

An Assessment of the Coverage of Black British Caribbean Populations In Published Occupational Therapy Research: A Scoping Review of the *British Journal of Occupational Therapy* (BJOT) Publications from 2009 to 2022 with Implications for Research Design and Management

Blaine Robin, Madeleine Knight, Marcia Darfour and Safya Blaize

Introduction

This study will investigate the extent to which coverage of the Black British Caribbean community is adequate within the peer-reviewed *British Journal of Occupational Therapy* (BJOT). According to the 2021 census survey of the UK, there are approximately 2.5 million people in the UK who are Black. This represents 1 in 4 of the 13% of the UK's ethnic minority population. People of Black Caribbean ethnicity represents a little over 600,000 or 1% of the population. According to Silletoe and White (1992, p. 141):

The census is the most important statistical operation in Britain. It collects information about every person in the country and produces a wide range of essential information for government, commerce and industry. The amounts of money that local authorities receive for schools, housing, roads and other vital services (through the revenue support grant) and the resources allocated to health authorities are calculated on the figures provided by the census.

The census therefore serves as a benchmark for what should be occurring in most primary research within the UK context.

Social disparities experienced by Black British Caribbean populations will be appraised to explain why they persist with this demography over time. Few British Occupational Therapists have written about members of the Black British Caribbean community. Pollard's (2016) account talks of the impact of high unemployment and poor policing affecting some of London's Caribbean community in the 1970s and 1980s. For the first time in its publication in October 2023 and a year later in October 2024, the professional magazine entitled *OT News* dedicated the month of October to commemorate Black History month. The initiative

for these articles emerged in part to commemorate the 75th anniversary of the Windrush generation and their legacy. This was poignant as they are a politically racialized ethnic group. An example of political racialization occurred in recent years when the British Government wrongfully deported those Black Caribbean UK residents to countries of their birth. This overall occupational injustice disrupted their health, social support networks and economic livelihoods. Many people died as a result of the trauma of being made homeless, unemployed and stateless (Olusoga, 2023). This whole account has to connect as to why it's so important to focus on the representation of the lives of Black British Caribbeans.

Another example of political racialization occurred between 1948 to 1970. In post-war Britain a labour shortage followed the devastation from the two world wars over a 39-year period. Legislation gave legal rights to British subjects, born in the Commonwealth, including the Caribbean, to come to mainland Britain after the Second World War. Specifically, the British Nationality Act (1948) gave Caribbean people and other members of the Commonwealth, British citizenship with full right of entry and settlement in mainland Britain. This legislation was revoked under the British Immigration Act 1970, meaning that those who remained in the Caribbean were no longer regarded as British subjects preventing access to mainland Britain as British subjects. Many families were separated forever as a result. The exception being Monserrat, Turks and Caicos, and the Bahamas which still remain under British rule. The underrepresentation of Black British Caribbean populations in occupational therapy research remains a critical issue with profound implications for both research design and the delivery of equitable healthcare services.

Principal aim

To encourage a research focus by occupational therapists concerning the health and wellbeing of BBCs in the UK.

Case Study: Black British Caribbeans

It is important to establish a clear rationale and justification for the study. This population is usually classified within the homogeneous label Blacks and Minority Ethnic (BME) group or Blacks, Asians and Minority Ethnic (BAME) community. As a result, specific issues

affecting different cultural groups can be disguised by this overarching banner. This study aims to raise awareness about how the social determinants of health and illness are structurally influenced for this socio-economic subgroup demography. This will be achieved by presenting an historical backdrop as context. Connections will then be drawn from history to show repeated patterns of societal oppression over time and how these historical events have impacted the current population who to this day remain one of the most marginalized populations in the UK.

From the sixteenth to the nineteenth century, Africans were forcibly removed from the African continent, by the British and other European nations. They were forcibly transported in ships across the Atlantic to the Caribbean Islands and South American country of Demerara (today known as Guyana) as enslaved chattel. Each of these places, claimed by the British, became terraformed into plantations, where enslaved Africans were put to work under brutal and inhumane conditions until enslavement was abolished (Fryer, 1985). Even after slavery was abolished, the vast majority of Africans and their descendants were made homeless, destitute and underemployed – as they were replaced in labour markets by imported indentured labourers from India. There is a connection between the traumatic existence of the enslaved and their descendants that includes intrapsychic oppression, economic disenfranchisement, psychological trauma brought on by the brutal violence and degradation that occurred on the plantations. De Gruy proposed the concept of Post-Traumatic Slave Syndrome to explain many contemporary challenges faced by descendants of the transatlantic chattel slave trade living across the global diaspora (De Gruy, 2025).

