societies

MDPI

Review

Analysis of Occupational Needs in Refugees and Applicants for International Protection: Scoping Review

María Carmen Rodríguez-Martínez [1,2,*], Fabiana Correia [3] and Patricia García-Pérez [4]

[1] Department of Physiotherapy, Faculty of Health Sciences, University of Malaga, 29071 Málaga, Spain
[2] Biomedical Research Institute of Malaga-Nanomedicine Platform (IBIMA-BIONAND Platform), 29590 Málaga, Spain
[3] Lightburn Hospital, NHS Greater of Glasgow and Clyde, Glasgow G32 6NB, UK; fab.pcorreia@gmail.com
[4] Área de Gestión Sanitaria Este de Málaga-Axarquía, Servicio Andaluz de Salud, 29700 Vélez-Málaga, Spain; terapiaocupacional.patricia@gmail.com
* Correspondence: marrodmar@uma.es

Abstract

The rising rates of immigration have resulted in challenges to both physical and mental health, primarily stemming from the circumstances of social isolation experienced by individuals compelled to leave their homes. This study aims to identify the occupational needs and experiences of refugees and applicants for international protection in different studies. The search strategy was carried out in the PubMed, Web of Science, Scopus, LILACS, ScieLO, and Dialnet databases. The studies were selected without temporal restriction up to December 2024 and included populations aged 18 years and older. A total of 654 articles were identified, of which 26 met the inclusion criteria for analysis in this review. Of these, 18 were qualitative studies, while the remaining ones were meta-ethnography, scoping, narrative, or literature reviews, case studies, or quantitative studies. Occupational therapy adopts a holistic approach that seeks to address both occupational needs and rights. The included studies underscore the significance of occupational therapy interventions for refugee populations, highlighting and clarifying the occupational deprivations and unmet needs experienced by this group.

Keywords: refugees; immigration; occupational justice; social marginalization

check for updates

Academic Editor: Michael Aguilera

Received: 26 October 2024
Revised: 31 October 2025
Accepted: 5 November 2025
Published: 27 November 2025

Citation: Rodríguez-Martínez, M.C.; Correia, F.; García-Pérez, P. Analysis of Occupational Needs in Refugees and Applicants for International Protection: Scoping Review. *Societies* **2025**, *15*, 331. https://doi.org/10.3390/soc15120331

Copyright: © 2025 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

1. Introduction

Occupational therapy, according to the World Federation of Occupational Therapists, "is a client-centered health profession concerned with promoting health and well- being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement" [1].

Occupation includes all the activities and tasks that are part of daily life and holds significant cultural and personal meaning. Occupations are as essential as vital needs, as their meaning shapes the behavior of a person. Therefore, they create a great commitment to health on a psychological, physical, social, spiritual and cultural level [2].

Due to different circumstances, certain groups may suffer a disruption in their occupations caused by forced human displacement resulting from conflicts and the pursuit of improved living conditions. This human displacement prevents occupational participation,

resulting in impairment and weakening their inclusion in the host society [3]. Refugees are individuals who flee their countries due to fear of persecution based on race, religion, nationality, or political beliefs and are granted international protection in their host countries [4]. Global displacement rates have been rising steadily, with over 70.8 million people displaced as of 2018, and 25.9 million refugees among them [5]. This figure has risen in recent years as a result of the war in Ukraine, among other conflicts, resulting in a total of 122.6 million displaced individuals worldwide. This total encompasses refugees, asylum seekers, internally displaced persons, returnees, and stateless individuals. Specifically, there are 31,638,789 refugees (26%) and 6,860,432 asylum seekers (6%) [6].

Refugees frequently experience complex and substantial health challenges, often exhibiting poorer health outcomes in comparison to the general population. Numerous factors encountered throughout the migration process—such as transportation in confined spaces, unintentional injuries, nutritional deficiencies, and residence in detention facilities or refugee camps—substantially impact their overall health status [7]. Furthermore, inadequate access to healthcare, compounded by experiences of discrimination and restricted social entitlements, exacerbates their marginalization and contributes to the structural determinants of ill health within this population [8].

