Expertise
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Visioning the Future:

Occupational Therapy in 2030

Metropolia University of Applied Sciences

Bachelor of Health Care

Occupational Therapy

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Tämän opinnäytetyö tuottaa synteesin toimintaterapian tulevaisuuden neljästä visiosta. Visiot ovat 17:n kandidaatintutkintovaiheessa olevan toimintaterapiaopiskelijan tuotoksia. Opiskelijat Suomesta, Itävallasta ja Belgiasta osallistuivat intensiivikurssille vuoden 2018 keväällä. Opiskelijat osallistuivat FAB Joint Program - kansainväliseen lukukauteen, joka on kehitetty yhteistyössä Metropolia ammattikorkeakoulun, FH Campus Wien University of Applied Sciencesin sekä Artevelde University Collegen kanssa.

Intensiivikurssin tuotokset kattavat laajalti megatrendejä ja terveysriskejä, jotka vaikuttavat yhteiskuntien muutoksiin. Näihin tukeutuen opiskelijat loivat näkökulmia toimintaterapian uusille työnkuville, rooleille ja pätevyyksille. Samalla opiskelijoiden tuotokset puhuttelevat sitä, mikä toimintaterapiassa on keskeistä, jopa muuttumatonta. Opiskelijat kehittivät monia tehtäviä, tavoitteita ja ehdotuksia toimintaterapian opiskelijoille, ammatinharjoittajille, opettajille ja tutkijoille vastauksena hahmottelemiinsa yhteiskunnallisiin muutoksiin. Opinnäytetyön analyysiosio päättyy kirjoittajan vertailevaan yhteenvetoon sekä reflektointiin aihepiirin parissa.

Opiskelijoiden kirjoittamien loppuraporttien abduktiivinen analyysi muodostaa opinnäytetyön pohjan. Opinnäytetyön analyysissä ja sen reflektiossa vertailu- ja harkintapintana toimivia käsitteitä ovat toimintaterapian paradigma, megatrendit, nousevat käytänteet ja työnkuvat sekä European Network for Occupational Therapy Educators TUNING –julkaisun pätevyydet. Analyysin materiaalina on myös olemassaolevia visioita muilta toimintaterapian kontekstissa toimivilta tahoilta.

Avainsanat	FAB joint degree, toimintaterapian tulevaisuus, toimintaterapian uudet työnkuvat, toimintaterapian paradigma, TUNING competences

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The purpose of this thesis is to document and to make a synthesis of four sets of visioning concerning the future of occupational therapy. The ideas are compiled by 17 Bachelor level occupational therapy students from Finland, Austria and Belgium during an intensive learning course in spring 2018. The students were participating in a FAB (Finland, Austria, Belgium) Joint Program which is a collaboration between the bachelor programs of Metropolia University of Applied Sciences, FH Campus Wien University of Applied Sciences and Artevelde University College.

Thesis findings are connected to a vast spectrum of megatrends and health risks affecting the changes in societies. Based on them, the students developed views for new practices, roles and competences for occupational therapy (OT) as well as discussion of what is the core of occupational therapy. Tasks, targets and suggestions for OT students, practitioners, educators and researchers were developed by the students as reflection from the envisioned changes in the world. Conclusions and discussion of the

Abductive analysis of written reports from the students serves as the basis for this research. Occupational therapy paradigm, megatrends, emerging practice material and European Network for Occupational Therapy Educators (ENOTHE) TUNING paper competences were a common nominator for students while formulating future roles for occupational therapists, and they also serve as a base for the analysis, and further reflection in the thesis. Other material used in the thesis include existing visions from international organisations and from international OT contexts.

Keywords	FAB joint degree, future of OT, emerging practices for OT, occupational therapy paradigm, TUNING competences

Contents

Appendices

1 Introduction

The purpose of this thesis is to produce a qualitative analysis of the main ideas concerning the future of occupational therapy envisioned and compiled by 17 bachelor level occupational therapy students during an international intensive learning course in Helsinki, Finland in spring 2018. Gathered information is an interesting reference to the current change happening in the world, like advancing digitalisation and the developments in technology that are affecting the ways occupational therapists work. The objective of the thesis is to expand thinking into the directions these future occupational therapy professionals see their field developing. What is the role of occupational therapy in the future? What new problems shall we tackle? Who will our clients be? These are some of the questions discussed in this thesis.

The students came from Finland, Austria and Belgium, and were taking part in the newly started FAB Joint Program (FAB referring to Finland, Austria and Belgium). FAB is a continuing collaboration between the OT bachelor programs of Metropolia University of Applied Sciences, FH Campus Wien University of Applied Sciences and Artevelde University College. FAB Joint degree is unique as it is probably the first-ever international Joint Degree in the Occupational Therapy Bachelor studies, where all studies are developed, taught and supervised together, and learning competencies are tuned between the partners' curricula (Dejonckheere 2019). The students who collaborated in the intensive course, named module 2, are also the first-ever to participate in the FAB Joint degree program.

The main objective of the thesis is to highlight the collaborative visions of the students, as well as further enter into discussion of the future of occupational therapy with content analysis of the reports. After searching for European visions of the future of occupational therapy, I concluded that they are seldom developed, or the ideas are usually coined into a few sentences concerning only a specific field. It is difficult to find comprehensive European views. This kind of future visioning collaboration by occupational therapy students from several nationalities happens rarely.

For occupational therapists and occupational therapy educational programs it is important to be aware of the future trends and emerging fields of practice, as European Network for Occupational Therapy Educators (ENOTHE) states it their five-year strategy

2016-2020 (ENOTHE Board 2016). This thesis is in its humble way a part of the shared endeavour of building the future European visions for occupational therapy. This thesis is also a first-ever FAB thesis, meaning that it is a final product of work planned wholly in the context of FAB Joint Program. By writing this thesis in English, the shared European visions can be truly shared internationally.

The research question was: what visions for the future of occupational therapy were produced? The main data for the research was written material produced by the students. The data is analysed using a qualitative content analysis. Additional research material includes articles and theory gathered by FAB teachers' team, the students as well as the writer of the thesis, other presentations during the intensive week, the student manual for module 2 and orientation material for the intensive week. Reference to the year 2030 can be found from learning outcomes of module 2 manual as a focus where students have set their visions, and thus it can be found from the thesis title.

As I will use the words occupational therapy and occupational therapist frequently throughout the thesis, I will use the shorter expression OT for both of these terms. This is partly because OT was commonly used as a term during the module 2 for both the therapy and the therapist, and partly as it is a common expression for both in English occupational therapy literature. The difference between the terms can be found from the context.

The thesis was commissioned by the FAB teachers' team that is the organizing party of the FAB Joint Degree. The group consisted of teachers from all the above-mentioned bachelor programs. The contact from the FAB teachers for this thesis was Ulla Vehkaperä, a senior lecturer from Metropolia University of Applied Sciences, and the main organizer of module 2. The original main object for the thesis was to publish the results of module 2. The point of view for the thesis was developed in co-operation and with the support of Ulla Vehkaperä, who also gave important insights to the analysis of the data.

2 FAB Joint Degree and Module 2

The development of the FAB joint degree started from cooperation within European occupational therapy higher educations curriculum comparison and networking within the

existing European OT organisation. After an initial quest for partners, the current higher education parties started their collaboration. (Vehkaperä, 2019)

For participating students, there is a possibility to obtain a second degree from one other FAB partner when graduating from home institution. Joint degree refers to the degree being jointly developed and provided by several higher education institutions and conferring one or several degree certificates (Opetushallitus 2014). FAB-semester 2017-2018 consisted of six different modules, meaning courses or study modules.

Table 1. FAB Joint Degree modules in 2017-2018

Name of the modules	**Where was organized**	**ECTS-credits**
Module 1: Occupational Therapy and Urban Transformation – Introduction	Ghent, Belgium	1
Module 2: New Areas, Roles and Future for Occupational Therapy	Helsinki, Finland	3
Module 3: Public Health and Health Promotion	Helsinki, Ghent and Vienna	3
Module 4: Practical placement /Fieldwork Placement	Helsinki, Ghent and Vienna	15
Module 5: Occupational Therapy and Urban Transformation – Integration	Vienna, Austria	3
Module 6: Thesis	Helsinki, Ghent and Vienna	5

FAB joint degree was organized so, that all FAB students and supporting FAB teachers arrived to participate in modules in the country organizing the module. Each country organized one module for all the FAB students. The FAB semester also included an inter-

national practical placement and living in another country for three to four months. Module 2, the intensive course of interest to this thesis, was organized in Helsinki, Finland between 2nd and 9th of February 2018.

The writer of this thesis also participated in the FAB-semester 2017-2018, as well as actively participated in the activities of module 2. I had a double role during the module. I worked as a data collector, documenting many of the processes, and I participated in the activities as a FAB student. I discuss the double role more in this thesis.

The module 2 was planned by the organizing FAB teachers' group: Barbara Höhsl and Susanne Messner-Gujo from FH Campus Wien, Marc Adriaanse and Greet Steyaert from Artevelde University College and Ulla Vehkaperä and Kaija Kekäläinen from Metropolia University of Applied Sciences. The organisation of module 2 influenced the way learning was established during the module. Module 2 instructions affected the way student presentations were organized and how the written reports were made. For these reasons, briefly presenting the content of module 2 is necessary for this thesis.