In contemporary society, despite the meaningful occupational choices that people of Caribbean ethnicity make daily, certain trends disproportionately impact their lives compared to their White counterparts. They experience poor health outcomes such as high rates of type 2 diabetes and high blood pressure (Jones et al., 2020). Their children perform poorly in the educational system, for example, lower pass grades in Maths and English at GCSE level. In addition, they experience higher rates of school exclusions. As a population they are more likely to experience higher rates of unemployment. Research indicates that this population have some of the highest rates of single parent homes, attributing this to a range of social problems. In terms of the criminal justice system, they experience a disproportionate number of arrests and imprisonment. They are more likely to be sectioned and detained in a mental

health NHS trust under sections of the Mental Health Act. As a stark contrast, life expectancy is shorter (Rayleigh, 2023).

Central government and government agencies, such as the Office of National Statistics (ONS), have been interested in population characteristics for almost 200 years. For the first time questions specifically about ethnicity have replaced country of birth in the national census survey from 1991 (Modood et al., 1997). In 2016, the ONS undertook consultations with a range of stakeholders to determine how best to assess the scope for researching ethnicity data. This included use of terminology and how best to ask questions about ethnicity. This process was considered important as part of the measure to facilitate uptake of responses by members of this population (ONS, 2016).

Literature review

Research articles in the *British Journal of Occupational Therapy* have been published since 1938. Research in occupational therapy and social science research aims to investigate specific phenomenon in the world around us. In simple terms the research process is an instruction manual comprising fundamental procedures for carrying out research. The following are the premises that provide an overview of what should make research design credible.

Deciding on the focus for the research

In occupational therapy research, like all forms of health and social care research, one of the fundamental principles is to generate knowledge either through individual responsibilities as a part of a programme of study (e.g. MSc or PhD) or because of grant funding stakeholder requirements. The initial idea of enquiry can nevertheless be started by the occupational therapy researcher, moving onto practical development of the ideas, perhaps using a story board, constructing a research plan, participating in discussions with a supervisor about demographic variables (e.g. age, ethnicity). There are then formulated into a research ethics proposal.

Johnson et al.'s (1996) BJOT publication explored patterns of service delivery within local authority occupational therapy (OT) services by analysing decisions made on 1,004 service users' open cases. The study aimed to investigate evidence of systematic bias against service

requests from ethnic minority clients. In their literature review, the work of five authors: Hume (1991), Rowe and Macdonald (1995), Farrah (1986), and Iqbal (1991) was cited. Each of these groundbreaking studies, published in the BJOT during the 1990s, examined the cultural needs of people from ethnic minority backgrounds. Johnson et al. sampled 1,004 open records, ensuring comparability and proportionality to the 1991 UK Census in terms of ethnicity. Consequently, the needs of individuals from South Asian, African, and Afro-Caribbean demographics were taken into account.

Arai and Harding (2002) wanted to investigate the fact that there is a large body of research on disease patterns among migrant ethnic groups without reference to the cause of these patterns. The specific ethnic groups included the Irish, South Asians and West Indians (Harding and Maxwell, 1997; Marmot, Adelstein and Bulusu, 1984; Modood et al., 1997).

Another study sampled diverse ethnic minorities populations, exploring health disparities and the causes of cardiovascular disease and diabetes. SABRE (Southall and Brent Revisited) was a population-based cohort study consisting of White British people and first-generation migrants of South Asian or African Caribbean heritage, recruited from West London. It included a baseline phase (1988–91, n = 4,972) and a 20-year follow-up (2008–13, n = 1,438). The study examined how mid-life factors and lifestyle influence health in older age, and it contributes to understanding why certain ethnic groups have higher risks for these conditions. The SABRE study led by Professor Nish Chaturvedi at University College London produced findings revealing the risk of developing type 2 diabetes before the age of 80 was double for people from African Caribbean backgrounds, compared to White Europeans. This is significant because diabetes increases the risk of heart failure and heart attacks (British Heart Foundation, 2015).

Similarly, Sajjad, Shepperd, Dawson, et al. (2024) developed a study protocol exploring barriers to and enablers of the early diagnosis of breast cancer among women from ethnic minority backgrounds in the UK. The authors acknowledged that previous studies have shown that women from ethnic minority groups are more likely to be diagnosed with more advanced disease at presentation compared with women from White backgrounds, which is

associated with poorer outcomes. Using the PRO EDI framework to assess equality, diversity and inclusion in their qualitative evidence synthesis was fundamental to capturing studies exploring the lived experience ethnic groups in the UK, including White, Indian, Pakistani, Black African and Black Caribbean. Studies such as this are important for the occupational therapy profession and provide a platform for occupational therapy praxis – yet this is absent from the training of occupational therapists.

