can do this stuff and they're like, “Oh, OK.”

P06 continued:

“I think they understand what I'm talking about, and they can see what the child is like. I like when they ask me during evals or re-evals, really, how do I see it? Do I

think that they can, you know, improve or do you think that they can do? I think that they can handle this other goal that we might be able to add on. And I'm like, oh, yeah, no, I don't think so or so. I like it that, you know, for them to take my input during of this."

Interestingly, P10 began her description with mentioning that collectively "We see what works, what doesn't work, we see what needs improvement, we see, strengths and weaknesses within the system. I feel like we have very valuable input." P10 went on to note the following incident to be one example of Accommodative process that occurred at her workplace:

"We [therapy assistants] reported the safety of the kids and things that were happening, they [leaders] valued our input and decided not to renew their contract with that pool. Listening to us for that decision-making process without having to supervise and make sure."

Communication weekly was perceived by P12 to represent Accommodative processes at her workplace through "therapy team meetings." The meetings were used by leadership to communicate any "change coming to our [therapy] department" by saying "this is what's coming down the pipeline what do you all think? How do you think we can tackle it? Like, does anybody have any suggestions? and then we try to handle it as a team."

As a director of rehabilitation, P13 recounted a time when she experienced accommodative processes as a feeling of support when taking "part in remodeling our [therapy] area" and being "included in some of the decision-making on some of the

equipment that we were able to purchase.” P13 continued to express how she “appreciated that they [leaders] wanted feedback from someone [therapists] who was actually working in there [therapy area]. I took it to my team [therapists] for their input because I’m only one person, one discipline.”

Uncertainty

Uncertainty, another theme, emerged from the data in reference to the second research question. Uncertainty within the frame of this study pertains to having mistrust or lacking confidence in something. A majority of the study participants frequently had uncertainty in their leaders to make fair decisions on their behalf; in fact, P03, P04, P10, P11, and P13 used their individual experiences to offer unfairness in the management of their caseload and pay as examples. Regarding uncertainty in caseload management, therapy assistant P03 spoke of her encounter when she worked at a home health agency and the process of waiting for the assignment of a potential client to add to her caseload. The procedures used when assigning clients to therapists was perceived by P03 to be unequal as she explained “instead allowing us [therapists] to see geographically choose which one of us could take the client; they [leadership] assigned the client to us” resulting in the caseloads becoming unbalanced due to the therapy assistants being assigned the more “challenging client” and “certain therapists having first choice on picking who they want to treat [on caseload]; and not waiting for them to be assigned” which she felt to be “very unfair.”

While P04 used “disappointed” to describe how she felt about a decision that was made while working in Home Health:

“I mean, this goes back to when I did Home Health and. When they [leaders] have the Medicaid cuts. My employer had to cut my pay, of course, so that but that was to be expected, of course, if they’re not getting paid, they’re not going to pay me the same that they were paying before. Of course, I was disappointed on that.”

In lieu of P04 receiving a pay decrease, she also mentioned:

“I had to refinance my house. I lost 40 percent of my pay off. It was it was rough and then I had to try to find another job that would pay what I was making before... That’s the only thing I can think of that disappointment.”

Disappointment also resonated with another therapy assistant around caseload management as explained by P10 that:

“Give me, like, a fair caseload and then have me start in the schools and then I was disappointed when that didn’t work out the way it was promised to be. I trusted her [leader] to make that right decision based on my agreement to work for her [leader] ... when I trusted someone ... then she let you down. I was disappointed in that trust”.

P13 spoke of trust when recounting the time when she relied on her leadership to follow through on what they had promised. P13 revealed more about the company that she worked for by explaining:

“Well, just recently, there have been a lot of reimbursement changes and cuts and specifically targeted at assistants, which then in turn means that you’re either not going to get a pay raise even if you are doing a good job or being a good employee. You might possibly even get a pay cut, not reflective on your

performance or your amount of time with the company or anything like that, just based on the fact that they are getting paid less for your services. So that is really difficult as prices overall for cost of living continue to rise, then to then be faced with that when you oftentimes in the therapy world, most people know a lot of times what you get when you walk in the door is what you get. It's not like you get a lot of pay increases in the therapy world. So, you negotiate good and hard at the beginning and maybe somewhere along the way you might get twenty-five cents more".

Loyalty to Leadership

The third salient theme in reference to the second research question that emerged from the data was Loyalty to Leadership. As it pertains to this study, Loyalty to Leadership refers to having an unwavering commitment to something or to someone. About half of the study participants generally had confidence in their leaders to meet their needs in specific areas. Therapy assistants P03, P08, P10, P12, and P13 gave examples of what having Loyalty to Leadership is to sacrifice a little, practice patience, show understanding, practice full transparency, and clearly communicate needs. Small sacrifices are what P03 had to do a time or two as she talked about how she manages during those times. When P03 does "work without" certain supplies she has denied having "an issue" as she will simply "just get it" herself.

To make a sacrifice through either purchasing or getting the supplies needed to do a job more efficiently is what therapy assistant, P08 had to do as she reported having to "buy supplies 30% of the time." Purchasing supplies was "a little challenging" to provide

“quality service”; however, P08, stated that she takes “extra when an order” arrives to sustain to keep her “patients from feeling the effects.” Therapy assistant P10 claimed to have clearly communicated needs when working within a school district remembered having to practice patience and understanding while awaiting supplies:

“I know in the school districts, like they [leadership] have a budget for things, but we [therapists] would always make just like a running list of things that we [therapists] were running low on would ask for things that we [therapists] needed and typically, when it comes to office supplies or compression vest weighted or fidget sensory tools like the lower cost items. They’d be fine with it. But then during the pandemic, the OTR really wanted to get Chromebooks for a lot of the students, and we requested to have them [Chromebooks] ordered and they [leadership] denied a lot of them [Chromebooks].”

Therapy assistant P12 gave her account of full transparency at her workplace:

“I have full trust in our directors and our senior leadership; pretty much anything that we ask for that we need for treatment is there. Throughout the whole COVID pandemic, we had absolutely everything we needed. We never had to bring masks from home. We never had to worry about having anything. So, I truly feel if there was something that we needed, we would be provided whatever that is, within reason, of course. I mean, they’re not going to give us millions of dollars to do whatever. But, you know, for the most part, when we ask for the big, big pieces of equipment and big-ticket items, it may not be that year. But within the nine years that I’ve been there, I think almost everything we’ve asked for, we’ve got.”

Following along the same principle as P12 with full transparency, P13 spoke of nuances at her workplace:

“I think that they [leadership] try really hard. If we let them [leadership] know when we [therapists] have to start taking temperatures for COVID logs and everything like that and they were like, if you need a thermometer, let us know and we’ll get one for you, this kind of thing. I mean, I think they try to do some things, but I think some of them are very supportive and try, you know, so that’s refreshing.”

RQ₃. What are the perceptions of therapy assistants within the AHP on inclusion within their organization? For the third research question, there were four themes that emerged from the data. These include Access to Resources, Devalued, Inspired to Engage, and a Culture of Trust. These were discussed in the section below.

Access to Resources

A prominent theme that emerged from the data on inclusion within organizations where therapy assistants work was Access to Resources. In the context of this study, Access to Resources refers to everyone being treated the same when given benefits or privileges. Equally, everyone is also treated the same when reprimanded. Therapy assistants P02, P04, P06, P10, and P13 all claimed to have consistently felt included at their workplace and shared examples such as continuing education, in-services, messaging services, company benefits, and policies.

P02 was unique in that she is not only a therapy assistant but also a department supervisor. Therapy assistants and, more specifically, OTAs are assistants to the profession and are therefore viewed as such. By OTAs being viewed as moving as far ahead in a position as their profession would allow, these professionals are not frequently placed in such positions of authority. The position with which P02 holds allowed her equal access to opportunities, resources, and team members. When probed for more regarding experiences with feeling included, P02 remembered an experience with a previous company:

“I have worked for a company that didn’t put their assistants in area rehab director jobs ... but that’s kind of where the career advancement is ending for assistants. Not so with this one as a matter of fact, my area director is a PTA, so I think that there are a few more opportunities available. I think that it’s company-specific; some will help you, some whether or not you know.”

Therapy assistant P04 also expressed the areas in which she felt that she was excluded:

“Well, pretty much with everything that we do, I feel included; as I said, they are pretty good at that. The only thing I’m not being included, what bothers me is I just thought of when it comes to training. Like, they’ll pay for an OT to go to a training before they’re going to pay for an assistant, and I don’t think that’s fair. So that bothers me because I wanted to do training to be VTE certified program for Parkinson’s patients and they sent the OT ... why do the OTs and PTs get that license I don’t get it. There’s no rhyme or reason that it should be that way and that bothers me ... but everything else is pretty fair.”

Technology is the same platform used at P13s' workplace as she indicated access to resources:

“Currently, we have a website that we [therapists] can go to for all of the company benefits and all of that stuff, and then we [therapists] also have like a share drive that we [therapists] have that has all kinds of documents that we [therapists] can use for like home exercise programs. And they've [leadership] made that available to everybody [employees] across all the sponsors. I feel like that's inclusive and keeps us [therapists] all with the same access and things like that. So, I think that's good. But then also they make it easy to be able to see what the benefits are and what the policies are for time off and holidays and all that.”

Devalued

Being devalued was another noticeable theme from the data in reference to the third research question regarding therapy assistants feeling included within the organizations with which they are employed. Devalued within the limits of the study refers to a perception that someone is unqualified or not credible. A vast number of therapy assistants consistently reported an overall lack of consideration with respect for their specific roles. Examples of what devalued was perceived to be was disclosed by P02, P10, P11, P12, and P13 as unfairness in certain qualifications, certifications, conferences, and access to certain resources. Seeking endorsement and recognition of qualifications to become a 'top mentor,' as P02 revealed:

“There's a company that I worked for that had the mentor program and I got to mentor two but could not get to mentor three because I was not TR even though I

had years and accomplishments and training put me on the same level of these people, however, I was not an OTR nor was I published, however, then I became published because I gave a paid caregiver class for the state caregiver program for the state of ... I gave a class at a community college, and I put together a resource so that publishing thing got checked off. But I still couldn't be labeled one of the top mentors, even though I had like seven categories."