The learning outcome for module 2 was summarised in that "students have ideas and knowledge about OT 2030, what it could be, challenges and opportunities. The students feel empowered to think and act outside today's "OT box", e.g. have ideas to start new projects, are empowered to try a job outside the core area of OT." (FAB Joint Programme, 2018.)

The students worked in 4 groups, divided on the basis of common interests established during teambuilding and with creative methods. The 4 groups worked for 3 days, being mentored by a teacher, and visiting sites where emerging practices for OT's had been identified. The students produced a presentation and a week later a written report on the subject: New Role for OT. The report was instructed to include:

- Challenges / mega trends (in the future)
- Paradigm, frame of reference
- OT´s emerging role, methods
- Client examples, outcomes
- OT´s future learning competences and skills

The common nominators for the work of each of the four groups was the common frame of learning outcomes produced by the teachers organizing FAB. This included common learning methods like assignments and much of the content during the week, like lectures during the module. The weekly schedule can be found in the end of the thesis (appendix 1). Shared content for module 2 included preparatory work consisting of reading and researching the prechosen key concepts: Mega Trends and New OT role, as well as preparing a presentation on the current state of OT in one's own country.

The groups chose their topic of interest for the future of OT during module 2 which they worked on during the week. This also meant that preparing beforehand for this thesis was difficult. The groups worked in a dynamic way, choosing their next steps in every situation, while narrowing down to decisions until developing a vision for the new roles for OTs, and each group making a presentation. The pedagogical approaches for module 2 were innovation pedagogy and problem based learning (Vehkaperä, 2019).

After giving the presentations, each group co-wrote a report with their findings and visions and handed in these reports a week later. The written reports included all the research and sources the groups had used, and they were written in a similar fashion due to module 2 report instructions. These written reports became the main data for this thesis.

3 Occupational therapy in change

The first occupational therapy association was founded over 100 years ago, in 1917. This marks the official beginning of occupational therapy. (Hautala 2005: p. 27.) In the turn of the one-hundredth birthday for OT, occupational therapists all over the world celebrated the field's existence with pride. The profession has gone through several changes with global expansion, research in occupational science and re-imaging of the role of the occupational therapist. Job descriptions of occupational therapists have changed while methods of work and theories of occupational therapy have developed.

To elaborate on the current state of what OT is seen to be, I present here the OT definition by Occupational Therapy Europe (OT-Europe) that is a coordinating group for Council of Occupational Therapist for European countries (COTEC), European Network of

Occupational Therapy in Higher Education (ENOTHE) and Research in Occupational Therapy and Occupational Science (ROTOS):

> *Occupational therapy is a profession concerned with improving well-being for persons of all ages through enabling occupations to promote health and participation in society. Occupational therapists do this by supporting persons' engagement in occupations and activities that they want, need and chose to do in everyday life. Occupational therapists explore new ways of doing things by adapting activities and physical and social environments to improve function, capacity and participation. Occupational therapists work in partnership with those involved in the persons' life, for example, family and carers, teachers and employers, to achieve persons' and communities' desired outcomes and promote an inclusive society. (What is OT n.d.)*

The description is similar to many other OT descriptions by national and international parties. To take this statement apart we can find the following important concepts for what OTs do: enable occupations, support engagement, explore new ways of doing, adapt activities and work in partnership for desired outcomes. These concepts will be useful while thinking what will change in the work of occupational therapists.

Next in this chapter, I will discuss shortly how the future of occupational therapy has been envisioned by some OT organisations and individual occupational therapists on a shared forum. I will also introduce important concepts for understanding the mechanism of change in occupational therapy. Many of these concepts were already introduced before and during module 2.

3.1 Existing visions

Chapter 3.1. exhibits the background material I researched for the thesis. It includes visioning for the future of OT developed by different authors in different contexts. It is also a presentation of the types of visioning that exists, and what does not exist.

Some future visions from certain areas of Europe were found, like the Swedish Association of Occupational Therapists' publication: Occupational therapy – the future: Strategic agenda 2009-2016 (2010), but current information and visions fitting FAB-context

were difficult to find. Language barrier in the Belgian and Austrian context also became an obstacle.

Some field specific visions could be found, like in the article by Brent Braveman: Population Health and Occupational Therapy (2016). The article is written about what could occupational therapists do in the plane of population health, which is an emerging practice (Holmes 2009). However many similar articles were discarded during the writing of the thesis, as the articles mentioned in the data became more valuable for the outcomes of this thesis. Field specific visioning for the changes in OT can be found in many research articles, though often only with few sentences.

American Occupational Therapy Association (AOTA) published in 2008 their Centennial Vision as a guidance past the OT's hundred years of existence (Solomon, O'Brien, Cohn 2013: p. 133). In 2017 AOTA published Vision 2025, which looks at where OT should head from 2025 onwards. This kind of reflection is important, because at the same time we can think of the concrete actions that can be made for the development of occupational therapy.

AOTA's Vision 2025 is: "**As an inclusive profession,** occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." (AOTA 2018)

Additionally, and for communicative reasons AOTA's Vision 2025 is summarised into four pillars: Accessible, Collaborative, Effective and Leaders, as well as an added pillar in 2018: Diversity (AOTA 2017; AOTA 2018). AOTA's method of building their Vision 2025 was by sending a survey to 60 000 American OTs and outside stakeholders as well as interviewing industry leaders. By analysing the collected material, they additionally co-created the guiding pillars with practitioners and students (AOTA 2017).

AOTA's view is set in the medical trends and transitions of the American health care system, so it is not directly linkable to our European systems. However, it is worth noticing that no similar vision for the future exists in Europe, although collaboration between OTs, their national organization as well as Universities and Colleges exists. One reason for the lack of a common vision for future might be that European OTs work in many kinds of societies and under many kinds of legislation.

ENOTHE collaboration in the TUNING process and the subsequent publication: TUNING Educational Structures in Europe (2008) provided some ideas for the future of OT in the European context. TUNING project was about development of competencies and guidelines for European occupational therapy education, also for future practice and research (TUNING 2008: 9,10). The TUNING paper stated in 2008 that OT is moving away from traditional models of medical services to include socially oriented and community-based practice. In working with TUNING competencies, the developers also expressed that they wanted to provide future direction for OT, to be proactive. (ENOTHE TUNING 2008: 40). This is also an example of how to put to use detected trends in regards to development of a field.

World Federation of Occupational Therapy (WFOT) organizes the advancement of OT globally and connects practitioners, educators and researchers from all over the world under one organisation. In 2018, WFOT organized a conference in South Africa titled Connected in Diversity: Positioned for Impact. Researching the future views of OT I also searched the conference programme for future-oriented speakers, but found only a few from among hundreds of presentations. Next, I will present some main views compiled from the two presentation abstracts that could be found. The speakers whose abstracts I have added here are Robin Joubert from South Africa and Rita Fleming-Castaldy from USA.

Joubart intends to provoke discussion and dynamic transformative planning within OT to prepare it for the future that includes many global problems. Future challenges according to Joubert are technology changing occupations, climate change destroying traditional livelihoods in agriculture and causing a displacement of people as well as global conflicts. (Joubert n.d.)

Fleming-Castaldy's abstract shows a strong emphasis on the social activism of occupational therapy history. She presents a qualitative content analysis of historical research projects, journals and historical archives. The results show that social activism, reductionism and disability rights were major themes in OT practice, and that future OT should learn and continue to actively fight for socio-political changes and legislation to enable participation. (Fleming-Castaldy n.d.)

I suggest that these views present very current global trends for OT as they were chosen as topics for the WFOT 2018 conference. Also, even though FAB Joint degree and this thesis are carried out in Europe, global trends are also affecting us.

3.2 Key concepts

Key concepts for the intensive week were chosen beforehand by the international FAB teachers' team. The key concepts were: **Mega trends and New OT roles**.

Discussed mega trends were the United Nations 17 Sustainable Development Goals (SDGs) and the Finnish future-oriented fund Sitra's annual Megatrends for 2016. Sitra's megatrends are especially made for Finland and Finnish decision makers but reflect international trends (Sitra is Finland's fund for the future n.d.) and SDGs present shared global goals for a sustainable future as a call for action (Sustainable development goals n.d.).

Sitra's Megatrends for 2016 were as follows: Quickly accelerating technological advancement, an interdependent and tension-driven world, and a global sustainability crisis related to natural resources and climate change. These trends are also highly interconnected, and a deeper inspection provides challenges and solutions as well as opportunities. (Kiiski Kataja, 2016: pp. 3-6)

The UNs sustainable development 2030 Goals are from the organisations 15-year plan for 2015-2030. They are: no poverty, zero hunger, good health and well-being, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry, innovation and infrastructure, reduced inequalities, sustainable cities and communities, responsible production and consumption, climate action, life below water, life on land, peace, justice and strong institutions and partnerships for the goals. (Sustainable development goals n.d.).

3.3 Emerging practices

New OT roles were developed in module 2 through considering current OT roles and jobs in each country as well as reading theory on emerging practices. Help in rethinking and re-imaging occupational therapy was provided by a chapter written by Moulineux and Baptiste in the book: Role emerging occupational therapy (2011).

Moulinex and Baptiste connect in their article non-traditional OT practices to possibly emerging practices, and present that we should train to see possibilities of new fields, and connections from changes in the world to understanding the changing practice context (Molineux, Baptiste 2011: 3). Additionally, Moulineux and Baptiste present the current role of occupational therapist in the medical field and biomedical framework always contrary to OT values of holistic health, and they emphasize the importance of finding new fields for OT, like for example in promoting occupational justice (Molineux, Baptiste 2011: pp 4-7).