Treweek et al. (2021) developed the INCLUDE Ethnicity Framework to ensure clinical trial researchers make concerted efforts to enhance representation of global majority populations in research. Through their collaboration with Trial Forge, they spent 13 months (July 2019–October 2020) developing this framework in partnership with the National Institute for Health Research (NIHR). The core message from the Trial Forge collaboration urges all researchers, but particularly White-majority researchers, to confront their own biases and stereotypes about ethnic groups. An example of this includes the assumption that all groups share the same level of trust in health research. Many Black and minority ethnic stakeholders emphasize the need to be involved in all stages of the research process, in order to build trust and reduce the stigma associated with being an ethnic minority.

Choice of research design

In aiming to generate new knowledge as part of the research process, researchers decide on a specific method or methods of investigation. The decision or preference is dependent on several factors, notwithstanding proficiency, confidence and competence to decide on which method to use. If the researcher is enthusiastic about detailed phenomena at the outset, using small samples, then they can use qualitative research methods as an alternative approach. Quantitative research techniques as part of survey methods will be used in the main. All the questions in a survey are regarded as measurable (independent) variables that can feed into the overarching phenomena under investigation (dependent variable). The logic behind quantitative techniques as part of a survey is that it aims to produce statistical findings that can contribute to conceptual or theoretical explanations about a phenomenon that can be generalized to the research population. This is the aim of survey methods as a credible research technique which also should consider alignment of findings to a particular theory. In qualitative research, generalizations are primarily propositional (Williams et al., 2022), while

in quantitative research, generalizations are *statistical* and based on reasoning from samples of the research population.

As part of the research design, conversations about the ethnicity characteristics of respondents within research teams are essential. This is particularly critical because data on participants' ethnicity are not routinely collected in many studies. Consequently, there is no evidence to confirm that research participants are inclusive or representative (NIHR, 2025; Treweek et al., 2024).

Identifying the research population and subsequent sample as part of research design

In occupational therapy survey research, a sample aims to tell a story that is linked to the research population using deep stratification. A sample is defined as: '[a] subset of elements drawn from a larger population' (Lavrakas, 2008, p. 776). Research training for Allied Health Professionals such as occupational therapists, includes application of a working knowledge of descriptive and inferential statistics. Appreciating research design and statistics, as part of research methods, encourages researchers to consider the following: sampling strategy, bias and sampling error.

In most quantitative research there should be a declaration in the research proposal regarding either intentions or shortfalls of working towards generalizing findings to the population at large. Although this aspiration is never the purpose of qualitative research, enumeration of ethnic characteristics within publications can provide clues about patterns of under-representation of people from various socio-demographic backgrounds (e.g. ethnicity, gender and socio-economic status). For study findings to be generalizable means that accurate predictions to the general populations can be made. Disciplines such as psychology, social research and education are therefore ahead of occupational therapy in terms of the intricacies of research design and methodologies when it comes to the inclusion of minority ethnic populations in research (Modood et al., 1997). Efforts to overcome levels of exclusion may include ensuring that the demographic profile where the research takes place (e.g. the town) has been proportionately represented in the sample of respondents recruited to the study. For example, if the study is about people requiring physiotherapy and occupational therapy following a stroke, in the Borough of Brent where 51% of its 340,000 population are from Black and Minority ethnic communities, then the proposed study in that Borough should

reflect the ethnic breakdown of the demographic profile of the Borough. Studies therefore that do not reflect efforts around proportionality are, at the very least, at risk of claims of social exclusion (Trewweek et al., 2024).

Probability or non-probability sampling as a choice of research design

Two general pathways are therefore available, this section will cover both. For simplicity, we call them pathway A and pathway B to explain certain fundamental principles which are characteristic of the chosen sampling method. Pathway A – for the researcher interested in conducting a study with a desire to make generalizations to the research population, then a *probabilistic or random* sample survey method will be of interest, where selected members have a known and calculable chance of selection. This is the gold standard in quantitative social science – although it may not be possible to achieve – it is always desirable. Its success will depend on the availability of a sample frame and willing participants. Pathway B – if the study sample respondents have been obtained in a non-random manner, where it is not possible to state the likelihood of a respondent being selected to participate in the study. Small-scale surveys are most likely to employ non-probability samples. Conditions affecting the validity of a sample should not only be stated but justified on the grounds of limitations presented to the researcher. Limitations may be due to practical constraints such as budgets or the basis of a qualitative investigation where the objectives are different to the broad-brush quantitative enquiry.