As a contract therapy assistant, P10 spoke about her experience in the school district with not having the resources needed to do her job efficiently and effectively:

"I remember that to go into places we didn't have district computers to work on I was unable to print anything. I didn't even have a key to our building. I had to walk through the cafeteria, through backstage, the lights weren't on and I had to walk down a ramp that oftentimes had equipment all the way down and I was literally scared to trip and fall. I was pregnant and I was scared to trip and fall. Just to get to our office that I didn't have a key to, I didn't have a key to the building, but I had a key to our office door. Those are just a few hurdles, to name a few, which made me feel very excluded."

The perception was different for therapy assistant P11 from within a nursing home in that it "was going down, like going down a slope" despite the circumstance he "still remain" even when most of his "coworkers moved on." P11 recalled an encounter when a new company moved in, bringing a new leadership and their own employees. P11 further explained his perception of the turnover in leadership at his company to be a transition at

which “they [leaders] were getting rid of” him, which is what he considered to be his professional abilities were dismissed by his leaders.

P13 found the hospital setting to be particularly challenging for therapy assistants looking for support as she explained that “assistants” are “not allowed to attend team conferences [meetings] on the patients.” P13 further clarified, “we [assistants] weren’t allowed to give report [updated patient information] at all, we [assistants] would have to convey it to the OTR.” The OTR “may not have seen that person [patient]” beyond “the evaluation” to have the access merely by virtue of the title with which one holds is not fair nor is it fair to the patient. P13 gathered that it just seemed as though when the information reported comes out of the “mouth of an OTR” it is deemed “more reliable” as opposed to that of an assistant “when we are the ones putting in the work.”

Inspired to Engage

A third remarkable theme from the data in reference to the third research question regarding therapy assistants feeling included within the organizations with which they work was Inspired to Engage. Inspired to Engage within the limits of the study refers to feeling motivated to join in with making the company a success. Nearly all participants claimed to have been inspired to give towards the success of their company. P02, P04, P08, P07, P10, P12, and P13 gave what they perceived to be examples of Inspired to Engage as when the company statistics are made transparent, for job fulfillment; and when leadership is approachable.

The company’s status is not something that is kept secret or given out to a select group of people according to P04 at her workplace. P04 elaborated:

“Well, they [leadership] always remind us [employees] and always have meetings about how we [employees] want to be maintain our [the organizations] status as the top 10 percent in the United States, so they’re [leadership] always talking figures and ‘you know what it’s all based on all these things play into that and so that actually kind of helps motivate me that I’m part of this and I want to be the best I can be and kind of motivate you’. So, it empowers you. I try to in the back of my mind, I want to have a good reputation and keep that reputation and so each time I even if I’m having a bad day, I try to put on that smile and, you know, the face, whatever to worked through it, and or if you don’t feel good or whatever and try to treat them the best I possibly can and me personally, I am always trying to think of activities that are completely appropriate ... I feel empowered to always try to do my best ... my work encourages that because I want to keep that status a good place to work.”

Therapy assistant P08 lightheartedly announced that she would “hope that they [leaders] would replace” her “if I [she] did not help my [her] company.” Likewise, P07 preferred to contribute to the betterment of her workplace by “making it a good environment and always bringing some joy or a positive attitude” because she believed in doing so “the people around” will also have “a good attitude.”

P10 relived a time she was inspired to engage:

“When I was in the school district, we did do staff training and I was a part of that. I was able to contribute to the staff education. My input, my experience was able to be brought to the table and I was able to share some of what has worked

for me, what hasn't worked for me, and I feel like it was for the betterment of everyone involved.”

Therapy assistant P12 reported feeling inspired to engaged in her company daily as she shared:

“Really, I feel empowered to contribute to the success daily, just in how I carry myself and how I see my patients and what I do. You know, I don't do I mean, I do what I do for my company also, but do what I do for my patients, and I just treat each and every one of them like they're my mom, my dad, my grandma, my grandpa, my aunt, uncle and I feel like if you truly care and you show that compassion and you do good things and you see good outcomes, you're empowered to provide good care and then good things happen for your company also and I feel like everyone in my company cares about me not only as an employee, but as a person so that's empowering. Our CEO [leader] will ask about what's going on she'll [leader] be on the floor helping, and that's empowering when you see the person [leader] at the very top helping no matter what the task is. So, it makes you want to give back and keep going.”

For therapy assistant P13 to feel inspired enough to support her workplace, she shared that she must witness the involvement of her leader by explaining that:

“We [therapists] have the support of, like I said, our supervisor and then like her [leader] above boss is very involved and participates in our [therapists] monthly team meetings and is always very reachable and approachable to us [therapists] and has made sure that we [therapists] all have her [leader] contact number, even

though she's [leader] often out outside of our [therapist] area. She's [leader] an hour away or whatever, but she's [leader] always available to us via phone or text or email and is willing to come up here if we [therapist] need her [leader] to for whatever. And so, I think that is empowering to us [therapist] to be able to reach out and I've never felt the need to go above her [leader] head for anything. Yes, I feel like that has helped with the success of us [therapist], which, in turn, helps with the success of the company."

Culture of Trust

The last theme that emerged from the data in reference to perceptions of therapy assistants within AHP on inclusion within their organization was a Culture of Trust. A Culture of Trust, as it pertains to this study, is work that encourages an atmosphere of confidence and reassurance to collaborate with co-workers or team members. Trust at work suggests employees experience a culture of openness, emotional safety, and a respect that is reciprocated. Half of the participants indicated their workplace fosters an environment of confidence. Therapy assistants P04, P08, P10, P12, and P13 offered examples of what they perceived a Culture of Trust to be at their workplace such as group chats, regular updates to employees, group projects, and annual group gatherings.

P04's perception of her workplace promoting confidence to build alliances came through "group gatherings" when "we're always collaborating". P04 continued:

"We're always collaborating. We're always telling each other, 'I just worked with room 9 and his [patient] balance is really poor so just watch out' or something like that where we're [therapists] all pretty good about communicating to help

each other [therapists] out, the OTs, everything but when you know what you're talking about its empowering.”

P08 enjoyed the convenience of using the application “group chat,” claiming that in using this application the supervisor has a much quicker response time. The group chat, as described by P08, is a platform:

“Supervisor will approve, and you know either chime in like ‘oh yes, I saw that at Target or hey Goodwill over here has it’ or you know just even trying to be funny it makes it really nice even though you may not know Billy Bob, you feel closer to him because you know him through chat. I think that’s important and even though we don’t know each other if I saw Billy Bob on the side of the road, I would know that of him through his humor or what he has suggested. I think that even though we’re not able to be side by side with each other it does allow us to know a little bit about who we’re working with.”

P10 pointed out that at her workplace, group projects are encouraged:

“I would say that same time we [therapists] did that training, I mean we [therapists] all came together, we [therapists] came up with ideas of like Hands-On activities for the teachers and parents to do. It was like a kinesthetic workshop, and they [students] were able to play the different games we [therapists] created, play that or like do the different activities we [therapists] set up and it was super fun to collaborate as a team and then teach everyone [staff members] together.”

P12 found confidence in the ability to communicate with other staff as she reported:

“This just happened yesterday at work. I was sitting there, one of my patients trying to work on some endurance. And every time we [therapists] stood her [patient] up, her [patient] heart rate was shooting really high, and I was asking one of the doctors who is not my supervising therapist, she’s [doctor] in the office, I said, what’s something I can do to, like, work the endurance but not stand or not get her heart rate too high? So, we were kind of going back and forth and she was giving me suggestions and, you know. No blinders, but you just get caught up in what you’re looking at, that sometimes you just need like that outsider to come step in and look at what you’re doing and just be like, ‘oh, well, have you tried this?’ And it can open a whole other, you know, outcome for you and it’s a benefit to your patient, so.”

And finally, P13 also indicated that her workplace promotes collaboration:

“They [leaders] do a really good job of also making sure whenever they [leadership] hire a new team member [therapist], like letting us [therapists] know and making sure that we [therapists] have their [new therapist] contact number and providing their [new therapist] number, because you have to do a lot of collaboration sometimes because you don’t want to go at the same time. And like I see something that I’m concerned about, about a patient. I let my supervisor know. But then I also let the other therapist know that I am seeing them [the patient] so they [therapist] can be aware of it, too, and so we [therapists] can monitor it together to see if it is getting better or worse or those kinds of things. I

mean, we [therapists] collaborate and make sure that we [therapists] have the tools that we [therapists] need to do that.”

Summary

This chapter contained the results of the study which explored the lived experiences of therapy assistants as it relates to OJ and the extent to which they have felt included within their workplaces. For this query, three research questions were proposed. The first research question presented was to discover what the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organization. Unsupportive leaders, performance-based recognition, and affiliative leaders were the most prominent perceptions among the therapy assistants. For unsupportive leaders, half of the therapy assistants believed that their current leadership was not aware of what their current needs are. Performance-based recognition was the second popular belief amid the therapy assistants as they acknowledged the recognition given by their leadership for quality work rendered. The therapy assistants also believed that their leaders signify affiliative leadership through their willingness to collaborate and understand them.

The next research question proposed explored the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations. Accommodative, uncertainty, and loyalty to leadership were the most notable perceptions among therapy assistants on fairness of procedural justice within their organizations. In the accommodative processes, half of the therapy assistants expressed they felt valued and motivated when their leaders showed such qualities as being easily accessible and very receptive. For uncertainty a vast majority of the therapy assistants frequently had

uncertainty in their leadership to make fair decisions on their behalf. There was a general sense of loyalty to leadership in which one-half of the therapy assistants had confidence in their leaders to meet their needs in specific areas.

The last research question proposed explored the perceptions of therapy assistants within the AHP on inclusion within their organizations. Access to resources, devalued, inspired to engage, and a culture of trust were mentioned the most among therapy assistants on inclusion within their organizations. In terms of access to resources a portion of therapy assistants claim to have regularly felt a sense of belonging within their workplace. Several therapy assistants consistently reported having felt devalued due to the overall lack of consideration given with respect for their specific roles. A good number of therapy assistants stated that they do feel inspired to engage by contributing towards the success of their organizations. The final most significant perception pointed out by half of the therapy assistants was a culture of trust. There was a perception amid therapy assistants that a culture of trust is encouraged within their workplace by fostering an environment of confidence and protection.