Moulineux and Baptiste bring up the need to be responsive to the slow changes in the societies, and as was well make the change " for occupational therapy to break out of the confines of traditional health and social care" (2011: pp: 7-8).

Emerging OT practices are researched and discussed all over the world. The needs for the development of OT in countries differ, but the innovative co-development and sharing of knowledge can be of help in developing OT in each country (Baptiste & Molineux 2011: p. 151.)

Also, just to present few international emerging practices, AOTA's Centennial Vision recognizes emerging practices in the needs of communities and individuals, in categories such as children and youth, health and wellness, productive aging, work and industry, rehabilitation, disability, and participation (AOTA 2009). Baptiste and Molineux report the following emerging trends from Canada, the United Kingdom and Australia: primary health care, working with diagnosis-free populations, community front-line with marginalised populations and education of the public (2011: pp. 151-153.)

3.4 OT paradigm and paradigm shift

Occupational therapy practitioners need many kinds of knowledge depending on which field and which country they are working in. Kielhofner called these levels of knowledge conceptual foundations of OT. The core of the OT knowledge is OT paradigm, that acts as the professional culture shared by practitioners, core beliefs and values, and through OT paradigm, practitioners define the work that they do. (Kielhofner, 2009: p 10.) Occupation therapy paradigm serves as the background for this thesis, as it provides a valuable concept for what is essential in occupational therapy.

Additional knowledge needed to be able to work as an OT, are conceptual practice models, that include the OT concepts, evidence and resources, and related knowledge from other fields, that OTs use to support the clients in an appropriate way (Kielhofner 2009: p. 10.) The structure of the knowledge can be found in figure 1.

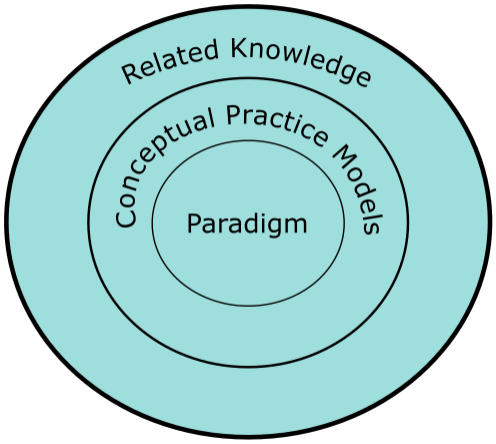


Figure 1. Conceptual foundations for OT (Kielhofner 2009: 10)

The paradigm can be further theorized consisting of **core constructs** meaning the reasoning behind OT services, a **focal viewpoint** to certain aspects inherent in OT and shared **values** (Kielhofner 2009: p 12). According to,Gary Kielhofner, OT paradigm has undergone a recurring paradigm-crisis-paradigm process. The contemporary paradigm includes the following core constructs: occupation is central to health and well-being, OT focuses on clients' occupational difficulties and the core of OT is occupation-based practice. (Kielhofner 2009: p 49.)

The contemporary focal points as presented by Kielhofner in 2009, are interaction of person, environment and occupation (PEO), and that interaction produces occupational performance, where all three points have an effect. And continuing to the values, contemporary paradigm is said to:

- emphasize occupation as a source of health and well -being
- have emphasis on clients' desires, and supporting of them
- include clients' participation in active and meaningful participation as being an indicator of the effectiveness of therapy
- importance of therapeutic relationship (Kielhofner 2009: p 49)

As mentioned before, paradigm is a concept that changes over time. Toini Harra, a senior lecturer in Metropolia University of Applied Sciences and one of the lecturers from the module 2 opening seminar on 5th February 2018, established in her presentation the progression of the OT paradigm, focusing on changing concepts, methods and values. She had also many visions for the future of OT, that I will shortly present here. She presented that OT has already moved towards viewing co-occupations instead of only individual occupations. And research and development have become more important, which has lead to evidence-based practices becoming a current value, next to client-centeredness and multidisciplinary collaboration. (Harra, 2018.)

The additional trends for the future development of OT according to Harra, are co-occupations instead of only occupations, citizens as OT service developers instead of just service users and from evidence-based practice Harra suggested stepping into evidence-informed practice where more people are heard. In short, Harra presents that if we work together in development, with all kinds of people and professionals, we can make better innovations, products and services.

3.5 ENOTHE TUNING competences

The vast TUNING process focused on reference points for OT, meaning learning outcomes and competences for occupational therapists, especially meant to describe higher education in Europe. The researched competences are intended to act as a guideline for occupational therapy education in Europe, and to be applied in practice in developing the field. (ENOTHE TUNING, 2008: pp. 11-12.)

TUNING Generic competences are transferrable skills recognized by the TUNING methodology. They are thought of being important in regards of future employability of the students. The generic competences can be divided into three categories: Instrumental competences, interpersonal competences and systemic competences. (ENOTHE TUNING Educational Structures in Europe 2008: pp 38-39.)

Table 2. TUNING generic competences (ENOTHE TUNING Educational Structures in Europe 2008: p. 39)

1	Capacity for analysis and synthesis
2	Capacity for applying knowledge in practise
3	Planning and time management
4	Basic general knowledge in the field of study
5	Grounding in basic knowledge of the profession in practise
6	Oral and written communication in your native language
7	Knowledge of a second language
8	Elementary computing skills
9	Research skills
10	Capacity to learn
11	Information management skills
12	Critical and self-critical abilities
13	Capacity to adapt to new situations
14	Capacity for generating new ideas (creativity)
15	Problem solving
16	Decision-making
17	Teamwork
18	Interpersonal skills
19	Leadership
20	Ability to work in an interdisciplinary team
21	Ability to communicate with non-experts
22	Appreciation of diversity and multiculturality
23	Ability to work in an international context
24	Understanding of cultures and customs of other countries
25	Ability to work autonomously
26	Project design and management
27	Initiative and entrepreneurial spirit
28	Ethical commitment
29	Concern for quality
30	Will to succeed

4 Primary objective and research aim

The primary objective of this thesis is to collect and document the views from the future of occupational therapy of the students participating FAB module 2. The secondary objective is to promote discussions of the future of OT. At the beginning of the analysis process, a set of research questions was produced to help focus the study, but I chose to take on a more inductive approach to data during the research process. The students' reports included a wide array of views of how OT would change in the future as well as set of reasons for these changes, and there was no reason to attempt to elevate one views over the others for theoretical reasons.

The research question was: what visions for the future of occupational therapy were produced? The question is comprehensive, and I start the analysis process inductively to keep as much of the students' visioning as possible. For transparency reasons, the results-section of the thesis (chapter five) contains only results from the inductive analysis with some clarifications on terminology. In the next step of the abductive analysis, I compare the results with additional research material and display my conclusions in the conclusions chapter (chapter six). Conclusion's objective is to further illuminate how the students views fit in the larger set of research and visions for the future.

I chose the additional research material with care to build a more universal and linked view of the results. Most additional research material is presented and discussed already in chapter three, so that it is readily accessible for the reader. Table 3. presents a summary of the additional research material I used during writing the conclusions.

Table 3. Additional research material

Name of additional research	Presented during module 2
Existing future visions	no
Megatrends	yes
Emerging practices	yes

OT paradigm	yes
TUNING competences	yes

The decision to present the additional research and its connection to module 2 vigorously reflect on my attempts to be more just to the data, as there were issues of biases because of my double role during module 2. My work cannot be separated from the FAB-module. The main research aim for the thesis is to present the results of the students in an unbiased way, but also to produce wider conclusions from the data as an expert on the data.

4.1 Methodology and study design

I have chosen the methods for writing this thesis with a pragmatist view. As this is not future studies, but a bachelor thesis analysis of data in occupational therapy studies, no clear methodology could be found within my resources. In contemplating this, I have taken solace in a view in Bazeleys book Qualitative data analysis. Bazeley expresses that many discrepancies between methods theory and practice exist, and often many more when a particular methodological tradition is mentioned (Bazeley 2013: pp. 10-11).

Even though there is no tested theory of future studies on the background of this thesis, other shared commonalities exist. The basis for the international students for working together is the OT paradigm, a common understanding of what the core of OT is. OT paradigm makes possible that students are talking about the same profession even though they have different background and different education. Another common nominator is the fact that FAB joint degree is developed, taught and supervised together, and learning competencies are tuned between the partners' curricula (Dejonckheere 2019). I present the following citation from Artevelde Hogeschools web page as an indication for the shared knowledge base of the students participating in the FAB semester 2017-2018:

> "We are proud of our students who completed this module", says programme coordinator Marc Warmoes. "They made a very strong impression, were extremely committed and spoke an *occupation-based* language." (First Occupational Therapy students obtain international diploma 2018.)

This thesis represents qualitative research. The student reports are in the center of this research. Qualitative content analysis enables me to distil the content into fewer content-related categories. The method also makes it possible to build condensed and broad descriptions of the phenomenon. (Elo & Kyngäs 2008: pp. 107-108.) Future studies have many methods of research that could be employed in regards to the data, but as an occupational therapy student, in this thesis I will use the more approachable qualitative content analysis methods.

In content analysis the aim is to build a model to describe the phenomenon in a conceptual form (Elo, Kyngäs 2008, p. 107). In this thesis, in addition to the textual categorisation of the data, a hierarchical model of the results is one of the objectives for the analysis. The aim was to produce a more visual model including the categorisation in an approachable form.