Locating the sampling frame and awareness of non-coverage implications

Ideally, all entities comprising a sample must stand a calculable chance of being selected or included in the study. There are two practical challenges for the occupational therapy researcher. First, it is important to identify an up-to-date list of the target research population from which to draw the sample. This list is referred to as the sampling frame. For example, this could include people on an electoral roll, general practitioner registrations lists or an alumni list from a university. '[T]he extent to which our sampling frame fails to include all members of our target population gives rise to non-coverage error' (Williams et al., 2022, p. 55).

Non coverage error is likely to threaten the external validity of a study. It is characterized by under-coverage of a particular group of people from a study sample despite their occurrence in the research population. Due to the commitment to working in a systematic way by researchers – this outcome is attributed to the sampling frame. An example of a research population could include a database of patients on a clinical register of orthopaedic outpatients in a particular community. A shortfall in this design resulting in non-coverage error could include focusing on a sample of patients from that clinical register of orthopaedic outpatients who were White adult women, under the age of 60. Under-coverage then arises for non-White women, under the age of 60, who undergo orthopaedic surgery.

Locating the sampling frame and awareness of non-response implications

Another factor likely to threaten the validity of a study is non-response bias. This is characterized by survey respondents failing to complete some or all of the questions on a questionnaire. In voting behaviour during an election for a local or national politician, a similar type of response occurs where the voter places a line through all the candidates' names instead of placing an X in the appropriate space. This is called a spoiled ballot and would not be counted in the selection of a candidate. In occupational therapy research, keeping non-responses to a minimum is an ideal, as there will be individuals and communities that make decisions on the day of the survey/interview not to participate or only complete some of the survey. It is important to build in strategies to boost the achieved sample. Counter-measures to overcome non-response and non-coverage include:

1. Use of incentives.
2. Repeated measures as attempts to persuade a sample member to participate and thus reduce the impact of non-response.

Conversations about exclusion of people of certain ethnic groups should occur at this stage.

Theoretical sample in qualitative research

The selection of entities as part of a qualitative study is different to that of quantitative survey-type research methods. Members who become research participants of the sample in small-scale qualitative studies tend to be selected on the basis of common characteristics that will inform the topic under investigation. Those common characteristics represent the potential of those individuals to operate at a theoretical contributory level. Quite often,

qualitative studies explore the lived experience of a particular phenomenon. The idea that sample respondents can provide rich, detailed narratives about their lived experience, when once analysed, can allow the researcher to run analytical strategies to provide a robust data analysis (e.g. constant comparison). It is therefore possible for the occupational therapy researcher to target a sample of respondents with similar characteristics (e.g. occupational therapy students) about a particular experience (e.g. experiences of practice placements) through focus group discussion or semi-structured interviews.

Methods

Research team

The research team comprised of Blaine Robin, formerly, senior lecturer at Leeds Beckett University. In addition, Madeleine Knight, research assistant from the research pool, was sourced into the project as part of a Small Grant from the School of Health of Leeds Beckett University. Validation exercises as part of the building of the database were performed by Safya Blaize, an undergraduate at Nottingham University. Marcia Darfour, a former student occupational therapist at Leeds Beckett University was involved in the write-up process.

Design

Scoping review techniques, developed by the Joanna Briggs Institute, include the use of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Review (PRISMA–ScR) (JBI, 2015; Tricco et al., 2018). Therefore, PRISMA-ScR techniques acted as a guide for the study. While JBI suggest a preferred search strategy convention located around use of at least two databases, this study replicated Williamson et al.'s (2023) use of one database, the BJOT. The BJOT is a peer-reviewed academic journal since 1938, published monthly.

Inclusion criteria

Eligibility criteria are informed by the Population, Concept, Context (PCC) framework as described in Table 22.1.

Table 22.1 Eligibility criteria

	Inclusion criteria	Exclusion criteria
Population	People of Caribbean ethnicity living in the United Kingdom. Any protected characteristics under the Equality Act 2010 within that demography (e.g. child, young adults, older adults, disabled people, LGBTQIA+ populations).	Studies that do not discuss this population. Studies whose methods have not taken into account the importance of inclusion of this population.
Concept	Address social inclusion in the sampling decision made by published authors. For example, the presentation of demographic profiles with studies associated with one or more of the nine protected characteristics (as defined by the UK Equality Act 2010), including but not limited to: race/ethnicity, age, sex, pregnancy/maternity, disability, sexual orientation, gender identity, religion or belief, and marital/civil partnership status.	Exploring inadequate coverage of Black British Caribbean populations in published studies submitted for publication in the <i>British Journal of Occupational Therapy</i> . Methodological techniques practised and presented by published authors that exclude group that are not White. Studies that present sampling strategies as credible – but in reality routinely give rise to selection bias without any explanation.
Context	Occupational therapy practice settings within the healthcare or social care including: community, home, mental health, primary care and hospital	Not applicable
Study designs	Quantitative, qualitative, or mixed methods designs	Systematic review Cross-sectional survey Randomized Observational Descriptive Self-report Interviews Case studies Opinion pieces
Timeframe	Studies included from January 2009 to December 2022	
Language	Studies published in English as part of the <i>British Journal of Occupational Therapy</i> criteria	Non-English studies will be excluded
Sources of evidence	Peer-reviewed academic articles	Editorials, letters