This chapter also included the setting for each therapy assistant as well as their demographics. Also placed within this chapter were the method of data collection and the process of data analysis. Next was evidence of trustworthiness giving specific consideration to credibility, transferability, dependability, and confirmability. A summary analysis and the results were also included within this chapter. Chapter 5 will interpret the findings of the research followed by a description of the limitations, recommendations, and implementations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of therapy assistants related to OJ and the extent to which they feel included within their workplaces. The rationale for this study was that the lived experiences of OTAs are not well understood regarding their perception and experience with OJ at their place of employment. Furthermore, it is unknown the extent to which they feel included in the places of their employment. For the U.S. healthcare system, understanding the experiences of therapy assistants in practice would offer several benefits, including informing healthcare policymakers about the benefits of inclusion for AHAs in their places of employment and assisting with their retention.

Three research questions were examined in this study. Two of the research questions were related to OJ, and one is linked to organizational inclusion. The research questions were as follows:

- RQ₁: What are the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organizations?
- RQ₂: What are the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations?
- RQ₃: What are the perceptions of therapy assistants within the AHP on inclusion within their organizations?

This study utilized a qualitative approach with a phenomenological design. A qualitative phenomenological design provided a forum that enabled the study participants

to speak freely on their perspectives (Alase, 2017). Phenomenological design is an approach in which the researcher recognizes the core of human experiences concerning a phenomenon as explained by participants (Creswell, 2009). The intent of this qualitative approach is to extract rich information from the participant's experiences at work. (Creswell, 2009; van Manen, 2015). The target population, sample size, and work setting for this research study were 10 licensed OTAs working in various settings within the state of Texas. A nonprobability purposive and snowball sampling approach was used to select participants using a predetermined set of criteria. The inclusion criteria included that to qualify to participate for the study the participant had to (a) be an OTA working in a setting such as a hospital, a skilled nursing facility, or an outpatient clinic, (b) currently hold a license to practice, (c) have been in the profession for at least seven years, and (d) have been employed at the same setting for at least two years.

The lived experiences of therapy assistants were explored in this study concerning their perception of organization justice and the extent to which they felt included within their workplaces. For this query three research questions were utilized. RQ₁ focused on the perception of therapy assistants on fairness of distributive justice. Unsupportive leaders, performance-based recognition, and affiliative leaders were the most prominent themes that emerged from the data collected from the therapy assistants. Regarding the theme of unsupportive leaders, half of the therapy assistants believed their current leadership was not aware of what their current needs were. Performance-based recognition was the second dominant theme from the therapy assistants where they acknowledged the recognition given by their leadership for quality work rendered. The

therapy assistants also believed that their leaders signified an affiliative leadership type through their willingness to collaborate and understand them.

RQ₂ explored the perceptions of therapy assistants on fairness of procedural justice. Accommodative, uncertainty, and loyalty to leadership were the most notable themes that emerged from the data regarding fairness of procedural justice within the organizations with which they work. In the accommodative processes, half of the therapy assistants expressed that they felt valued and motivated when their leaders showed such qualities as being easily accessible and very receptive. However, for the uncertainty theme, a vast majority of the therapy assistants frequently reported feeling doubtful in their leadership to make fair decisions on their behalf. Overall, concerning the theme of loyalty to leadership, one-half of the therapy assistants had confidence in their leaders to meet their needs in specific areas.

The last research question explored the perceptions of therapy assistants on inclusion within their organizations. Relative to the inclusive construct the themes that emerged were (a) access to resources, (b) devalued, (c) inspired to engage, and (d) a culture of trust. In terms of access to resources, a portion of therapy assistants claim to have regularly felt a sense of belonging within their workplace. Several therapy assistants consistently reported having felt devalued due to the overall lack of consideration given with respect for their specific roles. Several therapy assistants stated they do feel inspired to engage by contributing towards the success of their organizations. The final most significant perception of the therapy assistants was a culture of trust. There was a

perception amid therapy assistants that a culture of trust is encouraged within their workplace through fostering an environment of confidence and protection.

Interpretation of the Findings

Findings for RQ₁

Three themes emerged from the data related to therapy assistants' perceptions on fairness of distributive justice within their organizations. These themes included unsupportive leadership, performance-based recognition, and affiliative leaders. Unsupportive leadership referred to the inadequate assistance or advocacy perceived by therapy assistants from their supervisors. Several participants expressed dissatisfaction regarding their leader's limited awareness or acknowledgement of their needs. These participants reported their leaders to have very little awareness as to the nuances specific to their job such as the management of logistics and caseload. The participants reported feelings of not being appreciated as professional clinicians based on the level of disinterest shown to them from their leaders. The findings of this study were consistent with other published studies such as one conducted by Arab and Atan (2018), who explored the relational effects of distributive and interactional justice on the satisfaction of workers and found the most important factor of satisfied employees is the support and respect they are given. In another study, Alkassabi et al. (2018) found awareness to be essential, and that by increasing acknowledgement of these professionals their satisfaction on the job would improve.

The performance-based recognition theme referred to the quality of one's work that received attention from leadership. Over half of the participants identified with a

general affirmation from their leaders regarding their work-performance but felt unsupported in opportunities for professional growth such as taking part in earning certain certifications. These findings were consistent with Arab and Atan's (2018) study related to the primary and connected influence of several components of OJ as they apply to work-performance and satisfaction. Arab and Atan discovered interaction between two components of OJ (i.e., distributive and interactional) to be significantly related to work performance. Furthermore, Arab and Atan found workers' perceptions of their individual treatment to be weighted on the consideration afforded to them by their leadership. Their findings suggested that there is an association between work performance and distributive justice.

The final theme to emerge from the data in reference to RQ₁ was affiliative leaders. Therapy assistants shared what they perceive to be qualities from their leaders such as acceptance, accessibility, and flexibility. The participants spoke of how their leaders were always visible and available to them; they also voiced feeling supported by the increase in flexibility with their schedules and engagement from their leadership. These findings were in line with Brimhall et al. (2017) who discover that leaders who commit to nurturing quality interactions with their workers will reap the benefits of having satisfied and committed workers.

Findings for RQ₂

Three themes emerged from the data related to therapy assistants' perceptions on the fairness of procedural justice within their organizations. The themes included accommodative processes, uncertainty, and loyalty to leadership. Accommodative

processes referred to a style of leadership that is accessible and receptive to their workers. Most of the study participants expressed that when their leaders are accessible and receptive, they felt valued and motivated. The responses from the participants expressed their perception of accommodative leadership as being communicative and respectful. The findings from this study were not in accordance with any known published studies.

Uncertainty, the next emergent theme, described the sense of doubt or mistrust in someone or something. Participants in this study, claimed to frequently have had feelings of uncertainty in their leader's ability to make fair and just decisions on their behalf. The study participants expressed their disappointment with inequality regarding the management of their caseload and pay. These findings were consistent with Dar and Rahman (2019), who examined the link between justice that is procedural and unfavorable behavior or attitudes within the workplace with the facilitation of perceived leader support. They found procedural justice to be crucial for healthy member-leader exchange. Dar and Rahman determined that this was important when workers perceive procedures to be fair, their chances of unfavorable behavior or attitudes are less likely.

The third theme that emerged from the data in reference to therapy assistants' perception on the fairness of procedural justice within their organizations was loyalty to leadership. Loyalty to leadership refers to the unwavering commitment to something or to someone. Most of the study participants shared that they had confidence in their leaders to meet their needs in specific areas. Participants shared that the relationship they have with their leaders is mutually inclusive; explaining, that they must do their part for their leaders to do theirs.

Gathered from the participants' narratives, loyalty to leadership was a direct representation of their mutually inclusive relationship with their leaders. Assertiveness and transparency were certain qualities acknowledged by participants as essential tools when communicating what their needs were to their leaders. By utilizing good communication with their leaders, the participants believed that they also assisted their leaders in initiating two-way dialog evolving into a relationship which is mutually inclusive. These findings were in line with Wolfe et al. (2018), who examined the factors that relate to leader support for a just organization when connecting with workers. They found that confidence is a predictor of the level at which the organization is supported using fair practices with workers. Wolfe et al. also determined that an organization that fosters a healthy connection with their workers were notably most likely to have workers committed to their leaders.

Findings for RQ₃

Four themes emerged from the data related to therapy assistants' perception of inclusion within the organizations they work. These themes included access to resources, devalued, inspired to engage, and culture of trust. Access to resources referred to everyone being entitled to the same benefits or privileges. Many of the participants claimed to have had access to all necessary resources to perform their job. More specifically, the participants reported feeling equally included in continuing education courses, benefits, policies, procedure, and messaging services. These findings were consistent with Downey et al. (2015), who explored diversity and engagement in health

care employees and found that when perceptions of inclusion are high so are the views of diversity, which will lead to a trustworthy environment.

The devalued theme focused on the perception that therapy assistants were unqualified or had not possessed a set of skills to perform the job adequately. Most of the study participants expressed a feeling of being dismissed or feeling unimportant when they have been what they considered to be devalued. Participants specifically mentioned experiencing a lack of recognition with respect to obtaining certain certifications. Consistent with these findings was an interpretive descriptive research study by Czuba et al. (2019) on support-workers. Czuba et al. found there to be a sense of inadequate recognition felt by support staff in terms of what they contribute as an integral part of the medical team. The results of this study also aligned with another finding in Czuba et al.'s study, where they noted employees experienced belittlement which contributed to a lost voice within their workplaces. The findings of the current study also align with Rodwell and Gulyas's (2015) study of AHPs in a healthcare setting within Australia. They found that AHPs' harboring feelings of belittlement or perceptions of unfair treatment could lead to feelings of contempt towards their workplace.

Another key theme related to therapy assistants' perception of inclusion within the organizations they work for was inspired to engage. This theme pertained to therapy assistants' level of motivation to contribute to their company's success. Several participants reported that they felt inspired to engage when they can easily communicate with their leaders. Participants also mentioned feeling inspired to engage when support from their leaders was provided in the form of giving assistance when needed. These

findings were consistent with several previously published studies. For example, Biswas and Kapil (2017) explored 237 manufacturing leaders and subordinates to determine the role that trust plays within an organization in relation to OJ (i.e., procedural, distribution, and interactional justice) and support for the organization. They found that workers' job performance increased when leaders interacted regularly to meet employees' needs. The findings from this study were also aligned with Herminingsih's (2017) explanatory study of Indonesian workers on the influence of OJ and trust in leaders on workers' engagement. Herminingsih found that workers' view of procedural justice has a significant influence on their level of satisfaction with their jobs and their level of engagement. The findings were also consistent with Brimhall et al. (2017), who found that leaders who invest in meaningful interactions with their employees often benefit from employees who engage more in their organization.