4.2 Data analysis

Miles and Huberman conclude that qualitative analysis comprises of three flows of activity: data collection, data reduction, data display and drawing or verifying conclusions (Miles & Huberman 1994: p. 12). The model can be seen in figure 2. This model shows well how the qualitative analysis process is a dynamic process, steps need to be taken forward in the process like categorization, but only when the data, coding system and categories are visited again and again, conclusions can be drawn. Verification from the data, codes and categories is an essential part of the way the data analysis was conducted also in this thesis.

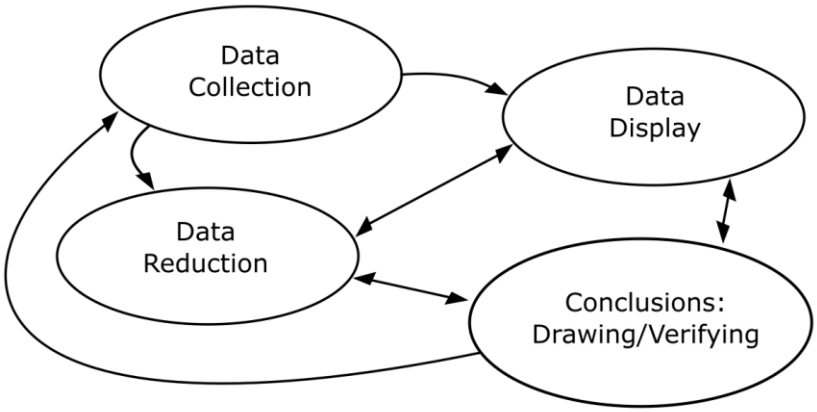


Figure 2. Components of data analysis (Miles, Huberman 1994: p. 12)

At the beginning of the analysis process my aim was to make an inductive analysis of the data. But by acknowledging the shared theoretical base of the data, as well as the aim to reflect the results with theory, it became evident that a purely inductive analysis was not possible. The chosen method of analysis for this thesis became abductive analysis, which is a mixture of inductive and deductive analysis. Tuomi and Sarajärvi specify that abductive analysis starts inductively, but the theoretical views affect the later steps of the abductive analysis (2009: p. 97). The chosen method of analysis has two parts. Firstly, an inductive content analysis of the data, to create categorisation, and secondly reflecting the previous visions and theory to the inductive reasoning results with deductive reasoning.

4.2.1 Data collection

All module 2 presentations were filmed and audiotaped for the purpose of data collection security. After the four student groups had made written reports with research and theory references, I received each of the reports from the contact FAB teacher. Rights for the presentations' video and audio material as well as all written reports for the use of this thesis were requested during module 2 from all relevant parties. The agreement layout can be found at the end of this thesis (Appendix 2).

The gathering of additional theory for the thesis happened mostly during and after module 2. Before module 2, I became familiar with literature and articles of visions for new

roles and new practices for OT based mostly on searches on different databases, and the material provided by the Module 2 manual. The four FAB student groups gathered plenty of research articles as well as supporting OT theory surrounding their chosen topics. The data topics are as followed:

- OTs, urban transformation and homelessness
- New roles for OTs at school
- Role of OTs and technology with children with obesity
- Impact of technological revolution to the roles of OTs.

4.2.2 Developing and analysing data

Most of the collected data, the video and transcripts, were left out from the thesis in the process, as the aim for the thesis became more accurate, concentrating on the future views for OT that the students had developed. The written reports with references became the most important sources as they were easy to use, they better stated their influences, and they had more developed ideas than for example in the students' presentations.

I searched the reports for all statements connected to the future of OT. Many of the statements were supported by research found by the students or they were connected to OT theory. References were of interest also in this thesis, but they were not a requirement for the statements to be added to this research.

The statements could be one or several sentences long. The statements, or passages, became the units for analysis that I abstracted from the four student reports. I organized the passages in a word processor programs table. In the end of the extraction, the table was about 30 pages long.

I then labeled the contents of the statements with core words or small sentences, which is called coding and the idea is to represent and give access to the passage (Bazeley 2013: pp. 125-126). If the statements had several core concepts, I divided the statements into different statements with different codes, or I added several codes for the one statement. Choosing which way to go depended on the structure of the statement in question.

I intended to keep as much of the context with the coding as possible, so sometimes it would be better to include the other core concept as context.

In the next step, I started to create a catalogue of categories for the codes. I started with organizing the statements and their codes under labels arising from the data. For coding the labels I used different colors. For some passages, I added several colors, as they included content suitable for several labels. I then organized the passages in accordance to the labels, and in the case of passages including content fitting to several labels, I copied the passages into both groups to make sure that no core ideas were lost (see table 4). After this process, seven labels had emerged from the data.

Table 4. Example of coding and labelling in analysis

Statement	Codes	Label
Loneliness and social isolation may represent greater threat to public health than obesity and the impact has been growing and will continue to grow. (American psychological association 2017)	Loneliness and social isolation	Public health threat
Finkelstein et al. (2011) states that 51% of the world population will obese according to the data from 1990-2008	Obesity	Public health threat
Children will grow up with technology and will be influenced by it in many positive but also negative ways. However, children and also adolescence are very vulnerable to the effects of technology because social participation is happening more and more online, but social relationships and identity are also linked to emotional well-being (Kennedy & Lynch, 2016).	Social participation more online Emotional well-being	Changes and megatrends Public health threat

I then reworked within each label with the codes making several subcategories, and general categories. I changed and reconsidered each subcategory and general category several times to see how it would give out the most information about the students' visions. By comparing and categorising, the main categories were found within the data, replacing labels (see table 5). This reworking of the data display led me to categorize the results under five main categories and twenty-three general categories.

Table 5. Example of categories under the main category Changes and megatrends

Code	Subcategory	General category
New possibilities for prevention, health promotion and treatment	Medical care system	Technology
AI: Health care planning	Health technology	

During the whole process, I recoded, labelled in more detail and copied or moved codes within the labels and categories tens of times. This was to better suit the analysis while my comprehension of the data grew. The material was vast, and through coding, and working with categories, data reduction was possible. My emphasis in the writing of the results has been to keep also the codes with only one statement in the process. However, while writing the conclusions the larger categories got the most emphasis.

4.2.3 Quality in qualitative research

There are three sets of reasons why a purely inductive analysis in this thesis was not possible. Firstly, the data was produced with the limitations and frames of the report, so it was not free of presumptions and pure inductivity could not be achieved because of this. Secondly the writer participated in the production of some of the data, which makes analysis less reliable, and thirdly, module 2 gives a set of interesting concepts for the student groups to consider. All the results exist in connection to FAB Module 2.

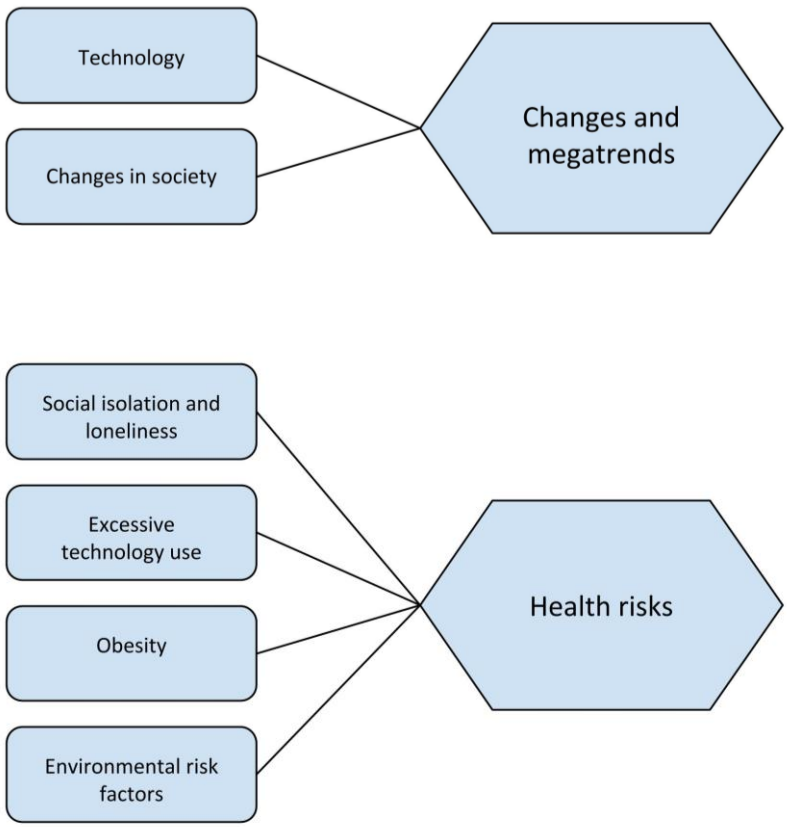
Originally, I had a set of research questions to help me organize the data, but during analysis I chose to abandon the specific questions and view the material from more of an inductive point of view. As mentioned, the theory shared by the students before and during module 2 had influenced the way data was organized and what was considered important. In analysis, I decided not to create more frames for the data, but let the data describe itself. As proof of this, as the labels came from the assignment's instructions, as this was the shared backbone for the reports (see p.4 of thesis), but the five categories actually rose from the data and thus replaced the labels.