Definitions used in the search strategy and study selection

The BJOT database was interrogated in order to enumerate all studies within the timescale (2009–2022). The year 2009 was considered a significant starting point as this was the year

before the implementation of the Equality Act 2010. The Equality Act 2010 consolidated over 100 pieces of legislation into a single Act. Prior to this period, it was considered unlawful to discriminate on the grounds of race with the single and specific statutory instrument known as the Race Relations Act (1974). It was assumed that renewed awareness of the redrafted Equality Act (2010) would be reflected in some knowledge and practices demonstrated in research published in the BJOT from 2010 onwards.

All abstracts were studied for specific search term features. Publications that were not included as part of enumeration included editorials, letters to the editor and opinion pieces not included as part of the count. Editorials were, however, studied alongside grey literature to cross-reference overlapping contextual issues related to the population in question. In order to achieve consistency and rigour in the process, technical review meetings were held with members of the research team on a weekly to fortnightly basis for the duration of the project. After studying the database, researchers drilled down into the studies in which the authors presented had a demographics table. These tables were also enumerated.

The ONS ethnicity definition of Black British Caribbean was the principal search term used. This generated no counts. Further specific key words were then introduced: African Caribbean, African, African American, Blacks, were searched within all the studies and a count was then compiled of those studies. The reason being to recognize degrees of consanguinity between these populations who had managed to survive the atrocities of the transatlantic chattel slavery system. As a global diaspora, they experience similar health and social disparities compared to White populations in North America and the United Kingdom.

Data extraction and analysis

The database was searched to enumerate all studies within the timescale (2009–2022). Further drilling down of the database took place to identify all studies that presented a demographics table. Researchers then identified studies within the demographic tables containing the following search terms: Black British African Caribbean, African Caribbean, African American, Black. A count of all those studies was compiled. A data flow diagram was constructed (Figure 22.1) to enumerate: (1) all enumerated studies, and (2) those with specific

search terms. As part of the analytical process, a table of characteristics was constructed for all included studies, including the following: Names of authors (surname and initials) with year of publication, Title of Study, Method of Investigation, Type of Sample, Sample Size, Country of Study, City of Study, and Key Findings.

<INSERT FIGURE 22.1 HERE, IN SEPARATE FILE>

Findings

Tables 22.2–22.3 show the findings of the included studies.

<INSERT TABLE 22.2 HERE IN SEPARATE FILE

Table 22.3 Total number of studies by protected characteristics

Total studies	Demographic table	Inclusion of Black as an aggregate	Black Caribbean or Afro Caribbean only	Upper age limit	Gender
595	204	18	2	167	250

Table 22.4 Studies by research methods

Type	Number
Qualitative	212
Quantitative	182
Mixed	76

Table 22.5 Studies by setting

Setting	Number
Community	209
Home	19
Mental health	8
Primary care	50

A total of 595 articles were published in this time period. Around a third (204) included a demographic table. Just under 3% of the total, which was 18 articles included the search term category: Black/Black British/African American/Afro-Caribbean. In comparison a greater proportion of articles, 167 (28%) mentioned the upper age limit of study participants within the demographic data recorded, and 250 articles (42%) recorded the gender of study participants.

Across the total articles reviewed, 212 (35%) reported qualitative methods, and 182 (30%) reported quantitative methods, with a further 76 (13%) used mixed methods. The majority of studies examined populations based in the Community 209 studies (35%), a further 19 studies (3%) were based in the home, 8 studies (1%) were based in Mental Health, 50 (8%) based in Primary Care and 2 (0.5%) based in hospitals.

Editorials signify something about working conditions of Black occupational therapists. This is indicative of limited scholarship by Black British researchers in the research context. In response to the Black Lives Matter movement, a number of editorials have focused on the experience of occupational therapists of Black Asian and Minority Ethnicity (BAME). An editorial published in the BJOT in 2021 (Atwal et al., 2021) entitled ‘Making a difference: Belonging, diversity and inclusion in occupational therapy’ highlights the theme of belonging for occupational therapists of BAME heritage. A recent editorial published in BJOT in 2023 (Beagen et al., 2023) ‘Racism in occupational therapy’, states: ‘It’s part of who we are . . .’