The final theme that emerged from the data related to therapy assistants' perception of inclusion within the organizations was a culture of trust. This theme centered around work that encourages an atmosphere of confidence and reassurance to collaborate with fellow co-workers or team members. Most of the participants reported experiencing a culture of trust within their workplace through social functions such as group chats, group projects, and annual group gatherings. It is through communication platforms such as those formerly mentioned in which the participants alluded to feeling a strong sense of support from their leadership and trust in their company.

These findings were consistent with a few previously published studies. Haas et al. (2015) found in their investigation of law enforcement officers in Argentina that

inward views of fairness relating to procedures and trust were supported through the cultivation of member–leader interaction for the empowerment of one’s voice. The theme of a culture of trust also aligned with research by Biswas and Kapil (2017), who found that by providing a culture that is favorable to trust, there is an increase in work performance and a decrease in the number of grievances occurred. The findings of this study were also consistent with Downey et al.’s (2015) study of health care employees concerning diversity and engagement. They reported that the type of climate an organization chooses to foster has a connection with the amount of involvement an employee elects to give. Downey et al. explained that promoting trustworthy conditions within a workplace affords a means by which diverse practices communicates positively on worker engagement. More specifically, the results indicate that positive perceptions of diversity practices will positively be related to a trusting climate only when employees perceive high levels of inclusion.

The theoretical framework for this study was justice judgment theory, a multidimensional approach, comprised of two overarching rules: (a) distributive and (b) procedural (Leventhal, 1976). Distributive and procedural rules are the same in that most people believe that the process is fair if it meets a set of predetermined criteria. However, the rules differ in that, for distributive rules, the belief is during the allocation process where the incentives or reprimands are considered, whereas procedural fairness is viewed in terms of the process or systems used prior to the actual distribution. Inclusion as a construct was also considered within this study. Researchers Aysola et al. (2018) defined

inclusion as a set of societal successions that influence an individual's sense of belonging and support.

The thematic findings for RQ₁, unsupportive leadership, performance-based recognition, and affiliative leaders, were associated with the perceptions of therapy assistants within the AHP on fairness of distributive justice within their organizations. From these themes, unsupportive leadership referred to the inadequate assistance perceived by therapy assistants from their supervisors and affiliative leaders was regarding the leadership style with which leaders lead have aligned well with the theoretical framework.

The thematic findings for RQ₂, accommodative processes, uncertainty, and loyalty to leadership, were associated with the perceptions of therapy assistants within the AHP on fairness of procedural justice within their organizations. From these themes, uncertainty referred to the sense of doubt or mistrust in someone or something which aligned well with the theoretical framework for this study.

The thematic findings for RQ₃, access to resources, devalued, inspired to engage, and culture of trust, were associated with the perceptions of therapy assistants within the AHP on inclusion within their organizations. From these themes, devalued focused on the perception that therapy assistants were unqualified or had not possessed a set of skills to perform the job adequately aligned well with the theoretical framework for this study.

Limitations of the Study

This study had several limitations which should be considered when interpreting the results. Limitations are vulnerabilities within a study that can limit the implications of

the research (Marshall & Rossman, 2016). The first limitation of this study was that the sample size was relatively small. A small number of participants was essential for the type of design chosen to not only gain a significant understanding but to also examine merging and conflicting information (Alase, 2017; Creswell, 2009). In qualitative studies, a small sample can limit generalizability to the target population (Roslan et al., 2022). Another limitation was the use of the non-probability sampling approach, as by utilizing such method brought about by an inadequate diverse reflection of AHPs. Although, researchers Ravitch and Carl (2015) explained non-probability as being favorable to qualitative research for the rich context it affords of target populations, this study did not include a diverse sample. The sample included one male of color and the rest of the participants were of the same gender and race. There was no diversification within the settings with which they work as most of the participants worked within healthcare settings.

Recommendations

Given the limitations of the study, there are several recommendations that should be considered for future studies. The current study utilized a qualitative approach to offer a clearer understanding of the lived experiences of AHAs within the AHP regarding OJ and inclusion in their workplace. The first recommendation for future study centers around utilizing a mixed method approach. A mixed method approach typically integrates both quantitative and qualitative data in a single study. A mixed method approach generally enhances the strength our knowledge (Morse, 2016). By incorporating both quantitative and qualitative approaches, the mixed method approach enriches the specific

aspect that each approach investigates (Morse, 2016). Applying a mixed method design in future studies would facilitate incorporation of quantitative method such as survey and qualitative method such as interviews and focus groups with AHAs to collect contextual information regarding procedural justice, distributive justice, and inclusion. The data that are gained from quantitative research can assist the components of qualitative research by pinpointing outside cases, while the data from qualitative research can be utilized to make clear the components of quantitative research by supporting with the evolution of the theoretical model (Schoonenboom & Johnson, 2017). Furthermore, by using data from qualitative research, a representation of the quantitative results is easily understood (Schoonenboom & Johnson, 2017).

The second recommendation for future study would be to use a larger sample size to facilitate generalizability of the findings. The current study used a relatively small sample size of only ten participants from the state of Texas. Furthermore, the study did not include a diverse sample with, as mentioned previously, only one male of color and the remaining participants identifying as White and female. The participants that were a part of this study were also not diverse in their work setting, with one working in a school setting and the other participants working in the healthcare sector. Future studies should consider a larger and more diverse sample that includes African American, Native Americans, Asians, and Hispanics/Latinos. A larger sample size would not only provide a greater representation of the therapy assistant population, but it would also facilitate the generalizability of the findings (Roslan et al., 2022). A larger sample size would

potentially result in collection of data from a more diverse group of therapy assistants based on race and ethnicity, gender, and workplace setting throughout the United States.

Implications

The findings from the current study have the potential to facilitate policy evaluations and modifications which could result in sweeping social changes at the organizational level as well as social changes related to the workplace experiences for AHAs. These social changes could improve the AHAs perception of OJ and workplace retention, but also increase the sense of belonging and inclusion of AHAs. These social changes revolve around distributive justice, procedural justice, and inclusion.

In terms of distributive justice, study results indicated that AHAs felt unsupported when it came to their needs being met by their leaders. This implies that the leaders of these professionals are unaware of what their needs are. AHAs want to feel valued and supported by their organizational leaders. Workers who feel supported by their leaders are more likely to feel satisfied in their jobs have a propensity to remain at their places of employment (McKeever & Brown, 2019; Vaamonde et al., 2018). One strategy which may help organizations with providing AHAs the support they are seeking is to give them the autonomy as professionals to take part in the decision-making process and accomplish their duties (Alkassabi et al., 2018). Another approach should include a two-way communication system that may encourage empowerment, value, and support among workers.

Qualities similar to an affiliative leader were key components in this study as they were most desired by the AHAs. Flexibility, was the one quality mentioned, related to

leadership flexibility and their receptiveness towards them allowing AHAs to have a flexible schedule. This finding could imply that by allowing AHAs access to flexible scheduling, they may also have more work satisfaction. By allowing AHAs to have flexible schedules, one key social change would be greater workplace satisfaction.

The next implication centered around the perceptions of procedural justice. AHAs have perceptions of uncertainty or doubt in their leaders to make fair decisions on their behalf. AHAs who have experienced broken arrangements by their organization might have diminished assurance and commitment. Oftentimes input from AHAs through suggestions or actions are inadvertently excluded from the decision-making process. To decrease the degree of doubt AHAs have in their leaders, policies to mitigate or prevent organizations from breaking arrangements should be in place. Policies should be in place to ensure that processes of procedures are just, trustworthy, and understandable. By improving the level of certainty AHAs have in their leaders, a key social change would be greater commitment to their workplaces.

This study found that AHAs have perceptions of being often dismissed or made to feel unimportant at some point in their professional careers resulting in disengagement. To imply that AHAs with perceptions of diminished value tend to harbor feelings of contempt and are more likely to disengage from their organizations. AHAs need to be acknowledged and valued for what they do. It is important for the organizations and larger structures in which they work to help address this issue. Policies should be in place to ensure that inclusionary practices are fair and engaging. Organizations that employ AHAs should engage in practices and create policies that increase the AHAs perceptions

of their value and reduce unfair and harmful treatment as part of their organizational culture. A worker's sense of inclusion in the workplace may play a significant role in the narrative that links the components of OJ and work satisfaction (Le et al., 2015). By enhancing a feeling of inclusion in AHAs, a key social change would be greater engagement in their workplaces.

Conclusion

The goal of this study was to explore the implications of OJ and inclusion on the experiences of AHAs. This study sought to find answers to three questions about how fairness within the workplace is perceived under the components of OJ (i.e., distributive, procedural justice) and inclusion. The findings revealed that AHAs felt unsupported due to lack of awareness as to what their needs are resulting in their needs not being met. To better serve this population of workers, an assessment needs to be conducted to determine if there is a lack of awareness; if found, steps to address how to fulfill these needs should be completed next. Another notable finding were characteristics associated with an affiliative leader such as acceptance, flexibility, and being collaborative. These characteristics were perceived by in large as being the most favorable qualities in a leader. Simply put, the affiliative leader characteristics mentioned are what the AHAs would prefer to see in their leaders. Next, the findings also revealed that AHAs believe that they should be recognized for the value they provide and not merely an "assistant," "aide," or someone to provide coverage when needed. Lack of trust was another finding as the AHAs expressed doubt that any decisions with which are made take their interests into consideration. Easily dismissed was the last significant finding perceived by the

AHAs as happening at some point in their professional careers. To be easily dismissed is made to feel unimportant or insignificant. Throughout this study a journey was taken through the lived experiences of these professionals and in their own words they expressed at one time or another they believed to have been devalued. It is important for organizations to build trust by promoting a culture of trust and inclusionary practices, to establish a healthy work environment.

Given some of the limitations of this study, additional research is necessary and important to ensure this approach is recommended and important to strengthen our knowledge. Further research in this area would enhance the generalizability of the findings. This study adds to the limited body of literature on AHPs and OJ, expanding the knowledge base for assisting organizations in creating positive social change to their culture, policies, processes, and procedures. Further research of this topic would be beneficial to future procedure development that addresses a larger sample size. Any future study of organization justice and inclusion should focus on a larger and more diverse sample that includes African American, Native American, Asians, and Hispanics/Latinos. This would allow researchers to potentially result in collection of data from a more diverse group of therapy assistants based on race and ethnicity, gender, and workplace setting throughout the United States.