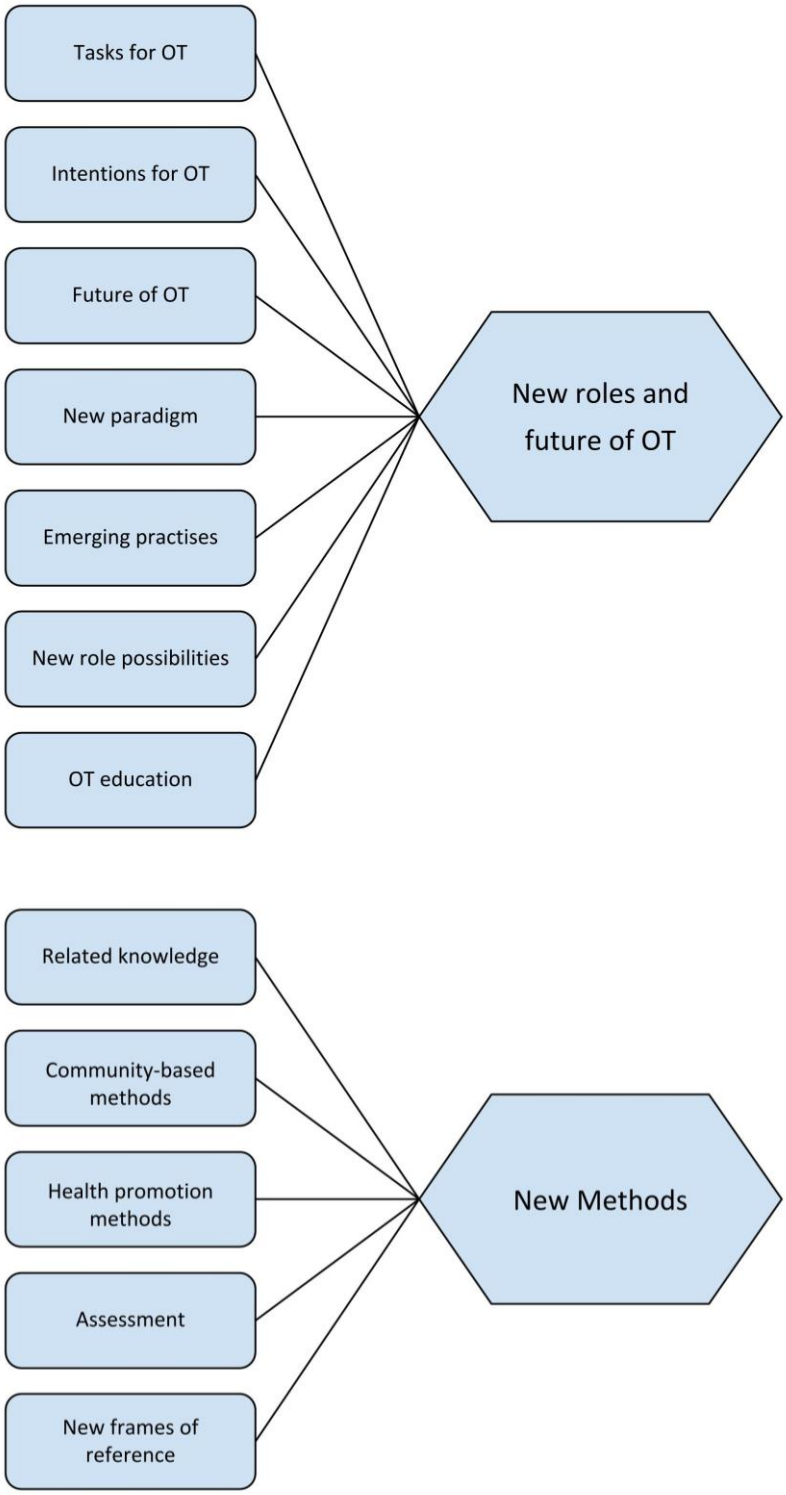
But as the most important issue concerning the quality of the research, I have pursued for transparency while writing about the analysis as well as my role in the whole process. In the second step of the analysis, I will also compare the results to alternative views. As the views presented in this thesis are visioning the future, no real truth can be achieved. But quality can be supported by checking the results against other data.

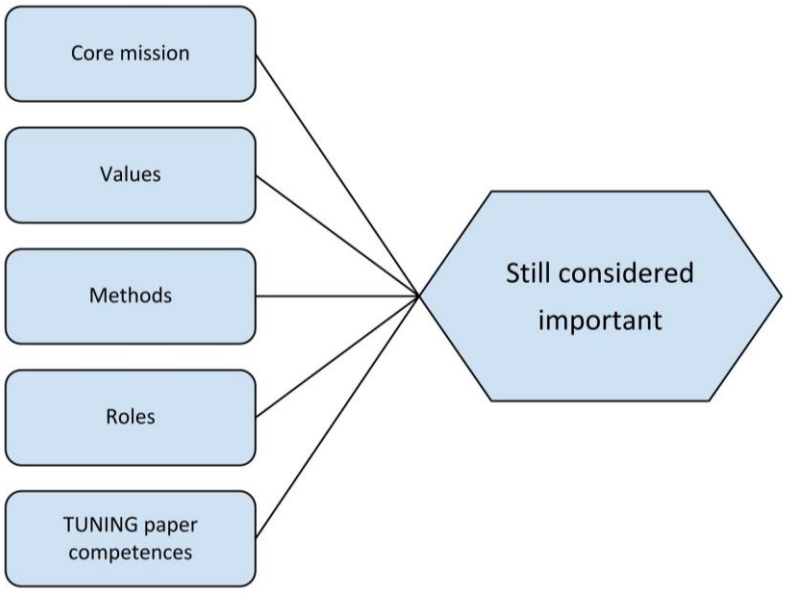
5 Results

In this chapter, I will present the results derived from the data with the previously explained qualitative content analysis. The next subchapters are organized by the main categories that stood out from the data during analysis. A brief visualisation of the results can be seen in the figure 3, that spreads onto three pages.

Figure 3. General categories organized into main categories




Tasks for OT
Intentions for OT
Future of OT
New paradigm
Emerging practises
New role possibilities
OT education
New roles and future of OT
Related knowledge
Community-based methods
Health promotion methods
Assessment
New frames of reference
New Methods



5.1 Changes and megatrends

The megatrends that interested the OT students were technology, globalisation, urbanisation, change in labour market and several societal trends. The change in occupations connected to changes in culture was seen already happening. The students emphasized these future trends affecting the work of OTs.

In discussing future **technology** and technological changes, the reports were most interested in technology's impact on health care system, such as new possibilities for prevention, health promotion and treatment. Especially Artificial Intelligence (AI) was seen as a motor for change. AI was seen to have many possibilities for prediction, early detection, diagnoses and supporting good life style choices. AI was seen as affecting the multidisciplinary team as AI would make more and more treatment related decisions. The challenge for AI was data collection, which should be done in a responsible and safe way.

The second category that especially interested the students in technology was the various health technologies. Health technology is defined by world health organization as: "the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives" (WHO n.d.)

The developing health technologies mentioned in data were robotics, AI, wearable technology such as intelligent clothes and mobile health such as apps that people can carry easily with them. The growing interdependence with technology was seen as a growing trend, also more devices are connected to each other, and collect vast amounts of data for the development of AI.

The other subcategory found from data was **changes in societies** which was also in close connection to megatrends. Globalization, as being connected to each other globally through networked resources was mentioned briefly in the data, but other forms of interdependence were discussed more in-depth. Changes in social relations, meaning less face-to face connections and increase in virtual relationships was seen to have both possible positive and negative influences. Developing social networks will be easier, and general management and well-being was seen to increase especially with technology.

Urbanization is one of the big megatrends for the future changing peoples' lives and occupations. Universal design and accessibility were presented as one of the possibilities for future at the same time as slums and homelessness were seen as a growing threat to societies. Generally, occupational injustices and inequality in urban environments was something that the data emphasized.

Automation waves were predicted to change the lives of a growing number of people as job losses. Changes in labour markets were also include the creation of new jobs, many of which we are not able to predict yet (PwC 2018.). Occupational adaptation of individuals was seen as a challenge for the societies. Economic growth was still predicted to increase because of technological developments.

The values of the future societies were thought to change quickly. More liberal drug policies were thought to change current taboos. AI and data analysis were thought to generally improve all types of prevention occurring in societies, for example crime prevention. In addition, children were thought to adapt to all the technological changes very quickly, and they were seen as vulnerable facing new threats.

5.2 Health risks

Health risk factors are defined by the WHO as “any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury” (Risk factors, n.d.). Some examples of the more important risk factors are underweight, unsafe sex, high blood pressure, tobacco and alcohol consumption, unsafe water, sanitation and hygiene (Risk factors, n.d.). A WHO report from 2012 has determined three leading risk factors for health in Europe: tobacco, harmful use of alcohol and environmental risk factors like air quality (Leading risk factors for health in Europe, 2012).

Risks for health in the European contexts that the students picked were loneliness and social isolation, obesity, and excessive technology use connected to the modern lifestyles. Environmental risk factors were mentioned as well, and they were connected to occupational injustices.