Grey literature

Investigation into the grey literature and literature outside of the date range 2009–2022 provided further examples of articles that included the specific ethnicity variable Black British Caribbean or Afro Caribbean (Johnson et al., 1996).

Discussion

The overall findings suggest that there has been *limited* coverage of Black British Caribbean populations in published occupational therapy research between 2009 and 2022. When taken as a ratio, 2/595 represents 0.0034. Obvious yet important omissions about a study's limitations occur as a matter of routine contributing to bias in research, and the examples provided include publication bias (where only positive results, which can be subject to misinterpretation, are published as a marker of success) and citation bias (where only those very same publications are cited as a mark of success).

Epidemiologists Cole et al. (2010) describe a common but often unnoticed problem in quantitative research called 'selection bias' or 'conditioning on a collider'. This happens when researchers unintentionally design their studies (especially the way they choose participants) in a way that systematically excludes certain groups – in this case, Black British Caribbean people. In simple terms: the very act of deciding who gets included in the sample creates a hidden filter (the 'collider'). Once Black British Caribbean people are left out at this early stage, they disappear from the data entirely. The conclusions of the study then only reflect the groups who were allowed in, making the findings incomplete and biased – even though everything looks 'normal' on the surface. This type of selection bias has become normalized in occupational therapy research published in the *British Journal of Occupational Therapy* (BJOT).

It is rarely questioned because the methods follow standard, routine practices, yet the repeated exclusion of Black British Caribbean populations is a direct consequence. The findings could be uncomfortable for those researchers in occupational therapy who are keen to ensure that Black British Caribbean communities and other minorities are routinely represented in their research. A paradox exists in the BJOT report, *Looking ahead to 2025–2028 Strategy for Development* (Lambert and Nadarajah, 2025) On the one hand, the report states its desire to increase internationalism by encouraging submissions from Asia (from 16.3%), Africa (from 11.1%) and South America (from 8.3%) (Lambert and Nadarajah, 2024). Based on the 2009–2022 timeline, in order to achieve any near parity to international counterparts, the Black British Caribbean research outputs have a shortfall of at least 66%. This figure should be higher, taken into account the conspicuous absence of Black British Caribbean research over the decades since the first BJOT publications commenced in 1938.

Conclusion

Studies that lack diversity in their participant groups face several limitations that can significantly affect the reliability, validity, and applicability of their findings. Here are some key limitations.

Limited generalizability

Studies conducted on homogeneous groups do not accurately represent the broader population. Findings derived from a narrow demographic do not apply to other demographics, leading to limited generalizability of the results. They might not reflect the whole population, making it hard to apply their findings to different groups.

Biased conclusions

Researchers inadvertently overlook important variables or factors that are specific to certain groups, resulting in incomplete or inaccurate findings. Only looking at one type of person can lead to biased conclusions. Important differences between groups will be missed.

Inadequate understanding of intersectionality

Ignoring diversity within participant groups neglects the intersectionality of identities, such as race, ethnicity, and socio-economic status. This lack of understanding can obscure important nuances and disparities within and between various groups.

Missed opportunities for innovation

Excluding diverse perspectives limits the range of insights and ideas brought to light in research. Different backgrounds and experiences often foster creativity and innovation, which may be missed in homogeneous studies. Without diverse perspectives, they certainly miss out on new ideas and solutions.

Ethical problems and concern

Excluding certain groups from research can raise ethical concerns regarding fairness, justice, and representation. It can keep unfair systems going and make differences in healthcare, education, and other areas even worse. It is not fair to leave out certain groups, which can lead to unfair treatment, including deeply held stereotypes of ethnic minority groups by non-Black research professionals (ESRC, 2023; UNESCO, 2020).

Undermined trust and credibility

Not having enough diversity in research will lead to doubts about the accuracy of scientific results from ethnic minority populations. This lack of trust can make it harder to solve important problems in society and to make decisions based on evidence.

Recommendation

The *British Journal of Occupational Therapy* can improve its representation of the wider population by implementing several strategies:

1. Provide training and support for researchers from underrepresented groups to facilitate their involvement in scholarly publishing.
2. Ensure diversity within the editorial board to incorporate a range of perspectives and expertise.
3. Encourage submissions from researchers representing diverse backgrounds and populations.
4. Actively engage with underrepresented communities and organizations to encourage participation and collaboration in research.
5. Ensure that the language used in publications is inclusive and sensitive to diverse groups. Cover topics relevant to various communities and populations.
6. Implement a peer-review process that considers diversity and inclusivity in evaluating research submissions.
7. Devote special issues or features to topics relevant to underrepresented groups, amplifying their voices and experiences.