Since this is the first study conducted within the United States on the lived experiences of AHAs, it would be unfortunate for this study not to be used as a training tool for leaders to improve upon their current leadership styles and inclusion practices. As professionals, AHAs need to be championed in the areas of OJ and inclusion to feel

empowered and to preserve their value within the workforce. It is hoped that the findings from this study will help in informing policies that will lead to increased OJ and inclusion.

References

- Abdelhak, M. (2016). Patient engagement: Opportunities and challenges for nursing and health care professionals. *Studies In Health Technology and Informatics*, 225, 707–709. <https://doi.org/10.3233/978-1-61499-658-3-707>
- Ajagbe, A. M., Sholanke, A. B., Isiyavwe, D. T., & Oke, A. O. (2015). *Qualitative inquiry for social sciences*. International Conference on African Development Issues (CU-ICADI) 2015: Social and Economic Models for Development Track. Covenant University Canaanland, Ota Ogun State, Nigeria. <http://eprints.covenantuniversity.edu.ng/5293/1/Paper%20137.pdf>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9–19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Alkassabi, O. Y., Al-Sobayel, H., Al-Eisa, E. S., Buragadda, S., Alghadir, A. H., & Iqbal, A. (2018). Job satisfaction among physiotherapists in Saudi Arabia: Does the leadership style matter? *BMC Health Services Research*, 18(1), Article 422. <https://doi.org/10.1186/s12913-018-3184-9>
- Aloisio, L. D., Gifford, W. A., McGilton, K. S., Lalonde, M., Estabrooks, C. A., & Squires, J. E. (2018). Individual and organizational predictors of allied healthcare providers' job satisfaction in residential long-term care. *BMC Health Services Research*, 18(1), Article 491. <https://doi.org/10.1186/s12913-018-3307-3>
- Anderson, S. P., & Oakman, J. (2016). Allied health professionals and work-related musculoskeletal disorders: A systematic review. *Safety and Health at Work*, 7(4),

259–267. <https://doi.org/10.1016/j.shaw.2016.04.001>

American Occupational Therapy Association. (2019). *Occupational therapy: Improving function while controlling costs*. <https://www.aota.org/About-Occupational-Therapy/Professionals.aspx>

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code/index.html>

Arab, H. R., & Atan, T. (2018). Organizational justice and work outcomes in the Kurdistan Region of Iraq. *Management Decision*, 46(4), 808–827.
<https://doi.org/10.1108/md-04-2017-0405>

Asaba, E., Nakamura, M., Asaba, A., & Kottorp, A. (2017). Integrating occupational therapy specific assessments in practice: Exploring practitioner experiences. *Occupational Therapy International*, 2017(1), 1–8.
<https://doi.org/10.1155/2017/7602805>

Asamani, J. A., Naab, F., & Ofei, A. M. A. (2016). Leadership styles in nursing management: Implications for staff outcomes. *Journal of Health Sciences*, 6(1), 23–36. <https://doi.org/10.17532/jhsci.2016.266>

Aysola, J., Barg, F. K., Martinez, A. B., Kearney, M., Agesa, K., Carmona, C., & Higginbotham, E. (2018). Perceptions of factors associated with inclusive work and learning environments in health care organizations: A qualitative narrative analysis. *JAMA Network Open*, 1(4), Article e181003.
<https://doi.org/10.1001/jamanetworkopen.2018.1003>

Barker, T. B., & Milivojevich, A. (2016). *Quality by experimental design*. CRC Press.

- Bayarçelik, E. B., & Findikli, M. A. (2016). The mediating effect of job satisfaction on the relation between organizational justice perception and intention to leave. *Procedia-Social and Behavioral Sciences*, 235, 403–411. <https://doi.org/10.1016/j.sbspro.2016.11.050>
- Biswas, S., & Kapil, K. (2017). Linking perceived organizational support and organizational justice to employees' in-role performance and organizational cynicism through organizational trust: A field investigation in India. *Journal of Management Development*, 36(5), 696–711. <https://doi.org/10.1108/jmd-04-2016-0052>
- Boop, C., Smith, J., & Kannenberg, K. (2017). The practice of occupational therapy in feeding, eating, and swallowing. *American Journal of Occupational Therapy*, 71, 1–13. <https://doi.org/10.5014/ajot.2017.716s04>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Briki, W., & Markman, K. D. (2018). Psychological momentum: The phenomenology of goal pursuit. *Social & Personality Psychology Compass*, 12(9), Article e12412. <https://doi.org/10.1111/spc3.12412>
- Brimhall, K. C., Mor Barak, M. E., Hurlburt, M., McArdle, J. J., Palinkas, L., & Henwood, B. (2017). Increasing workplace inclusion: The promise of leader-member exchange. *Human Service Organizations: Management, Leadership & Governance*, 41(3), 222–239. <https://doi.org/10.1080/23303131.2016.1251522>

- Brimhall, K. C., & Saastamoinen, M. (2020). Striving for social good through organizational inclusion: A latent profile approach. *Research on Social Work Practice, 30*(2), 163–173. <https://doi.org/10.1177/1049731519832103>
- Bureau of Labor Statistics. (2019). *Occupational employment statistics: May 2019 national occupational employment and wage estimates United States*. https://www.bls.gov/oes/current/oes_nat.htm
- Capone, V., & Petrillo, G. (2016). Teachers' perceptions of fairness, well-being, and burnout. *International Journal of Educational Management, 30*(6), 864–880. <https://doi.org/10.1108/IJEM-02-2015-0013>
- Cardin, A., & Hudson, M. (2018). Evidence-based practice in the hospital setting: Views of interdisciplinary therapy practitioners. *Journal of Allied Health, 47*(2), 81–89.
- Cassar, V., & Buttigieg, S. C. (2015). Psychological contract breach, organizational justice, and emotional well-being. *Personnel Review, 44*(2), 217–235. <https://doi.org/10.1108/PR-04-2013-0061>
- Chapman, S. A., & Blash, L. K. (2017). New roles for medical assistants in innovative primary care practices. *Health Services Research, 52*(Suppl 1), 383–406. <https://doi.org/10.1111/1475-6773.12602>
- Chen, S., Wu, W., Chang, C., Lin, C., Kung, J., Weng, H., Lin, C., & Lee, S. (2015). Organizational justice, trust, and identification and their effects on organizational commitment in hospital nursing staff. *BioMed Central Health Services Research, 15*(1), 1–17. <https://doi.org/10.1186/s12913-015-1016-8>
- Clark, G. F., & Kingsley, K. L. (2020). Occupational therapy practice guidelines for early

- childhood: Birth-5 years. *AJOT: American Journal of Occupational Therapy*, 3, Article e1. <https://doi.org/10.7139/2017.978-1-56900-457-9>
- Cloutier, O., Felusiak, L., Hill, C., & Pemberton-Jones, E. J. (2015). The importance of developing strategies for employee retention. *Journal of Leadership, Accountability and Ethics*, 12(2), 119-129.
- Colby, S. L., & Ortman, J. M. (2015). *Projections of the size and composition of the US population: 2014 to 2060. Population estimates and projections*. Report P25-1143. U.S. Census Bureau.
<https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Sage.
- Cypress, B. S. (2019). Qualitative Research. *Dimensions of Critical Care Nursing*, 38(5), 264–270. <https://doi.org/10.1097/dcc.0000000000000374>
- Czuba, K. J., Kayes, N. M., & McPherson, K. M. (2019). Support workers' experiences of work stress in long-term care settings: A qualitative study. *International Journal of Qualitative Studies on Health & Well-Being*, 14(1), 1-12.
<https://doi.org/10.1080/17482631.2019.1622356>
- Dar, N., & Rahman, W. (2019). Deviant behaviors and procedural justice: Mediating role of perceived organizational support. *Pakistan Journal of Commerce and Social Sciences (PJCSS)*, 13(1), 104-122.
- Demo, D., Fry, D., Devine, N., & Butler, A. (2015). A call for action: Advocating for

- increased funding for the allied health professions: ASAHP leadership development program. *Journal of Allied Health*, 44(1), 57-62.
- De Vries, D. (2016). Therapists perception and valuing of interprofessional collaboration. *Annual in Therapeutic Recreation*, 23, 12–30.
- Dorđević, B., Ivanović-Đukić, M., Lepojević, V., & Milanović, S. (2019). The influence of organizational justice on corporate performances. *Strategic Management-International Journal of Strategic Management and Decision Support Systems in Strategic Management*, 24(3), 14-23. <https://doi.org/10.5937/straman1903014d>
- Downey, S. N., van der Werff, L., Thomas, K. M., & Plaut, V. C. (2015). The role of diversity practices and inclusion in promoting trust and employee engagement. *Journal of Applied Social Psychology*, 45(1), 35-44. <https://doi.org/10.1111/jasp.12273>
- Eason, C. M., Mazerolle, S. M., Monsma, E. V., & Mensch, J. M. (2015). The role of personality in job satisfaction among collegiate athletic trainers. *Journal of Athletic Training*, 50(12), 1247–1255. <https://doi.org/10.4085/1062-6050-50.11.08>
- Elechi, O. O., Lambert, E. G., & Otu, S. (2020). Exploring the association between organizational justice and job stress among Nigerian correctional staff. *Journal of Ethnicity in Criminal Justice*, 18(4), 265-281. <https://doi.org/10.1080/15377938.2020.1786485>
- Erves, J. C., Mayo-Gamble, T. L., Malin-Fair, A., Boyer, A., Joosten, Y., Vaughn, Y. C., Sherden, L., Luther, P., Miller, S., & Wilkins, C. H. (2017). Needs, priorities, and

recommendations for engaging underrepresented populations in clinical research: A community perspective. *Journal of Community Health*, 42(3), 472-480.

<https://doi.org/10.1007/s10900-016-0279-2>

Etikan, I., Abubakar Musa, S., & Sunusi Alkassim, R. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>

Executive Council of Physical Therapy and Occupational Therapy Examiners. (2019). *Occupational therapy rules*. <https://www.ptot.texas.gov/idl/D4241942-233A-C3A1-8353-137E9423412E>

Faulkner, S. L., & Trotter, S. P. (2017). Data saturation. *The International Encyclopedia of Communication Research Methods*, 1-2.