As peoples’ lives revolve more around technology and the Internet, **social isolation and loneliness** have affected peoples’ wellbeing (Holt-Lunstad, B.Smith, & Layton, 2010). It is even argued that loneliness presents a greater threat to public health than obesity (American psychological association 2017). Internet use may cause problems with reduced social interactions, loneliness, alienation, disputes in social relationships, social isolation, learning problems and breaks in daily routines (Dhir et al., 2015; Magsamen-Conrad et al., 2014; Kennedy & Lynch, 2016). Especially children and young people were seen affected by **excessive technology use.**

Mental health risks for children that the students mentioned were loneliness, internet and gaming addictions, fear of missing out (FOMO) and anxiousness (Magsamen-Conrad et al., 2014; Fuster, Chamarro, & Oberst, 2017), (Tokolahi, Hocking, Kersten, & Vandal, 2014). New addictions were predicted to emerge in the future. Mental ill health was mentioned to affect young people more, as for cultural reasons they identify themselves as an at-risk population. Internet also provides many kinds of encouragement for managing different mental health problems, as there is a lot of information shared on the topics in Internet forums.

Social media use is connected to risk factors concerning mental health (Schurgin O'Keeffe & Clarke-Pearson, 2011). Social media participation was seen also as a resource, as being more connected could provide well-being through more connectedness (Dhir et al., 2015). Internet use requires skills, that are possible to learn.

Childhood **obesity** was seen in the data as one the biggest threats to public health in 21st century. The amount of technology has been found to be as a correlator for developing obesity (Gilmore Duhe, Frost and Redman 2014). Other risk factors are birth weight, education and stability of the family environment (Dean, 2016 & Huang, H., W. Radzi, C., & S. Jenatabadi, H., 2017). Urban environments and sedentary lifestyles are especially affecting obesity rates (Shah, 2010).

The consequences of childhood obesity that were mentioned were the risk of disease (Dean, 2016) as well as social-emotional consequences (WHO, 2017) that affect how people can participate in their meaningful activities. The impact of obesity on volition was discussed shortly, as physical barriers have an impact on volition.

Environmental risk factors, like environmental destruction and accessibility problems were discussed. The dynamics of occupational injustices were seen connected to several environmental aspects, also lack of resources and opportunities for some in societies. The most vulnerable groups were seen to be most affected by the environmental risk factors.

Accessibility and infrastructure were mentioned as basis for health and engagement in human occupations (Blakeney et al 2009). Environmental destruction has a huge impact on people's capabilities to manage their lives. Lack of resources and opportunities also create a barrier for participation. Language barriers inhibit participation in meaningful activities. In addition, stigmas like homelessness were seen resulting in poorer health (Phelan, et al., 2007). Occupational injustices were seen to impact especially vulnerable groups in societies.

5.3 New roles and future of OT

This label includes the largest amount of data, and therefore includes many categories and subcategories. Methods for future of OT are introduced in the next chapter 5.4, and

what the students valued from the current OT practice and paradigm is found in chapter 5.5.

Tasks for OTs as a category in this thesis includes various suggestions for development of the field. In the contexts where students saw that proactivity was especially needed, were digitalization and research. OTs should engage and participate in planning in all the new platforms, like apps, podcasts, websites, blogs, tweets and all other emerging channels. OTs have a possibility to take advantage of the upcoming technologies to help clients' daily life and get involved in prevention and health promotion for larger audiences.

Furthermore, concerning technology, OTs should be able to promote their profession in a way, that when new AI is taken in as a help for doctors in diagnosis as well as prescribing treatments, occupational therapy has to be clearly defined so that the right clients find OT. Profiling and networking is also needed for OT to achieve higher rates for research.

OTs studying double degrees in multiple fields was seen important for the development of OT in the future. As the OT paradigm was seen to move from multidisciplinary towards interdisciplinary collaboration, even transdisciplinary collaboration was presented. In the data, this meant that OTs would find expertise in several fields, and collaboration with other profession would be at an equal level. Double degrees were also connected to studying, and especially IT, economy and management were presented as fields that OTs should study.

The data included many different motivational and person-connected points of views to guide OTs onwards in the development of the whole field. I categorized these codes as **intentions for OTs.** The intentions were open-mindedness and curiosity for changes in the world, flexibility with competences in the work, ability to adapt to changes and the aspiration for seeing the bigger picture.

Future of OT -category includes a vast set of views in connection with the importance of OT in the future, including specific directions for the field. The future of OT was seen very positively in all the reports. OTs would be needed in the future, and the importance of occupational therapy was seen to grow. Universal health promotion, occupational and

social justice issues and new interdisciplinary co-operation opportunities were seen as new directions for OTs. Low-threshold OT and OT for all were something the students promoted.

A **new paradigm** was reflected in the reports especially in connection with the content of Toini Harra's presentation on OT paradigm shift (see chapter 3.4). The core OT values were mostly thought to stay the same, but also person/group/community centeredness and multi-disciplinary collaboration as a value were presented as additions to the current values.

New paradigm was also seen to include a variety of concepts and ideas, like low-threshold OT services, prevention, health promotion, co-creating with clients, citizen as a service and system creator and transdisciplinary collaboration. Technology and virtual content were seen to provide a larger freedom of choice to the clients, and multi-culturalism and individual approaches could then be better taken into consideration with technological development.

One client group for **emerging practices** was seen to be children affected by new problems connected to technology use. The detected challenges in a nutshell were: problems developing social, survival and physical skills, lack in children's social participation, general wellbeing and obesity. One suggested environment for an emerging practice was in schools working closely with the whole age group and with other professionals. Other presented context in working with preventative health care, was working in Finnish maternity and child health clinics. In the clinics the whole family's wellbeing and routines are being supported with the help of multidisciplinary teams, that do not yet include occupational therapists.

Other emerging practice mentioned was in OTs working with unemployed working-age population affected by automation waves, needing help in occupational adaptation. OTs were seen able to help individuals to find meaningful activities in a world, where jobs are scarce.

Work in advocating for the vulnerable affected by occupational injustices presents another emerging practice for OT. The vulnerable groups mentioned were disabled, elderly, homeless people, cultural and religious minority groups, unemployed, prisoners, people

with substance use disorder and refugees (Whiteford, 2000; Townsend & Wilcock, 2004). This emerging practice would include working closely with social services, and the work would be tightly linked to working with whole communities.

Suggestions for new partnerships were mentioned especially in connection to technological development. Co-creating functional games and gamification with programmers and game companies were seen as a possibility for OTs, even as an emerging practice.

New role possibilities were seen in several contexts. With health promotion among children, supporting social and mental health was seen as an important task in the future. New roles for OT in this context included social skills educator and a mindful mentor, which means educating mindfulness techniques to children.

Working in the system-level of society was also seen as a possibility for OTs. OTs in management positions and as politicians affecting groups and social environments were mentioned in the data. In these positions OT's are thought to have more power to achieve changes in the whole society.

Collaborator is not a new role, but more collaboration with stakeholders was seen very important. Also seeking new actors for collaboration. Activism was seen as an important role, it was thought important that OT's search for new challenges and new knowledge, and as an activist, OT's should defend people suffering from occupational injustices.

It is thought important for OTs to act as innovators, which was defined as an active process, and requiring courage. OT as a co-creator was a role that was implied to be important both with clients, and with other fields, like IT, political science, business and architecture. As pioneers, OTs are thought to move into new and unforeseen fields and build new OT practices.

The future of **OT education** was also presented in the data. It was considered important that OT education adjusts to the changing field, and provides assertiveness education to OTs, emerging practice training and more practical placements in emerging practices during the last practical placement in bachelor's degree. Competence training for new OT roles was also mentioned in the data. Double degrees in several fields were also thought important.

5.4 New methods

As the presented new fields are various, new methods are various as well. While working with new client groups was presented in data, the students had also found some **related knowledge** and methods from actual work by different professions. For example, working with loneliness has already researched practices that can be of use (like in Schoenmakers, Fokkema, & Tilburg, n.d.).

Community-based methods were pictured and thought of extensively. Suggested new methods included involvement in community groups, facilitating group discussions and involvement with media to increase public awareness to important topics connected to occupational injustices. Social action at rallies, health fairs, workshops and other events were thought also as methods of producing change.

Including in **health promotion methods**, reaching out to the community was seen as an important method. In schools, this means working with children, but also reaching out to the community and making connections in social and health related happenings. Also planning and designing for the whole society was seen as important new method.

Assessment in societal level for the OTs in management and politics was reflected, and a method of assessment, top-down assessment (in Brown, Chien 2015) was presented. Also assessing the progress of exercises and life style changes, technology was seen to give more chances. Also **new frames of reference** were considered, and they were positive psychology and pedagogical frame.

5.5 Still considered important

OT paradigm and methods were discussed in the reports, and while change in OT was in the center of interest, there were many considerations on what was still thought to be valuable to OT, and what factors were thought to stay the same in the future. A category under **core mission** includes thoughts about the what is essence in OT work. The data indicates that students thought that helping clients to regain occupational identity and occupational balance was seen in the heart of OT work. Client's occupational engagement and social participation was also seen to remain in the center of OT.

Values indicate the present values that students wrote about. The named, still important, values are client centeredness, which includes cultural sensitivity and individuality, empowerment, holistic view of the client as well as health and multidisciplinary and interdisciplinary collaboration.

The current **methods** that were mentioned in the data were assistive technology, structuring of daily life, assessment as a means to adaptation, support of practice and development of skills, analysis of occupations as well as environment. OT methods were also described as generally being client-centered.