By implementing these strategies, the *British Journal of Occupational Therapy* can work towards improving the representation of a wide variety of groups, within the United Kingdom, in its publications, fostering inclusivity and advancing knowledge in the field.

What has the study added?

This scoping review illustrates selection bias within BJOT publications, which is not intuitive. There is urgency to build an EDI framework in the training of occupational therapy researchers.

Research ethics

Not applicable.

Consent

Informed consent was not required.

Declaration of conflicting interests

There was no conflict of interests for any of the authors.

Funding

One author (MK) was funded as a part-time researcher under the supervision of the lead author (BR).

Contributors

BR and MK undertook the early screening process of studies, final data extraction, findings, generation of discussion, writing and editing of the final manuscript. SB contributed to the early build of the BJOT database. MD contributed to proof-reading and discussion points and framing of the lived experience and historicity of Africans and African Caribbeans.

References

- Arai, L. and Harding, S. (2002.) *Access To and Use of Health, Social and Other Services and Care by Minority Ethnic Populations in the United Kingdom: A Literature Review*. Glasgow: MRC Social and Public Health Sciences Unit.
- Atwal, A., Sriram, V., McKay, E.A. and for BAME OT. (2021). Making a difference: Belonging, diversity and inclusion in occupational therapy. *British Journal of Occupational Therapy*, 84(11): 671–672.
<https://doi.org/10.1177/03080226211031797>.
- Beagan, B.L., Bizzeth, S.R., Pride, T.M. and Sibbald, K.R. (2023). Racism in occupational therapy: “It’s part of who we are . . .”. *British Journal of Occupational Therapy*, 86(3): 171–175. <https://doi.org/10.1177/03080226231153345>.
- British Heart Foundation. (2015). *Southall and Brent Revisited (SABRE) tri-ethnic Study: How Diabetes Increases the Risk of Heart Failure, Dementia, Heart Attack and Stroke*. Available at: Southall And Brent Revisited (SABRE) tri-ethnic study: how diabetes increases the risk of heart failure, dementia, heart attack and stroke – BHF.
- Cole, S.R., Platt, R.W., Schisterman, E.F., Chu, H., Westreich, D., Richardson, D. and Poole, C. (2010). Illustrating bias due to conditioning on a collider. *International Journal of Epidemiology*, 39(2): 417–420. <https://doi.org/10.1093/ije/dyp334>.
- De Gruy, J. (2025). Post Traumatic Slave Syndrome. Available at: Post Traumatic Slave Syndrome | Dr. Joy DeGruy.
- Economic and Social Research Council (ESRC). (2023). *ESRC Framework for Research Ethics*. Swindon: UK Research and Innovation. Available at:
<https://www.ukri.org/councils/esrc/guidance-for-applicants/research-ethics-guidance/>.
- Farrah, M. (1986). *Black Elders in Leicester*. Leicester: Social Services Department, Leicestershire County Council.
- Fryer, P. (1985). *Staying Power: The History of Black People in Britain*. London. Pluto.
- Harding, S. and Maxwell, R. (1997) Differences in the mortality of migrants. In F. Drever, and M. Whitehead (eds) *Health Inequalities: Decennial Supplement*. London: The Stationery Office, pp. 108–121.
- Hume, C. (1991). Occupational therapy with ethnic minority elders. In A Squires (ed.) *Multicultural Care of the Elderly*. London: Edward Arnold/Age Concern, pp. 133–142.