In light of this intricate situation, various healthcare initiatives are aimed at alleviating vulnerability within this population. Depending on the mode of access, whether by sea or air, basic assistance centers are established at border points. These centers provide guidance, information, food, and essential medical care. Also, temporary reception is carried out for 6 to 9 months, which includes a temporary stay in reception centers, medical assistance, psychological and occupational services, educational and cultural benefits, employment orientation, and economic benefits. Once the phase of temporary reception is over, the next step is taken, which seeks integration and support within society [9,10]. This stage focuses on facilitating the integration of refugees into the host society. This phase encompasses a range of support services aimed at promoting social inclusion, economic self-sufficiency, and active community participation. Services provided include assistance in securing housing, accessing employment opportunities, language acquisition programs, and legal support [11]. Occupational therapists play a pivotal role in this integration process by offering interventions that promote engagement in meaningful activities, skill development, and community integration [12]. Their expertise enables refugees to rebuild daily routines, enhance psychosocial well-being, and address occupational injustices that may arise during resettlement [13]. These interventions are crucial in empowering refugees to adapt to their new environments and achieve a sense of belonging within the host community [14,15].

Within the broader European context, Spain faces similar structural challenges in managing forced migration as other Member States, yet it presents distinctive features due to its geographical position and specific migration flows, particularly from North Africa and Latin America. The Western Mediterranean route has remained one of the most active migratory corridors in recent years, especially through entry points such as Ceuta, Melilla, and the Canary Islands [11,16,17]. Although Spain adheres to the Common European Asylum System and implements national reception programs, limited research has examined these processes from an occupational perspective. Several national and international organizations play a central role in providing legal, psychological, and social assistance that can influence refugees' occupational engagement [18–20]. However, as highlighted in previous studies, refugees continue to face multiple barriers that restrict occupational engagement, including limited access to rehabilitation, social participation, and culturally meaningful activities [21,22]. These studies emphasize the need for occupational therapy approaches that address both individual adaptation and the systemic factors contributing to occupational injustice.

Despite the presence of various organizations and support programs aimed at facilitating the integration of refugees and applicants for international protection, this population continues to experience multiple challenges, such as language barriers that hinder effective communication [23]. Additional difficulties include inconsistencies in the assistance provided by organizations and obstacles to securing stable employment that would enable financial independence. Consequently, these conditions generate considerable uncertainty, as many refugees perceive their life projects as unstable and unattainable [23].

In the labor sector, refugees typically encounter two scenarios. In the first, they cycle between periods of formal and informal employment and periods of unemployment. Second, they are limited to low-skilled jobs, such as domestic work, waiting tables, office cleaning, or distributing advertisements, often under precarious working conditions. As a result, they earn low and unstable incomes, which negatively impact their ability to afford nutritious food, pay bills, purchase clothing, and engage in leisure activities [24].

This problem of refugees complies with the ideas mentioned by Dyck [25], which explained the low incomes and high levels of stress in activities of daily living in immigrants, which therefore creates problems in their physical and mental health, leading, in these circumstances, to social isolation [25]. For this reason, environmental characteristics play a decisive role in shaping individuals' occupational choices. Refugees and immigrants, therefore, experience continual changes in their living conditions that may, in extreme cases, lead to occupational deprivation—defined as the prolonged disruption or prevention of participation in meaningful occupations [15,25,26]. Therefore, it is important to recognize the significant role that occupational therapists can play in interventions with refugee populations, as the profession emphasizes the importance of occupational choice, which is rooted in individuals' pursuit and engagement in personally meaningful and self-directed activities [27]. Moreover, occupational therapy places particular focus on examining the physical, cultural, and social environmental factors that influence occupational performance and participation [25].

According to the World Federation of Occupational Therapists (WFOT) 2014 Position Statement on Human Displacement, occupational therapists are called to "respect occupational strengths by valuing prior life roles, occupational adaptation, and existing occupational participation." The statement further emphasizes the importance of fostering reciprocity with displaced individuals, allies, and host communities as a fundamental approach to mitigating the impact of displacement on both the affected populations and the receiving communities [3]. The profession recognizes that socio-political factors significantly influence healthy participation in occupations. Therefore, occupational therapy seeks to address the occupational needs of refugees and highlight the injustices they face [3]. Malfitano et al. [12] identify a significant gap in the literature regarding targeted occupational therapy interventions for refugees and asylum seekers, pointing to a lack of systematic approaches that address the occupational consequences of displacement [12].