<https://doi.org/10.1002/9781118901731.iecrm0060>

Franklin, E. D., Oparanma, D. R., & Baridam-Ngobe, D. R. (2019). Interpersonal justice and employee commitment of mobile telecommunication companies in Port Harcourt. *International Journal of Management Sciences*, 7(5), 76-87.

Flynn, S. I. (2018). Occupational therapy assistant. *Salem Press Encyclopedia*.

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), Article e1408.

<https://doi.org/10.46743/2160-3715/2015.2281>

Gallego-Jiménez, M., Pedraz-Marcos, A., & Graell-Berna, M. (2018). Value of pilot studies in qualitative research: Case of an investigation about non-suicidal self-injury. *Enfermería Clínica (English Edition)*, 28(4), 276–277.

<https://doi.org/10.1016/j.enfcl.2018.02.005>

- Ghosh, D., Sekiguchi, T., & Gurunathan, L. (2017). Organizational embeddedness as a mediator between justice and in-role performance. *Journal of Business Research*, 75, 130-137. <https://doi.org/10.1016/j.jbusres.2017.02.013>
- Gomberg, P. (2016). Why distributive justice is impossible but contributive justice would work. *Science & Society*, 80(1), 31-55. <https://doi.org/10.1521/isis.2016.80.1.31>
- Goswami, S., & Kishor, B. (2018). Exploring the relationship between workforce diversity, inclusion, and employee engagement. *Drishtikon: A Management Journal*, 9(1), 65-89.
- Haas, N. E., Van Craen, M., Skogan, W. G., & Fleitas, D. M. (2015). Explaining officer compliance: The importance of procedural justice and trust inside a police organization. *Criminology & criminal justice*, 15(4), 442-463.
<https://doi.org/10.1177%2F1748895814566288>
- Haghighinezhad, G., Atashzadeh-Shoorideh, F., Ashktorab, T., Mohtashami, J., & Barkhordari-Sharifabad, M. (2019). Relationship between perceived organizational justice and moral distress in intensive care unit nurses. *Nursing Ethics*, 26(2), 460-470. <https://doi.org/10.1177%2F0969733017712082>
- Hassard, J., Teoh, K., & Cox, T. (2017). Organizational uncertainty and stress among teachers in Hong Kong: work characteristics and organizational justice. *Health Promotion International*, 32(5), 860-870. <https://doi.org/10.1093/heapro/daw018>
- Herminingsih, A. (2017). The influence of the organizational justice and trust to the leaders on employee engagement with job satisfaction as an intervening variable.

Archives of Business Research, 5(2). <https://doi.org/10.14738/abr.52.2602>

Humberd, B. K., Clair, J. A., & Creary, S. J. (2015). In our own backyard: When a less inclusive community challenges organizational inclusion. *Equality, Diversity, and Inclusion: An International Journal*, 34(5), 395-421. <https://doi.org/10.1108/edi-11-2013-0105>

Hvidtfeldt, U. A., Bjorner, J. B., Jensen, J. H., Breinegaard, N., Hasle, P., Bonde, J. P. E., & Rod, N. H. (2017). Cohort profile: The well-being in hospital employees (WHALE) study. *International Journal of Epidemiology*, 46(6), 1758-1759h. <https://doi.org/10.1093/ije/dyx073>

Jaiswal, A., & Dyaram, L. (2019). Perceived diversity and employee well-being: Mediating role of inclusion. *Personnel Review*. <https://doi.org/10.1108/PR-12-2018-0511>

Jasso, G. (2015). Thinking, saying, doing in the world of distributive justice. *Social Justice Research*, 28(4), 435-478. <https://doi.org/10.1007/s11211-015-0257-3>

Jiang, Z., Gollan, P. J., & Brooks, G. (2017). Relationships between organizational justice, organizational trust, and organizational commitment: A cross-cultural study of China, South Korea, and Australia. *International Journal of Human Resource Management*, 28(7), 973-1004. <https://doi.org/10.1080/09585192.2015.1128457>

Johnson, A., Piernik-Yoder, B., & Wilson-Alston, A. (2019). Value of occupational therapy assistant education to the profession. *American Journal of Occupational Therapy*, 73, 1-3. <https://doi.org/10.5014/ajot.2015.696s07>

- Johnston, C. S., Krings, F., Maggiori, C., Meier, L. L., & Fiori, M. (2016). Believing in a personal just world helps maintain well-being at work by coloring organizational justice perceptions. *European Journal of Work and Organizational Psychology*, 25(6), 945-959. <https://doi.org/10.1080/1359432X.2016.1192132>
- Kalu, F. A., & Bwalya, J. C. (2017). What makes qualitative research good research? An exploratory analysis of critical elements. *International Journal of Social Science Research*, 5(2), 43-56. <https://doi.org/10.5296/ijssr.v5i2.10711>
- Karaeminogullari, A., Erdogan, B., & Bauer, T. N. (2018). Biting the hand that heals mistreatment by patients and the well-being of healthcare workers. *Personnel Review*, 47(2). <https://doi.org/10.1108/PR-03-2016-0054>
- Karavasilis, G. (2019). Work satisfaction or burnout and their impact on innovative work behavior of Greek teachers. *Journal of Contemporary Education, Theory & Research*, 3(2), 3-10. <https://doi.org/10.5281/zenodo.3635027>
- Kaya, N., Aydın, S., & Ayhan, Ö. (2016). The effects of organizational politics on perceived organizational justice and intention to leave. *American Journal of Industrial and Business Management*, 6(3). <http://dx.doi.org/10.4236/ajibm.2016.63022>
- Keshabyan, A., & Day, M. V. (2020). Concerned whether you'll make it in life? Status anxiety uniquely explains job satisfaction. *Frontiers in Psychology*, 11, Article e1523. <https://doi.org/10.3389/fpsyg.2020.01523>
- Kesmodel, U. S. (2018). Cross-sectional studies—what are they good for? *Acta*

Obstetricia et Gynecologica Scandinavica, 97(4), 388-393.

<https://doi.org/10.1111/aogs.13331>

Khan, R. (2019). The moderating role of resilience: when abusive supervision impacts distributive justice and employees' voice. *International Journal of Contemporary Economics and Administrative Sciences*, 9(2), 443-469.

Kim, W., & Park, J. (2017). Examining structural relationships between work engagement, organizational procedural justice, knowledge sharing, and innovative work behavior for sustainable organizations. *Sustainability*, 9(205).

<https://doi.org/10.3390/su9020205>

Kilroy, S., Flood, P. C., Bosak, J., & Chenevert, D. (2016). Perceptions of high-involvement work practices and burnout: The mediating role of job demands. *Human Resource Management Journal*, 26(4), 408-424.

<https://doi.org/10.1111/1748-8583.12112>

Kittikunchotiwut, P. (2017). The effects of organizational justice on organizational citizenship behavior. *Review of Integrative Business and Economics Research*, 6(3), 116-130.

Kontoghiorghes, C. (2016). Linking high-performance organizational culture and talent management: Satisfaction/motivation and organizational commitment as mediators. *International Journal of Human Resource Management*, 27(16), 1833-1853. <https://doi.org/10.1080/09585192.2015.1075572>

Kroezen, M., Schäfer, W., Sermeus, W., Hansen, J., & Batenburg, R. (2018). Healthcare assistants in EU Member States: An overview. *Health Policy*, 122(10), 1109-

1117. <https://doi.org/10.1016/j.healthpol.2018.07.004>

Kroll, H., Monroe, K., Van Harn, M., Davies, N., & Jesse, M. (2020). Burnout in certified anesthesiologist assistants. *Journal of Allied Health, 49*(2), E73-E78.

Kumar, P., Mehra, A., Inder, D., & Sharma, N. (2016). Organizational commitment and intrinsic motivation of regular and contractual primary health care providers.

Journal of Family Medicine & Primary Care, 5(1), 94–100.

<https://doi.org/10.4103/2249-4863.184631>

Lacher, S., De Geest, S., Denhaerynck, K., Trede, I., & Ausserhofer, D. (2015). The quality of nurses' work environment and workforce outcomes from the perspective of swiss allied healthcare assistants and registered nurses: A cross-sectional survey. *Journal of Nursing Scholarship, 47*(5), 458-467.

<https://doi.org/10.1111/jnu.12151>

Lambert, E. G., Keena, L. D., Leone, M., May, D., & Haynes, S. H. (2020). The effects of distributive and procedural justice on job satisfaction and organizational commitment of correctional staff. *The Social Science Journal, 57*(4), 405-416.

<https://doi.org/10.1016/j.soscij.2019.02.002>

Lane, H., Sturgess, T., Philip, K., Markham, D., Martin, J., Walsh, J., Hubbard, W., & Haines, T. (2018). What factors do allied health take into account when making resource allocation decisions? *International Journal of Health Policy &*

Management, 7(5), 412–420. <https://doi.org/10.15171/ijhpm.2017.105>

Le, H., Jiang, Z., Fujimoto, Y., & Nielsen, I. (2018). Inclusion and affective well-being: Roles of justice perceptions. *Personnel Review, 47*(4), 805-820.

<https://doi.org/10.1108/pr-03-2017-0078>

Le, H., Zheng, C., & Fujimoto, Y. (2016). Inclusion, organizational justice, and employee well-being. *International Journal of Manpower*, 37(6), 945-964.

<https://doi.org/10.1108/IJM-12-2015-0212>

Le, H., Zhou, J., Yuka, F., & Nielsen, I. (2018). Inclusion and affective well-being: Roles of justice perceptions. *Personnel Review*, 47(4), 805-820.

<https://doi.org/10.1108/PR-03-2017-0078>

Leventhal, G. S. (1976). What should be done with equity theory? New approaches to the study of fairness in social relationships. In K. J. Gergen, M. S. Greenberg, & R. H. Willis (Eds.), *Social exchange theory* (pp. 211-239). General Learning Press.

https://doi.org/10.1007/978-1-4613-3087-5_2

Lilly, J. D. (2017). What happened to civility? Understanding rude behavior through the lens of organizational justice. *Business Horizons*, 60(5), 707–714.

<https://doi.org/10.1016/j.bushor.2017.05.014>

Lilly, J. D., & Wipawayangkool, K. (2018). When fair procedures don't work: A self-threat model of procedural justice. *Current Psychology*, 37(3), 680-691.