Throughout the data, many kinds of present **roles** were pointed out as being important for the future of OT work. It could be difficult to distinguish whether the roles were seen as totally new roles or already existing roles which would grow in importance, but as measuring this difference was difficult, I concluded to make a list of the clearly also present roles here. The roles are divided into 2 categories. Firstly, roles thought to being important in collaboration with clients: trustee, health promotor, collaborator, adviser, practitioner, experts in occupation, innovator and problem solver. And secondly, roles thought of being important while working with other stakeholders: consultant, advocate, entrepreneur, collaborator, researcher, health promotor, practitioner, expert in occupation, innovator, problem solver, expert in adaptation, decisionmaker and knowledgeable in interpersonal skills.

In addition, regarding **TUNING paper competences**, it was stated once that all the competences will be important also later on. The ones that were especially mentioned were capacity for applying knowledge in practice, grounding in basic knowledge of the profession in practice, research skills, critical and self-critical abilities, capacity to adapt to new situations, capacity for generating new ideas (creativity), problem solving, decision-making, interpersonal skills, leadership, ability to work in an interdisciplinary team, understanding of cultures and customs of other countries, ability to work autonomously, project design and management, initiative and entrepreneurial spirit and will to succeed.

6 Conclusions

In this chapter, I will reconsider what was found in the data, and what was not found, and compare it to additional research material. Both are interesting views to understand what

the students found current and important to write about. I will also compare the data to other sources, like reports written a few decades ago and current texts discussing the future trends and challenges. This is the second phase of abductive analysis.

The future of OT was seen very positively by the students, which is because, I presume, they saw many new possibilities for occupational therapist for the future. The world will change, that is for sure, and the change includes many new threats, especially more so to some groups.

6.1 Megatrends and OT

A single subject that was discussed the most in the data was how changes in technology will change our societies and work. One of the reports was even headlined “Technology changes everything”, which is a quote from Sitra’s megatrends 2016 (Kiiski Kataja, 2016). Technology was seen both giving possibilities for individuals and societies, as well as a source of threats. Technology was mostly seen as a source of possibilities, although health threats from the excessive use of technology was also seen as something that OTs should tackle with.

An argument that was seen in the data was that OTs involved in developing health technology systems would be beneficial to all. Double degrees were considered as possibilities for OTs to embark in developing health promotion with technology. Harra stated in her presentation on the 5th January 2018, that health promotion is an important concept for the current OT paradigm (Harra 2018). What could be seen from the data is that the students believe that OT is still heading into this direction. Low-threshold OT services were seen to be possible the technological revolution that we are experiencing. The data suggested that OT would benefit from deeper correspondence with information technology or IT.

The other Sitra’s megatrend for 2016 was global interdependency with growing tensions (Kiiski Kataja 2016). It is notable that the students did not talk a lot about the world economic situation or globalization, the switch in global power relations or possibilities for global OT networks. Refugees and urbanisation were discussed as local phenomenon for OTs as was multiculturality. I assume that OT is seen by the students as a local phenomenon, being close to people. The new technological innovations might get us closer to people, on their skins with wearable technology and in their pockets with health

promotion apps. Interconnectedness in OT when looking at the data seems to have more to do with Internet use and Internet of things.

The only mention to natural resources or climate change in the data was in a brief connection to technology, that technology changes also nature, and in connection with natural disasters, how they create occupational injustices. It is worth discussing natural resources in this context as well, as it was the third megatrend for 2016 (Kiiski Kataja 2016) To me it seems like occupational therapy is focused on the immediate occupations of people that are alive just now. Ecosystems are not often considered, even though natural disasters might have huge impacts on human occupations globally.

6.2 New client groups

The data was interested mostly in two sets of clients, whole age groups of children and youth affected by the modern western lifestyles, and in need of support in a systemic level to grow into healthy and balanced adulthood. This goes very well with prevention and health promotion view, that has been mentioned as important in several sources (Harra 2018), By affecting the youth, a new occupational balance can be found for a larger group of people.

The other client group that was emphasized in the data, were people affected by occupational injustices, like vulnerable groups such as homeless people and refugees. Working with these groups, the data gave OTs a very different role. With vulnerable groups OTs were expected to be activists, collaborate and work in a community-based way. This trend is very much accordance with the ideas presented by Fleming-Castaldy in the WFOT Conference 2018. OTs fighting for the rights of the people who cannot get their voices heard is actually going to the roots of OT (Fleming-Castaldy n.d.). As this same idea can be found in several unconnected sources, OTs working as activists to promote the health of the most disadvantaged groups seems to be a growing trend in OT.

6.3 Comparison to AOTA Vision 2025

The students did not make references in AOTA's vision 2025, so it is an interesting point of comparison to the students visioning. AOTA's Vision 2025's pillars for the future of OT were: Accessible, Collaborative, Effective, Leaders and Diversity (AOTA 2017; AOTA Board Expands Vision 2025, 2018). Four of the five pillars were discussed also in the

data. Accessibility was seen as an important field for occupational therapists in promoting wellbeing for all and in reference to occupational justice. Collaboration was also discussed in detail in the data, deeper collaboration with stakeholders was seen as necessary for OT. This view was also present in Harras Paradigm shift presentation (2018).

Leaders, as politicians and executives were discussed in part as a new role for OT's, and as a way OT can develop the whole society. Leaders in OT were not discussed at all. Diversity was mentioned, but not directly. It was mostly inclined in the value client-centeredness, or in connection to making individual therapy plans and interventions with new technologies. The one aspect of the Vision 2025 that was not mentioned effectivity. The only direct connection to effectivity was in Harras aforementioned presentation, in connection OT paradigm values between the years 1940 and 1980 (2018).

6.4 Re-positioning the field

What could not be easily found from the data was mentions of medicine. The students were more interested in other fields, although the development of medical devices and health technology are discussed intensively also in connection to OT services in medical systems. Traditionally occupational therapists have been working in medical institutions and situated themselves within medicine, as Mary Reilly put it in 1962 (p. 3). In the article by Elisabeth J. Yerxa published in 1991 on history of occupational therapy, she paints the future of occupational therapy still very much connected to medicine and "complementary to traditional medicine". In her article, occupational therapy is described as a profession that should understand medical thinking but at the same time have their own, optimistic view on human nature and potential, the famous occupational therapy glasses. The same idea is found also in Kielhofners conceptual foundations of OT (Kielhofner 2009: p. 10.)

I see that the data suggests a change away from medical field. This separation from medical tradition was presented and promoted in the article by Molinuex and Baptiste that was discussed in chapter 3.3. They present that biomedical perspective is problematic with its assumptions of health as absence of disease and the patient as a passive recipient of treatment. They also portray the many challenges OTs working in the field of medicine are facing as they need to portray OT services within biomedical terms. (Molineux & Baptiste 2011: pp. 4-5.)

6.5 TUNING competences

ENOTHE TUNING competencies are taken into consideration while planning European OT education (ENOTHE TUNING Educational Structures in Europe 2008: pp 38-39). What did the students think of the competencies, what did they find important for the future OTs? I did a simple quantitative analysis of the generic competencies, to see what the students emphasized on.

Three levels of general competences: instrumental competences, interpersonal competences and systemic competences were all found in the text, although in different quantities (for levels of competencies, see table 2 on p. 13). The instrumental competences were seldomly mentioned, but maybe this is because of the emphasis on future and change of OT, normal day-to-day work with people with disabilities is not often seen as futuristic. Three competences that were discussed the most in the data were:

1) Capacity for generating new ideas (creativity)
2) Interpersonal skills
3) While project design and management and initiative and entrepreneurial spirit shared the third place

This means that no instrumental competencies were seen as the most important generic competencies for the future, interpersonal competencies were seen the most important and systemic competencies was seen almost as important as interpersonal competencies.

7 Ethical review

As it was not possible for me to read any Belgian or Austrian OT associations' visions for the future of OT, I decided not to add any Finnish visioning into this thesis, as this might change my focus from the international co-operation. The idea for the thesis is that sources should be understandable to all the parties related to this thesis. There are few exceptions for practical reasons, but the most important sources are in English. The most relevant exception to this rule is one highly acknowledged Finnish qualitative research

textbook. To balance the use of the textbook, I chose also a quantitative analysis textbook in English while developing the analysis method, and to ensure the use of right terminology in the analysis.

In connection to my double role during module 2, I considered the disadvantage of producing material I would be analyzing in the thesis in advance before module 2. I resulted the conflict of interest in working in the group in such a way, as giving space to the other group members to make decisions. I made the decision of staying more of an observer, but at times it became difficult when the intensive groupwork took a hold.

The risks for public are minimum in this kind of thesis. As English is not the first language of the writer or the other participants, some risks of being misunderstood exist. To keep the students and other participants informed of the results, I will send a pdf-file of the thesis to all participants, so they will have the possibility of giving me feedback if they would like to do so. Additionally, some interviewed persons did not want to be identified in the written material, and their requests were of course respected.

8 Discussion

The questions regarding the content of the thesis presented in introduction-chapter were: What is the role of occupational therapy in the future? What new problems shall we tackle? Who will our clients be? The future roles and directions for OT were seen very positively and even though many health threats for wellbeing were identified, the quantity of OT clients might rise just because of this. What I found personally interesting was that how much technology will change our routines as well as medical care services, which will have an impact on the way we work as occupational therapists.

The purpose of the thesis was to make the synthesis of the work of the students during module 2, and that has been accomplished with the largest body of work in the thesis, the qualitative analysis. The additional objective of the thesis was to expand into the directions the students had presented, and that has been done in the conclusions chapter. The main targets for the thesis have been met.