This article presents a scoping review designed to identify and analyze the occupational needs of refugee populations as examined in existing studies and systematic reviews within the discipline of occupational therapy. The review aims to elucidate the principal occupational deficits experienced by refugees and applicants for international protection and to evaluate the extent to which these needs are currently addressed in the literature and practice. Although the original intention was to focus specifically on refugees residing in Spain, the scope was expanded owing to the limited availability of research on this particular population. By synthesizing existing evidence, this review seeks to provide a comprehensive understanding of the challenges refugees encounter in engaging in meaningful occupations and to emphasize the critical role of occupational therapy in responding to these challenges. In addition, the review examines the manifestation of occupational

injustice in the lived experiences of refugees, including restricted access to meaningful activities, barriers to employment, and limited participation in community life. Through this analysis, the review aims to illuminate the systemic factors contributing to occupational deprivation, alienation, and marginalization among displaced populations.

2. Material and Methods

In this scoping review, the criteria proposed by the PRISMA statement is followed [28]. Likewise, an evaluation of the quality of the qualitative studies included for analysis according to the evaluation criteria proposed by Downe and Walsh [29] and an evaluation of the quality of the articles that include systematic reviews using the AMSTAR-2 scale [30] are carried out.

2.1. Inclusion/Exclusion Criteria

According to the study objective, the inclusion and exclusion criteria for the selection of articles are proposed in Tables 1 and 2:

Table 1. Inclusion criteria with justification.

Inclusion Criteria	Justification
Articles published up to December 2024	Provides a comprehensive historical overview of the relationship between refugees and occupational therapy, including both foundational and recent studies.
Refugees related studies within the scope of occupational therapy or occupational sciences	Ensures interdisciplinary relevance through the integration of perspectives that explore occupation, health, social integration, and the overall well-being of refugee populations.
Articles related to the study objective	Ensures methodological and thematic coherence through the inclusion of studies that are directly aligned with the objectives of this review.
Studies conducted on individuals aged 18 years and above	Focuses the analysis on adult individuals, whose legal, occupational and health circumstances differ significantly from those of minors, thus improving data comparability.
Studies that address the problems faced by refugees	Aims to identify the main challenges encountered by refugees in terms of health, social integration and access to occupational resources.
Inclusion of systematic searches, qualitative and quantitative studies, occupational interventions and clinical case studies	Supports a holistic and methodologically diverse understanding of the topic by incorporating evidence from different research approaches to enrich the analysis.

Table 2. Exclusion Criteria with Justification.

Exclusion Criteria	Justification
Articles published as a book chapter, letters, abstract or conference report and protocol studies	These formats often lack the methodological detail and peer-review standards required.
Studies addressing mental health and physical pathologies	Ensures that the review remains focused on refugee populations whose needs, status and occupational challenges differ significantly from other populations.
Articles focused on personal experiences that do not align with the study objective	Excludes anecdotal or narrative reports that do not provide empirical evidence or contribute directly to the research aim.
Articles exclusively focused on the educational domain	Limits the scope to broader occupational, health and social perspectives, omitting studies centered solely on education that do not relate to occupational therapy or health outcomes.

2.2. Search Strategy

The search strategy was carried out in six databases: PubMed, Web of Science, Scopus, LILACS, ScieLO, and Dialnet. The descriptors employed, based on the MeSH vocabulary, included "occupational therapy" and "occupational justice". These were combined using the Boolean operator "AND" with the terms "refugees," "asylum," "immigration," and "social marginalization."

The inclusion criteria encompassed articles published up to December 2024, focusing on populations aged 18 years and older.

2.3. Selection of Articles and Evaluation Process

A total of 654 articles were identified. After removing duplicates across databases, 381 unique articles remained. Articles whose titles or abstracts did not align with the study objective were then excluded, resulting in 345 exclusions. Consequently, 36 articles were assessed for eligibility. These articles were analyzed in depth for inclusion in the qualitative synthesis. Based on the selected articles, we discarded 2 of them because they contained occupational therapy concepts in work with refugees without providing substantial empirical data or direct insights into the specific occupational needs or challenges faced by refugees, and 3 of them were discarded due to the type of study. Finally, 5 articles were discarded for not meeting the research objective. These articles were mostly related to diseases in mental health in refugees, focusing more on the pathological aspect and not on their needs or/and occupational experiences. In conclusion, 26 articles were included for the qualitative synthesis. Of these, 18 were qualitative studies, while the remaining articles consisted of meta-ethnography, scoping, narrative, or literature reviews, case studies, or quantitative studies (See Figure 1).