- Iqbal, J. (1991). *Report on Ethnic Minority Groups and Occupational Therapy Services in East Birmingham*. Birmingham: City of Birmingham Social Services Department.
- JBI. (2015). *The Joanna Briggs Institute Reviewers' Manual: Methodology for JBI Scoping Reviews*. Available at: www.joannbriggs.org (accessed 7 August 2024).
- Johnson, M.R.D., Wright, A., Jeffcoat, M.-A. and Petherick, R. (1996). Local authority occupational therapy services and ethnic minority clients. *British Journal of Occupational Therapy*, 59(3): 109–114. doi: 10.1177/030802269605900304.
- Jones, S., Tillin, T. et al. (2020). Cohort Profile Update: Southall and Brent Revisited (SABRE) study: A UK population-based comparison of cardiovascular disease and diabetes in people of European, South Asian and African Caribbean heritage. *International Journal of Epidemiology*, pp. 1441–1442. doi: 10.1093/ije/dyaa135.
- Lambert, R. and Nadarajah, S. (2025). Strategy for BJOT development: Reviewing 2021–2024 and looking ahead to 2025–2028. *British Journal of Occupational Therapy*, 88(2): 67–69. <https://doi.org/10.1177/03080226241296759>.
- Lavrakas, P.J. (ed.) (2008). *Encyclopedia of Survey Research Methods*. Thousand Oaks, CA: SAGE Publications. <https://doi.org/10.4135/9781412963947>.
- Marmot, M.G., Adelstein, A.M. and Bulusu, L. (1984). *Immigrant Mortality in England and Wales 1970–78: Causes of Death by Country of Birth*. OPCS Studies on Medical and Population Subjects No. 47. London: Her Majesty's Stationery Office (HMSO).
- Mason, J. and Conneeley, L. (2012). The meaning of participation in an allotment project for fathers of preschool children. *British Journal of Occupational Therapy*, 75(5): 230–236.
- Modood, T., Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. and Beishon, S. (1997). *Ethnic Minorities in Britain*. London: Policy Studies Institute.
- NIHR. (2025). *Increasing Participation of Ethnic Minorities in Health and Social Care Research*. Available at: <https://crnemwfd.nihr.ac.uk/elearning/ipbame>.
- Olusoga, D. (2023). *The Unwanted: The Secret Windrush Files*. Available at: <https://www.bbc.co.uk/programmes/m00068sk> (accessed: 12 July 2025).
- ONS. (2016). *ONS Transformation Programme - The 2021 Census Assessment of Initial User Requirements on Content for England and Wales Ethnicity and National Identity Topic Report*. London. ONS.
- ONS. (2023). *How Life Has Changed in Leeds: Census 2021*. Available at: <https://www.ons.gov.uk/visualisations/censusareachanges/E08000035/> (accessed: 9 March 2024).

- Pollard, N. (2016). Post-colonial occupational therapy: Perspectives from an old empire. *Revisita Ocupación Human*, 16(1): 70–83.
- Rayleigh, V. (2023). *The Health of People from Ethnic Minority Groups in England*. London: King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england> (accessed: 11 February 2024).
- Rowe, N. and MacDonald, R. (1995). Minority ethnic groups and occupational therapy, part 1: recruitment of students; part 2: transcultural occupational therapy, a curriculum for today's therapist. *British Journal of Occupational Therapy* 58(6): 256–260; 58(7): 286–290.
- Sajjad, P., Shepperd, S., Dawson, S., et al. (2024). Barriers to and enablers of the early diagnosis of breast cancer among women from ethnic minority backgrounds in the UK: Protocol for a qualitative evidence synthesis. *BMJ Open* 2024;14: e092480. doi:10.1136/bmjopen-2024-092480.
- Sillitoe, K. and White, P.H. (1992) Ethnic group and the British census: The search for a question. *Journal of the Royal Statistical Society Series A: Statistics in Society*, 155(1): 141–163. doi: 10.2307/2982673.
- Treweek, S., Banister, K., Bower, P. et al. (2021). Developing the INCLUDE Ethnicity Framework – a tool to help trialists design trials that better reflect the communities they serve. *Trials* 22: 337.
- Treweek, S., Gillies, K., Witham, M.D. et al. (2024). How should trial teams make decisions about the proportions and diversity of the ethnic groups in their trial? *Trials* 25: 768. <https://doi.org/10.1186/s13063-024-08625-5>.
- Tricco, A.C., Lillie, E., Zarin, W., et al. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of Internal Medicine*, 169(7): 467–473. DOI: 10.7326/m18-0850. PMID: 30178033.
- United Nations Educational, Scientific and Cultural Organization (UNESCO). *International Bioethics Committee (IBC) and World Commission on the Ethics of Scientific Knowledge and Technology (COMEST) (2020) Statement on COVID-19: Ethical Considerations from a Global Perspective*. Paris: UNESCO. Available at: <https://www.unescobiochair.org/2020/03/31/statement-on-covid-19-ethical-considerations-from-a-global-perspective-ibccomest/>.
- Williams, M., Wiggins, R. D., and Vogt, W. P. (2022). *Beginning Quantitative Research*, Vol. 1. *The Quantitative Methods Research Kit*. London: SAGE Publications, Limited.

Williamson, R., Atkin, H., Wood, O., Thomson, L. and Whitehead, P. (2023). Patient and public involvement in researched published in the British Journal of Occupational Therapy 2015–2021: A scoping review. *British Journal of Occupational Therapy*, 86(6): 400–412.

© Open University Press