<https://doi.org/10.1007/s12144-016-9555-7>

Lizarondo, L., Turnbull, C., Kroon, T., Grimmer, K., Bell, A., Kumar, S., McEvoy, M., Milanese, S., Russell, M., Sheppard, L., Walters, J., & Wiles, L. (2016). Allied health: Integral to transforming health. *Australian Health Review*, 40(2), 194-204.

<https://doi.org/10.1071/ah15044>

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.).

Thousand Oaks, CA: Sage.

- Martinez-Inigo, D., & Totterdell, P. (2016). The mediating role of distributive justice perceptions in the relationship between emotion regulation and emotional exhaustion in healthcare workers. *WORK AND STRESS*, 30(1), 26–45. <https://doi.org/10.1080/02678373.2015.1126768>
- Mashi, M. S. (2018). The mediating role of job satisfaction in the relationship between organizational justice and employee outcomes. *International Journal of Public Administration*, 41(16), 1351–1360. <https://doi-org/01900692.2017.1388819>
- May, D. C., Lambert, E. G., Leone, M. C., Keena, L. D., & Haynes, S. H. (2020). Stress among correctional officers: An organizational justice approach. *American Journal of Criminal Justice*, 45(3), 454-473. <https://doi.org/10.1007/s12103-020-09520-w>
- McKeever, J., & Brown, T. (2019). What are the client, organizational and employee-related outcomes of high-quality leadership in the allied health professions? A scoping review. *Asia-Pacific Journal of Health Management*, 14(2), 19-30. <https://doi.org/10.24083/apjhm.v14i2.257>
- Merriam, S. B., & Tisdell, E. J. (2016). Designing your study and selecting a sample. *Qualitative research: A guide to design and implementation*, 67(1), 73-104.
- Metcalf, A. Y., Stoller, J. K., Habermann, M., & Fry, T. D. (2015). Respiratory therapist job perceptions: The impact of protocol use. *Respiratory Care*, 60(11), 1556–1559. <https://doi.org/10.4187/respcare.04156>
- Mickan, S., Golenko, X., & Buys, N. (2018). Educational needs and workplace

opportunities of allied health assistants: A qualitative pilot. *Focus on Health Professional Education* (2204-7662), 19(3), 52–62.

<https://doi.org/10.11157/fohpe.v19i3.251>

Miles, J. A., & Naumann, S. E. (2016). The cumulative effects of justice perceptions. *Journal of Behavioral and Applied Management*, 2(1), 808-830.

Miles, M., Chapman, Y., & Francis, K. (2015). Peeling the onion: Understanding others' lived experience. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 50(2), 286-295. <http://dx.doi.org/10.1080/10376178.2015.1067571>

Mor Barak, M., Findler, L., & Wind, L. H. (2016). Diversity, inclusion, and commitment in organizations: International empirical explorations. *Journal of Behavioral and Applied Management*, 2(2), 813-839.

Morse, J. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25, 1212–1222.

<https://doi.org/10.1177/1049732315588501>

Morse, J. M. (2016). *Qualitative health research: Creating a new discipline*. Routledge.

Mousa, M. (2019). Organizational inclusion and academics' psychological contract. *Equality, Diversity, and Inclusion: An International Journal*, 39(2), 126-144.

<https://doi.org/10.1108/edi-01-2019-0014>

Naccarella, L. (2015). Strengthening the allied health workforce: Policy, practice, and research issues and opportunities. *Australian Health Review*, 39(3), 241-243.

<https://doi.org/10.1071/ah14071>

Nardella, M. S., Carson, N. E., Colucci, C. N., Corsilles-Sy, C., Hissong, A. N., &

Simmons, D. (2018). Importance of collaborative occupational therapist-occupational therapy assistant intraprofessional education in occupational therapy curricula. *American Journal of Occupational Therapy*, 72(1).

<https://doi.org/10.5014/ajot.2018.72s207>

Năstasă, L. E., & Fărcaș, A. D. (2015). The effect of emotional intelligence on burnout in healthcare professionals. *Procedia-Social and Behavioral Sciences*, 187, 78-82.

<https://doi.org/10.1016/j.sbspro.2015.03.015>

National Board of Certification in Occupational Therapy. (2019). Role of the OTR and COTA. [https://www.nbcot.org/en/Public/Occupational-](https://www.nbcot.org/en/Public/Occupational-Therapy#RoleoftheOTRorCOTA)

[Therapy#RoleoftheOTRorCOTA](https://www.nbcot.org/en/Public/Occupational-Therapy#RoleoftheOTRorCOTA)

Noblet, A., Allisey, A., Nielsen, I., Cotton, S., LaMontagne, A., & Page, K. (2017). The work-based predictors of job engagement and job satisfaction experienced by community health professionals. *Health Care Management Review*, 42, 237-246.

<https://doi.org/10.1097/HMR.0000000000000104>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods*, 16(1),

<https://doi.org/10.1177/1609406917733847>

Ouyang, Z., Sang, J., Li, P., & Peng, J. (2015). Organizational justice and job insecurity as mediators of the effect of emotional intelligence on job satisfaction: A study from China. *Personality and Individual Differences*, 76, 147-152.

<https://doi.org/10.1016/j.paid.2014.12.004>

Pan, X., Chen, M., Hao, Z., & Bi, W. (2018). The effects of organizational justice on

positive organizational behavior: Evidence from a large-sample survey and a situational experiment. *Frontiers in Psychology*, 8, Article e2315.

<https://doi.org/10.3389/fpsyg.2017.02315>

Patten, R., Caudill, J. W., Bor, S. E., Thomas, M. O., & Anderson, S. (2015). Managing a criminal justice crisis: An organizational justice understanding of change in a sheriff's office. *American journal of criminal justice*, 40(4), 737-749.

<https://doi.org/10.1007/s12103-015-9291-9>

Pearce, C., & Pagett, L. (2015). Advanced allied health assistants: An emerging workforce. *Australian Health Review*, 39(3), 260-263.

<https://doi.org/10.1071/AH14253>

Philip, K. (2015). Allied health: Untapped potential in the Australian health system.

Australian Health Review, 39(3), 244-247. <https://doi.org/10.1071/ah14194>

Proost, K., Verboon, P., & Van Ruysseveldt, J. (2015). Organizational justice as buffer against stressful job demands. *Journal of Managerial Psychology*, 30(4), 487-499.

<https://doi.org/10.1108/JMP-02-2013-0040>

Ravitch, S. M., & Carl, N. M. (2015). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.

Rineer, J. R., Truxillo, D. M., Bodner, T. E., Hammer, L. B., & Kraner, M. A. (2017). The moderating effect of perceived organizational support on the relationships between organizational justice and objective measures of cardiovascular health. *European Journal of Work and Organizational Psychology*, 26(3), 399-410.

<https://doi.org/10.1080/1359432X.2016.1277207>

- Rodwell, J. J., & Fernando, J. W. (2015). Improving employee outcomes among an often-neglected occupational group in healthcare: Stimulating work and job control keep hospital administrators happy. *International Journal of Stress Management*, 22(4), 395–419. <https://doi-org/10.1037/a0039358>
- Rodwell, J., & Gulyas, A. (2015). Psychological contract breach among allied health professionals. *Journal of Health Organization and Management*, 29(3), 393-412. <https://doi.org/10.1108/jhom-05-2013-0107>
- Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2016). Higher hospital spending on occupational therapy is associated with lower readmission rates. *Medical Care Research and Review*, 1–19. <https://doi.org/10.1177/1077558716666981>
- Roslan, N., Yusoff, M., Morgan, K., Ab Razak, A., & Ahmad Shauki, N. (2022). What are the common themes of physician resilience? A meta-synthesis of qualitative studies. *International Journal of Environmental Research and Public Health*, 19(1), Article e469. <https://doi.org/10.3390/ijerph19010469>
- Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process*. Sage Publications.
- Ryan, A. M., & Wessel, J. L. (2015). Implications of a changing workforce and workplace for justice perceptions and expectations. *Human Resource Management Review*, 25(2), 162-175. <https://doi.org/10.1016/j.hrmr.2015.01.001>
- Saifi, I. A., & Shahzad, K. (2017). The mediating role of job satisfaction in the relationship between organizational justice and organizational citizenship behavior. *Pakistan Journal of Commerce and Social Sciences*, 11(1), 125-145.

<http://hdl.handle.net/10419/188285>

- Sahni, S., Sinha, C., & Gupta, S. (2018). Reinventing organizational justice in the age of disruption. *International Organization of Scientific Research Journal of Business and Management*, 20(3), 1-7. <https://doi.org/10.9790/487X-2003110107>
- Schminke, M., Arnaud, A., & Taylor, R. (2015). Ethics, values, and organizational justice: Individuals, organizations, and beyond. *Journal of Business Ethics*, 130(3), 727-736. <https://doi.org/10.1007/s10551-014-2251-3>
- Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *KZfSS Kölner Zeitschrift für Soziologie und Sozialpsychologie*, 69(2), 107-131. <https://doi.org/10.1007/s11577-017-0454-1>
- Shin, J., & Sohn, Y. W. (2015). Effects of employees' social comparison behaviors on distributive justice perception and job satisfaction. *Social Behavior and Personality: An International Journal*, 43(7), 1071-1083. <https://doi.org/10.2224/sbp.2015.43.7.1071>
- Shkoler, O., & Tziner, A. (2017). The mediating and moderating role of burnout and emotional intelligence in the relationship between organizational justice and work misbehavior. *Journal of Work and Organizational Psychology*, 33, 157–164. <https://doi.org/10.1016/j.rpto.2017.05.002>
- Shore, L. M., Cleveland, J. N., & Sanchez, D. (2018). Inclusive workplaces: A review and model. *Human Resource Management Review*, 28(2), 176-189. <https://doi.org/10.1016/j.hrmmr.2017.07.003>
- Skinner, E. H., Haines, K. J., Hayes, K., Seller, D., Toohey, J. C., Reeve, J. C.,

- Holdsworth, C., & Haines, T. P. (2015). Future of specialized roles in allied health practice: Who is responsible? *Australian Health Review*, 39(3), 255-259. <https://doi.org/10.1071/ah14213>
- Snowdon, D. A., Storr, B., Davis, A., Taylor, N. F., & Williams, C. M. (2020). The effect of delegation of therapy to allied health assistants on patient and organizational outcomes: A systematic review and meta-analysis. *BioMed Central Health Services Research*, 20(1), 1-16. <https://doi.org/10.1186/s12913-020-05312-4>
- Soh, M., Zarola, A., Palaiou, K., & Furnham, A. (2016). Work-related well-being. *Health Psychology Open*, 3(1). <https://doi.org/10.1177%2F2055102916628380>
- Somerville, L., Davis, A., Elliott, A., Terrill, D., Austin, N. & Philip, K. (2015). Building allied health workforce capacity: A strategic approach to workforce innovation. *Australian Health Review*, 39(3), 264-270. <https://doi.org/10.1071/ah14211>
- Srivastava, U. R. (2015) Multiple dimensions of organizational justice and work-related outcomes among health-care professionals. *American Journal of Industrial and Business Management*, 5, 666-685. <http://dx.doi.org/10.4236/ajibm.2015.511067>
- Swalhi, A., Zgoulli, S., & Hofaidhllaoui, M. (2017). The influence of organizational justice on job performance: The mediating effect of affective commitment. *Journal of Management Development*, 36, 542–559. <https://doi.org/10.1108/jmd-11-2015-0162>
- Tang, N., Jiang, Y., Chen, C., Zhou, Z., Chen, C. C., & Yu, Z. (2015). Inclusion and inclusion management in the Chinese context: An exploratory study. *The International Journal of Human Resource Management*, 26(6), 856-874.