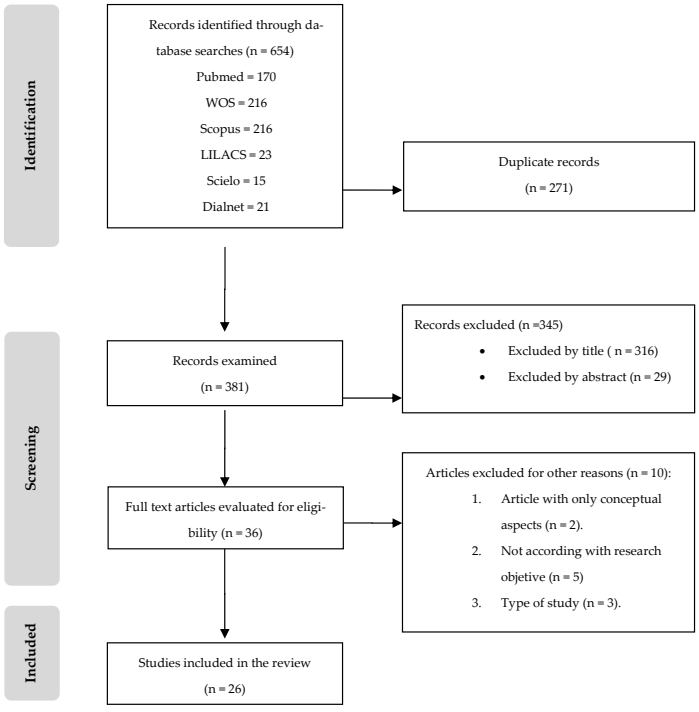


Figure 1. PRISMA flowchart of studies selection.

3. Results

The final sample was 26 articles, of which 18 were qualitative studies, as shown in Table 3.

Table 3. Summary of the selected studies.

Year/Author(s)	Country	Type of Study	Objective	Sample	Methodology	Key Findings	Conclusion
Whiteford (2005) [31]	Kosovo/Australia	Case study	Understand how forced displacement contributes to occupational deprivation among refugees.	Adult refugees resettled after conflict	Narrative case analysis; interviews	Forced migration disrupted social roles, routines, and productive occupations, leading to inactivity and loss of identity.	Occupational deprivation is socially and politically constructed through exclusionary systems.
Bennett et al. (2012) [32]	Canada	Scoping Review	Examine the impact of immigration on occupations.	36 articles	Literature review (2000–2010); English & French sources	Themes: role changes, employment, ethnic identity, and health.	Highlights a gap in research; OT has potential in addressing migration-related challenges.
Mirza (2012) [33]	USA	Qualitative	Explore initial experiences of disabled Somali and Cambodian refugees.	15 participants (ages 23–63)	In-depth interviews; interpreters used	Themes: employment barriers, confinement, community support.	Refugees with disabilities face occupational deprivation; policy context is critical.
Bishop & Purcell (2013) [34]	United Kingdom	Qualitative case study	Examine the impact of community allotment gardening for refugees.	Adult refugees in community gardening project (n = 5).	Observation; interviews	Gardening promoted routine, belonging, physical health, and emotional well-being.	Community-based occupations enhance adaptation and resilience.
Suleman & Whiteford (2013) [35]	Australia	Qualitative, narrative study	Understand occupational transitions and life skills during early refugee resettlement.	Adult refugees (n = 10–15).	Narrative interviews; thematic analysis	Loss of skills and routines created dependency; life skills enabled adaptation and empowerment.	Life skills are central for occupational adaptation and social participation.
Morville et al. (2014) [36]	Denmark	Cross-sectional quantitative study	Assess performance in activities of daily living (ADL) among asylum seekers.	Adult asylum seekers (n = 40).	ADL performance measures	Many participants had reduced ADL abilities due to stress, trauma, and inactivity in detention settings.	Institutional conditions negatively affect occupational performance and independence.
Huot et al. (2016) [37]	Canada	Scoping Review	Synthesize knowledge on occupational experiences of forced migrants.	24 articles	Literature review (2003–2014)	Six themes: deprivation, identity, imbalance, mismatch, change, adaptation.	Highlights limited research and need for culturally informed OT support.
Mayne et al. (2016) [38]	Australia	Narrative review	Review evidence on occupational experiences of refugees resettling in Australia.	20 reviewed studies	Narrative synthesis	Refugees faced barriers: trauma, language, unemployment; facilitators: volunteering, education, spirituality.	Policies affect occupational engagement and social inclusion.
Crawford et al. (2016) [39]	Australia	Qualitative, critical study	Examine structural and personal factors shaping occupational deprivation in asylum seekers.	Adult asylum seekers on temporary visas	Semi-structured interviews; discourse analysis	Legal and policy restrictions prevented work, education, and independence.	Occupational deprivation is structurally imposed by the asylum system.
Faria Teixeira & Solans García (2017) [40]	Spain	Literature Review	Identify occupational needs of refugees and OT roles.	9 articles	Multilingual literature scan	OT supports social integration through holistic interventions.	OT is vital in refugee care and must be part of integration policies.
Salsi et al. (2017) [41]	Canada	Qualitative	Investigate factors affecting occupational performance of refugee women.	21 women (ages 22–64)	COPM, GAS, semi-structured interviews	High rates of occupational difficulties in leisure, work, and social roles.	OT is essential in temporary housing contexts; women face layered challenges.
Smith (2017) [42]	United Kingdom	Qualitative, phenomenological study	Explore the meaning of occupation for people seeking asylum.	Adult asylum seekers (n = 10)	In-depth interviews	Altruistic occupations ("doing for others") maintained purpose, identity, and dignity.	Occupation can provide resilience and meaning during uncertainty.
Thornton & Spalding (2018) [43]	International	Literature review	Explore asylum seekers and refugees' occupational experiences.	14 reviewed studies	Systematic literature review	Forced migration disrupts roles, education, leisure, and work, causing alienation.	Occupational deprivation and marginalization are central consequences of asylum.
Smith (2018) [44]	UK	Qualitative	Explore asylum seekers' occupational experiences.	10 adults	Semi-structured interviews	Occupational dissatisfaction, limited opportunities; altruistic roles emerged.	Altruism served as a coping mechanism; reception center experiences vary.