In this chapter I will further reconsider development and analysis of the data. When reading the student's reports, I found that in some chapters, the language is somewhat different to other chapters, which leads to breaks in content integrity and repetition within reports. This might have caused some more emphasis on certain issues during analysis, but I feel that if the statements were presented in the reports several times, they were intended to be considered as especially important topics.

While abstracting the statements during analysis, it became clear that the quality of the reports was variable in the sense of how accurately they followed the given instructions. All the groups had found their own way of discussing the subjects on hand. Most of the reports included same elements, for example megatrends and public health threats, but especially OT paradigm and ENOTHE Tuning paper competencies although included in the instructions, were clearly referred to in about half of the papers. The content of the shared OT language from the common module 2 material (see table 3 on pp. 14-15) was somewhat merged with other OT theory that was not usually specified in the reports. These "gaps" between the reports gave me some greater room for interpretation, which means that the exact meanings of the students could have been partly lost in the process.

8.1 Reliability and validity

The larger problem for the research is as presented in the previous chapters, my double-role as the writer of the thesis. The possibility that my subliminal preconceptions have influenced how the results were categorized is likely. I have taken this into consideration during analysis, in making sure that I wrote most of the data out as statements and let the categorisation occur inductively. The final categorisation is different than the one I had previously sketched in the beginning of the process, which I take as a sign that inductivity was present in the analysis.

Still the same problems presented an additional disadvantage for the development of the conclusion. As I had developed personal views from the topics by taking part in making them, I had to take this into consideration while writing the conclusions for the thesis. I have aspired write a balanced thesis, but the conclusions reflect my personal work with the topics. The conclusions' reliability is not high, but I believe that the ideas can still be thought-provoking for the reader.

As English is not my first language, it is possible that the wordings are misleading and colloquial, which might cause misunderstandings. In this I have responded in having the thesis checked for language and making corrections in suggested fashion and in suggested places. Because of timing issues, part of the thesis was not checked for language, and I am solely responsible of the possible miscommunications rising from the thesis.

8.2 Suggestions for further studies

The America association AOTA's vast visioning process during the 2000s and 2010s is an example of what we could also achieve in Europe. Many kinds of collaborative processes already exist, of which FAB Joint Degree is a living example. A European OT collaboration on thinking where we want to develop our field is a current issue. Developing these visions together, with students, practitioners, educators and researchers and field leading businesses would ensure that we can respond to the changes that happen around us. Problems and megatrends are common to us all, and European collaboration in visioning the future could ensure that we can find best practices for the changing challenges. Digitalization also makes it possible to be connect with other OTs even when the distances are long.

Many views were discussed only briefly in this thesis, and I know that a much more in-depth analysis of the visions could have been made. The FAB context is full of possibilities for analysis of the working of the students, the pedagogical methods, more future visioning of occupational therapy and many more reflections. Personally, I would like to partake and read about several discussions about the direction where OT is going. In this regard the FAB students' views present an excellent data for analysis, also because FAB Module 2 is a yearly event, so the same research premise would be possible to renew every year.

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Appendix 1: FAB Module 2 schedule

2. Outline of the programme MODULE 2

Monday, 5th of February CHAIR OF THE DAY: ULLA vEHKAPERÄ		
Sofianlehto 5b, S303	10:00	**Arrival of the participants at Sofianlehto Campus** Opening of the Module 2 • *Introduction of the course and outcomes, Ulla Vehkaperä* • *Practical issues, Eija Tamminen* *Local team, Metropolia University of Applied Sciences, Helsinki - Finland*
	11:30-12:30	***Lunch***

Auditorium (2nd floor)	12:30	**Opening seminar – Emerging role for OT**
		• *Welcome to Helsinki and Metropolia, Kaija Kekäläinen, head of the Occupational Therapy programme*
		• *OT paradigm, Toini Harra, principal lecturer, Metropolia*
		• *OT today, Students´ presentations*
		  ○ *In Belgium, Austria and Finland*
		• *Emerging role of OT*
		  ○ *Guest lecturers: Jasu Forss, Virve Viljanen and Ulla Niutanen*
		• Discussion
		  ○ Requested comment: Eline Blindeman

S311	15:30 – 16:30	Workshop After seminar each student will put their ideas/future challenges from all of day 1 and pre-readings together and start to work with theme: OT 2030: what it could be, opportunities, trends. 1. Identify **traditional** occupational therapy practice areas and describe the role of the occupational therapy practitioner in these areas. 2. Identify **emerging** occupational therapy practice areas and describe the role of the occupational therapy practitioner in these areas. 3. Make a list about the challenges and mega trends which effect and change people occupations and occupational performance.
Jääpuisto	17:00-19:00	**Evening get together at Icepark.** If you like you can rent the skates. See prices: http://www.icepark.fi/front-page.html

		 http://www.icepark.fi/front-page.html
Sofianlehdon-katu 5b, Gym hall / liikuntasali 1st floor	09.00-11:30	**Drama – OT 2030** *Mari Rusi-Pyykönen, Metropolia University of Applied Sciences* • *Megatrends, challenges in the future* • *Teambuilding*
	11:30-12:30	**Lunch**
S601	12:30	**Teamwork starts** – brainstorming, idea generation and selecting the theme *How to find new ideas, Agaard*
S604	14:00	**Finding information and research on new roles and areas for OT** *Raisa Karhu, Information specialist, Library, Metropolia* *(You will be handed out material before)*
S601	16:00	**Mentoring** session with the teachers • Challenges / mega trends (in the future) link to OT
	17:00	**Free evening**

Wednesday, 7th of January, Day 3 Chair of the day: Ulla Vehkaperä		
Sofialehdon-katu 5 b, S311	09.00-10:30	**In reach and reaching out** *Barbara Höhsl, FH Campus Wien, Wien-Austria* • Reaching Out: Today´s Activist Occupational therapy https://www.youtube.com/watch?v=LIcfyQ3RwT0 • Case example: Anna-Elina Rahikainen, OT and young people with cancer
	10:30-11:30	**Pitching the first ideas,** *Project teams*
	11:30-12:30	**Lunch**
(S311- if you need room) --- **Kuusijärvi**	12:30-15:00 --- 15:30-16:00	**Project Teamwork** (and travelling with own team to Kuusijärvi) --- **Mentoring sessions with teachers** • Paradigm, frame of reference • OT´s emerging role, methods **Sauna and ice swimming / walking around the like** • You can try smoked sauna and ice swimming • See the costs: https://www.cafekuusijarvi.fi/english/ "Welcome to Finnish Sauna" https://www.sauna.fi/wp-content/uploads/2017/05/saunacomic_en.pdf
	17:30-19:30	**Light dinner by the campfire (shelter)** 

Thursday, 8th of February, DAY 4 **CHAIR OF THE DAY: TUTORS**		
Day schedule and location depending on the project work and decided with team and its mentor teacher	9:00-16:00	**SITE VISITS (expert interviews)** • Teams get the addresses and other information on Thu-Wed, after the challenges have been chosen. **Independent teamwork** **Day schedule depending on the project team** **Mentoring sessions with teachers** • Client examples, outcomes • OT´s future learning competences and skills **Free evening**

Friday, 9th of January, DAY 5 **CHAIR OF THE DAY: ULLA VEHKAPERÄ**		
Sofianlehdon-katu 5 b Auditorium 2nd floor	09.00-11.30	**Seminar: OT in the future** Four team presentations, (30 min per team) Oral presentation: " A New Role for OT 2030" • Challenge / mega trend (in the future) • Paradigm, frame of reference, • OT emerging role, methods • Client example, outcomes • OT´s future learning competence and skills
	11:30-12:30	Requested comment: *Leila Mäkelä, Finnish Association of Occupational Therapists*
	12:30-16:00	**Lunch**
S311		**Closing afternoon** Summary and reflection Assessment Next steps

Appendix 2: Agreement for recording and using transcripts

Agreement for recording, the use of recordings and the use of transcribes of the recordings

The results and the process of FAB Joint Programme 2017-2018 Module 2 in Helsinki on 5.-9.2.2018 are processed into a thesis from the request of the FAB Joint Programme Teacher group. The purpose of the thesis is to document, collect and publish the findings of the international student group participating in the FAB Joint Programme Module 2. The subjects of interest are the new areas, roles and future for OT processed and discussed during Module 2. The thesis is written by a student from Metropolia University of Applied Sciences participating in FAB Joint Programme, and it will be published during the fall of 2018.

Writer of the thesis: Outi Hindström

Contact details: xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxx xxxxxxx

Thesis instructor: Riitta Keponen

Contact details: xxxxxxxxxxxxxxxxxxxxxxxxxxxx

Contact person from FAB Joint Programme: Ulla Vehkaperä

Contact details: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

The participants' ideas, results and proposals during presentations, seminars and lectures in the beginning, during and end of Module 2 will be recorded with video and/or audio recording devices within the planned times. The acquired material will then be transcribed and used in the thesis. Good scientific practice will be applied. The individual students' participation will be anonymised. Participation is voluntary, and the participants retain their option to resign from the study at any time.

Video/audio recording plan for Module 2:

1) Monday 5.2: Opening Seminar - Emerging role for OT 2) Monday 5.2: Presentations from workshops 3) Wednesday 7.2: In reach and reaching out 4) Friday 9.2: Seminar - OT in the future

I hereby grant Outi Hindström the permission to record and use the recordings for the abovementioned purpose:

_____Signature Date:

Print name