<https://doi.org/10.1080/09585192.2014.985326>

Trinkner, R., Tyler, T. R., & Goff, P. A. (2016). Justice from within: The relations between a procedurally just organizational climate and police organizational efficiency, endorsement of democratic policing, and officer well-being. *Psychology, Public Policy, and Law*, 22(2), 158-172.

<https://doi.org/10.1037/law0000085>

Umbarger, A. L. (2016). What is really motivating OTA students to learn in the classroom? *American Journal of Occupational Therapy*, 70, 1.

<https://doi.org/10.5014/ajot.2016.70S1-PO4114>

U.S. Department of Health and Human Services. (1979). *The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research*.

<https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

Vaamonde, J. D., Omar, A., & Salessi, S. (2018). From organizational justice perceptions to turnover intentions: The mediating effects of burnout and job satisfaction. *Europe's Journal of Psychology*, 14(3), 554.

<https://dx.doi.org/10.5964/ejop.v14i3.1490>

van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy*. Routledge.

Wålinder, R., Runeson-Broberg, R., Arakelian, E., Nordqvist, T., Runeson, A., & Rask-Andersen, A. (2018). A supportive climate and low strain promote well-being and

- sustainable working life in the operation theatre. *Upsala Journal of Medical Sciences*, 123(3), 183-190. <https://doi.org/10.1080/03009734.2018.1483451>
- Walker, S. S., Ruggs, E. N., Morgan, W. B., & DeGrassi, S. W. (2019). Diverse perspectives on inclusion Exploring the experiences of individuals in heterogeneous groups. *Equality Diversity and Inclusion*, 38(1), 2-19.
- Wang, P. Q., Kim, P. B., & Milne, S. (2017). Leader-member exchange (LMX) and its work outcomes: The moderating role of gender. *Journal of Hospitality Marketing & Management*, 26(2), 125-143. <https://doi.org/10.1080/19368623.2016.1185989>
- Weathington, B. L., Cunningham, C. J., & Pittenger, D. J. (2010). *Research methods for the behavioral and social sciences*. John Wiley & Sons.
- Wilson, N. A. (2015). Factors that affect job satisfaction and intention to leave of allied health professionals in a metropolitan hospital. *Australian Health Review*, 39(3), 290-294. <https://doi.org/10.1071/ah14198>
- Wolfe, S. E., Nix, J., & Campbell, B. A. (2018). Police managers' self-control and support for organizational justice. *Law and Human Behavior*, 42(1), 71–82. <https://dx.doi.org/10.1037/lhb0000273>
- World Health Organization. (2016). World report on aging and health. [9789240694811_eng.pdf](https://www.who.int/publications/i/item/9789240694811_eng.pdf); [jsessionid=FE66A2C3AC54A96B304C03AC1E548BA9 \(who.int\)](https://www.who.int/publications/i/item/9789240694811_eng.pdf)
- Wray, J., Archibong, U., & Walton, S. (2017). Why undertake a pilot in a qualitative PhD study? lessons learned to promote success. *Nurse Researcher*, 24(3), Article e31. <https://doi.org/10.7748/nr.2017.e1416>

Appendix A: Interview Protocol

Interview Date: _____ Start time: _____ End time: _____

Information on the participant:(Pseudo)

Name: _____

Work Setting: _____

Start of the Interview**Introduction:**

Hello, how are you? Once again, thank you for taking time out of your schedule to participate in this study. Before we start the interview, please allow me to briefly review some background information about the study. If you are ready, we can start?

Thank you!

Provide Background Information About the Study:

The purpose of this exploratory qualitative study is to explore the _____ . This audio recorded interview is a key part of this research study, which will involve asking you some open-ended questions for about an hour. The interview will consist of questions focused on _____ .

Re-affirm/Ascertain: Participant consent to participate.

You also received, signed, and forwarded me your consent to participate in the current study, and your consent for this interview to be audio recorded. Are there any questions or concerns about your consent you would like addressed before the commencement of this interview?

Right to refuse to answer questions.

I need to further emphasize that you have the right to refuse to answer any questions during this interview.

Right to withdraw from the study at any time without penalty.

You can also, withdraw from participating in this study at any time, for any reason, without penalty, and without explanation.

Permission to record the interview.

Once again, thank you for consenting to participate in this interview. Were there any concerns about the consent to be audio recorded that you would like addressed at this time?

Emphasize confidentiality.

I need to also stress that your confidentiality is a high priority to me, and I will take every measure to ensure that your identity and business are protected throughout this study.

Ensure understanding and permission/readiness to proceed:

What questions do you have regarding any information you have received or what I have communicated to you up to thus far? I want to make sure that we have ample time to go through the prepared questions and that our conversation is accurately audio recorded. If you believe that the current time does not provide for ideal conditions, I will be happy to reschedule this interview to a later time that is most convenient for you. Is this a good time to continue with the interview?

Check the voice recorder and conduct a voice recording test.

We will begin the interview shortly. Please bear with me as I work to make sure that the audio recording device is functioning properly.

The audio recorded interview will now begin.

Semistructured Interview Questions

Distributive Justice

1. Think about a time your management team met the needs of your co-workers.

Tell me about a time when you felt your management team was sincere in terms of meeting workers' needs at your workplace?

2. How would you describe your experiences when your needs are being met by your employer?

3. How would you describe your experiences when your needs are not being met by your employer?

4. Think about a time when your area or department has performed well.

What are the types of performances that have received rewards?

Can you share whether any recognition or reward has been given by your employer?

If so, how did you feel about the reward being sufficient?

Tell me about a time that you were personally recognized for your performance.

Did you believe the reward(s) were sufficient?

How do you feel about the rewards being equally matched to performance?

5. Think about the treatment of allied health assistants within your workplace.

Tell me about a time when allied health assistants were treated fairly in terms of how rewards are given.

If you have witnessed assistants being treated unfairly concerning recognition; please tell me the reason you believe assistants are not treated fairly.

Procedural Justice

1. Think about the processes concerning fairness such as fair pay for experience and performance in your workplace.

What is your perception of the type of work processes that could ensure that everyone is treated fairly?

2. Think about the trust you have in your organization to make decisions which you perceive to be fair.

Tell me a time when you were included in the decision-making processes.

Tell me a time you felt as though your employer included the interests or viewpoints of their employees in the decision-making process.

How would you describe your level of trust in the company to meet needs in your specific area? (Ex. Supplies are needed for you to provide quality service.)

Tell me about a time that you entrusted your employer to make fair decisions. Tell me a time when you felt disappointed in the decisions made.

3. Think about the role of an allied health assistant plays in the decision-making processes at your workplace.

Tell me how you felt about being included in the decision-making processes in your workplace.

How do you feel overall about the level of participation assistants should have in the decision-making processes in the workplace?

Inclusion

1. Think about the company with which you work in terms of feeling included.

Tell me a time when you felt that you had equal access to opportunities, resources, and team member access.

Tell me a time you believe to be empowered to contribute to your company's success.

Tell me a time when you felt encouraged to collaborate with your co-workers or team members.

How would you perceive the level at which your company empowers teamwork?

What is your perception of allied health assistants being included as part of a productive member of a team?

2. Think about the company with which you work in terms of feeling excluded.

Tell me a time when you felt excluded from opportunities, resources, and team member access.

If you believe that you have never felt empowered to engage with your company; what do you perceive to be the reason(s) for this treatment by your employer?

3. What else would you like to share with me about your experiences in the workplace concerning fairness and being included?

Interview Debriefing

Express gratitude and close the interview:

Thank you, again for taking the time to be part of this study. At this time, we have finished the prepared questions. Do you have any questions, comments, or concerns regarding any portion of this interview that I have not addressed?

Seek permission for member-check:

I want to make you aware that the transcripts of this interview will be made available to you. When the transcripts are available to you, please review them to ensure they provide a clear and accurate representation of the experiences you intended to communicate during this interview. Please feel free to add any reflections that may come to mind as you read through the transcription. Once you have reviewed your transcript, please forward back to me at your earliest convenience.

Currently, do I have your permission to send the transcript of the interview to you via secure email? As I go through my notes from our interview, if I need clarification on any aspect, do I have permission to contact you with any follow-up questions?

Thank you!

END

Write up interview notes:

Complete the reflexive journal as soon as possible, to accurately capture the context and experience of the interview process.

Journal should include notes on:

1. Self
2. The Interview processes
3. Timing

4. Questions/Answers
5. Emerging themes and constructs
6. Developing coding options
7. Ethical dilemma
8. Potential areas of exploration for future studies

Appendix B: Demographics Questionnaire for Allied Health Assistants

What is your Race/Ethnicity (Check all that apply)?

Black/African American

White

Asian

Native American

Other

What is your gender?

Male

Female

What is your position at your current place of employment?

Physical Therapist Assistant

Occupational Therapy Assistant

Speech Therapy Assistant

Do you currently hold a license to practice?

Yes

No

What are your years of experience_____?

In what type of setting do you work? (Check all that apply)

Hospital

- School
- Nursing Home
- Home Health
- Skilled Nursing Facility
- Outpatient Clinic

How many years have you been working at your current work setting(s) _____?