Table 3. *Cont.*

Year/Author(s)	Country	Type of Study	Objective	Sample	Methodology	Key Findings	Conclusion
Spring et al. (2019) [45]	UK	Qualitative	Evaluate drop-in center's impact and occupational preferences.	18 participants (10 nationalities)	Semi-structured interviews; phenomenological analysis	Community, altruism, and skill-building valued; English learning supported integration.	Drop-in centers support occupational needs and social belonging.
Nang et al. (2019) [46]	Australia	Qualitative	Examine the impact of migration on people who stutter.	9 participants	OASES™, semi-structured interviews	Migration stress worsens stuttering; impacts identity and social interaction.	First study of its kind; integration affected by language, stigma.
Morville& Jessen-Winge (2019) [47]	Denmark	Qualitative	Understand asylum seeker's view of social exclusion.	1 participant	Long interview over 5 days	Occupational deprivation and need for shared responsibilities.	Supports OT role in promoting inclusion; recommendations from participants noted.
Darawsheh (2019) [48]	Jordan	Qualitative, phenomenological study	Explore the lived experience of occupational deprivation among Syrian refugees displaced in Jordan.	10 participants (Syrian adult refugees).	Semi-structured interviews; thematic analysis	Refugees faced restrictions to meaningful occupations due to economic hardship, displacement, and social isolation. Loss of roles and autonomy resulted in powerlessness.	Occupational deprivation is a structural consequence of forced displacement, impacting identity and well-being.
Ingvarsson, L.; Egilson, S.T.; Skaptadottir, U.D. (2020) [49]	Iceland	Qualitative study	Explore the daily lives and occupational experiences of asylum seekers living in Iceland.	Adult asylum seekers residing in Icelandic reception centers ($n \approx 10$–15).	Semi-structured interviews; thematic analysis	Participants expressed a desire for normalcy and autonomy in daily life. Barriers included inactivity, uncertainty about asylum status, and limited opportunities for work or education.	Asylum seekers face occupational deprivation caused by structural restrictions and prolonged uncertainty. Occupational therapy can promote engagement, structure, and empowerment through meaningful daily activities.
Johnson & Gilligan (2020) [50]	Thailand/Myanmar	Qualitative	Explore youth responses to marginalization and legal barriers.	35 participants (ages 18–24)	44 interviews over 10 months	Themes: insecurity, documentation issues, future uncertainty.	Young refugees live in precarious conditions but maintain hope.
Ekstam et al. (2021) [51]	Sweden	Qualitative intervention study	Explore migrants' experiences in a nature-based vocational rehabilitation program.	7 adult migrants/refugees (39–63 years)	Semi-structured interviews; observation	Gardening and nature activities enhanced routine, social connection, and well-being.	Nature supports positive occupational transitions and identity reconstruction.
Khan et al. (2021) [52]	Canada	Qualitative	Analyze occupational transitions of Syrian refugee youth.	20 participants (ages 18–24)	Semi-structured interviews	Disrupted roles and identity; challenges in education and employment.	Need for targeted OT to support transitions and identity reconstruction.
Darawsheh et al. (2022) [53]	USA	Qualitative	Examine occupational injustice among resettled Syrians.	16 refugees	IPA, interviews	Discrimination, limited credentials, systemic barriers.	Urgent need for justice-centered OT interventions.
McGovern & Young (2022) [54]	Multiple	Meta-ethnography	Explore meaning and value in occupations for forced migrants seeking asylum.	13 qualitative studies with adult refugees/asylum seekers.	Meta-ethnographic synthesis	Occupations provided identity, hope, and belonging; barriers included legal uncertainty and marginalization.	Engagement in meaningful occupations sustains identity during displacement.
Fabianek et al. (2023) [55]	Jordan	Qualitative	Explore experiences of Palestinian refugees in long-term camps.	15 elderly refugees	Phenomenology, interviews	Themes: cultural pride, trauma, exclusion, social disruption.	Long-term displacement leads to severe occupational injustice.
Alve et al. (2023) [56]	Bangladesh	Qualitative descriptive study	Examine participation in everyday occupations among Rohingya refugees in camps.	Adult Rohingya refugees in camps ($n = 15$)	Interviews; observation field notes	Participation limited to survival-based activities; barriers include poverty, trauma, and camp restrictions.	Camps create systemic occupational deprivation and dependency.

3.1. Results of Qualitative Studies

Regarding qualitative studies, we found a total of 18. The studies were carried out in 10 different locations. Four of them were undertaken in the United Kingdom, three in Australia, two in Canada, two in Jordan, two in the United States, and one in each of the following countries: Thailand and Myanmar, Sweden, Bangladesh, Iceland, and Denmark (Table 3).

The sample sizes ranged from 1 to 40 participants. One study has a sample between 30 and 40 participants, two studies have a sample between 20 and 29 participants, and 11 studies have a sample between 10 and 19 participants. Finally, four studies have a sample between 1 and 9 participants (Table 3). In all the studies, the participants were adults.

In all the 18 studies that were analyzed, structured and semi-structured interviews were used as a means of collecting information. In addition, one study used the Goal Attainment Scale (GAS) and the Canadian Occupational Performance Measure Scale (COPM). Lastly, 1 study used the General Assessment of Speaker Stuttering Experience Scale (OASES) and the Perceptual Severity Scale (Table 3).

3.2. Results of Reviews

The reviews found were from 2012, 2016, 2017 and 2018. According to the results of each of the reviews, all coincide with the following aspects:

- Occupational Deprivation: The articles included in the reviewed studies concur that upon arriving in a host country, individuals often experience disruptions in the development and fulfillment of their occupational needs, primarily due to restrictive institutional environments and challenges related to social integration [32,37,40,43] (Table 3). Faria Teixeira and Solans García [40] also highlight how the bureaucratic and structural barriers in host countries exacerbate occupational deprivation among refugees, particularly at the institutional level [40]. For instance, lengthy asylum processes, limited employment opportunities, and language barriers can impede access to activities that foster social integration and economic stability. Huot et al. [37] reinforce these findings, noting that occupational deprivation is closely linked to the broader context of social exclusion, where refugees encounter systemic discrimination and limited access to public services, further hindering their ability to participate in meaningful occupations [37]. Bennett et al. [32] further contextualize these experiences by emphasizing that occupational deprivation extends beyond employment to encompass daily activities, such as leisure, education, and social participation [32]. Refugees often report feeling marginalized and excluded from community life, compounding their sense of isolation and disempowerment. Collectively, these studies underscore the importance of addressing occupational deprivation through targeted occupational therapy interventions that not only focus on skill development and employment support but also foster social inclusion and community participation. The persistent barriers to occupational engagement highlight the need for trauma-informed, culturally responsive approaches that address the structural determinants of occupational deprivation within refugee populations [55].
- Change of roles: The impact of migration causes a loss of occupations in different occupational areas such as Instrumental Activities of Daily Living (AIVD), Social Participation, Work, and Education. Also, some occupations have been maintained during the process, but have been altered by the circumstances in which they live [32,37] (Table 3).
- Occupational imbalance: Research indicates that refugees often experience occupational imbalance after resettlement in a new country due to economic insufficiency [37].

Many individuals face difficulties in securing employment that aligns with their previous professional roles due to the non-recognition of their qualifications in the host country. Additionally, a lack of familiarity with local labor standards further complicates workforce integration [32] (Table 3). Moreover, the economic challenges faced by refugees, such as underemployment or employment in low-skilled jobs unrelated to their prior professions, exacerbate occupational imbalance by undermining their sense of purpose and autonomy. This perspective aligns with a broader conceptualization of occupational imbalance, which encompasses not only the misallocation of time but also the disruption of opportunities to engage in occupations that provide meaning and contribute to a sense of identity and agency [43].

- Identity: According to the literature, refugees seek out their peer group to keep their customs and cultural values alive in them. Although, new identity figures are created due to the cultural influence of the host country [32,37] (Table 3).
- Figure of Occupational therapy in the group of refugees: The immigration process in occupations is a complex and can affect the lives of refugees, which is why occupational practice in this field allows working on objectives focused on the person and creating empowering life projects [32,37,40] (Table 3).

3.3. Quality Assessment of Articles

The Quality Assessment of the qualitative research present in this review is based on the assessment criteria proposed by Downe and Walsh [29]. There are a total of 8 domains, which expose the characteristics that a qualitative study must fulfil. All included qualitative studies met at least 6 of the 8 domains, with the following exemplary scores:

Darawsheh et al. [48], Smith [42], Suleman & Whiteford [35], Bishop & Purcell [34], and Ekstam et al. [51] fully met all criteria, demonstrating methodological robustness.

The Quality Assessment of reviews has been carried out using the AMSTAR-2 scale, the same a scale that allows for evaluating different criteria that a systematic or scoping search must meet, to carry out a more critical investigation. It has 16 domains, with positive responses to the item (Yes), negative responses to the approach to be evaluated (No), and partially positive responses (partial Yes) [30]. According to research included in this review, the following results are obtained: Bennett et al. [32] 5/16 domains; Huot et al. [37] 6/16 domains; Mayne et al. [38] 7/16 domains; Faria et al., [40] 7/16 domains; Thornton & Spalding [43] 8/16 domains.

It is relevant to mention that although some articles do not meet half of the domains raised by AMSTAR-2, they are included in the analysis due to the lack of scientific evidence in the study of occupational needs in refugees.

4. Discussion

In the present research, we have worked with the objective of identifying the occupational needs and experiences in the refugee population. According to the reading of the different studies included for analysis, the following points are exposed:

4.1. Identity and Occupational Transition

Values influence connection with a sense of community. This is generated by family, faith, and culture. Refugees recognized a difference in values between native and host societies, with the latter being more individualistic [44,45]. This sense of belonging plays a crucial role in refugees' adaptation, as it fosters the feeling of being part of something meaningful and contributing to a collective effort. Taking into account the situation of people from Myanmar in Thailand, they maintain their customs and values within the

refugee camps, although in carrying out activities of daily life, they avoid the use of symbols and objects of their culture to avoid possible threats from Thai police officers [50].

Feeling part of a community was an essential element in adaptation of refugees, since it favors the feeling of being part of something and doing actions by and for the community [44,45]. This also influences groups of people who have gone through the same circumstances, influencing their union, for example, those who have gone through forced migration. This is supported by Smith [44] and Spring et al. [45]. In the first study, 17 of 18 participants identified that the sense of community was an important element in the reception center [44]. In the study by the group of authors, they mention that all the participants reflected that the sense of belonging was like feeling part of a family [44].Additionally, the acquisition of new roles, such as volunteering, helps refugees regain a sense of purpose and prepare for employment, yet loss of previous roles often undermines their occupational identity [28,32]. This aligns with findings by Whiteford (2005), who described how forced migration and prolonged displacement disrupt social roles and occupational identity, creating a profound sense of loss and exclusion [31]. Similarly, Darawsheh (2019) and Darawsheh et al. (2022) [48,53] demonstrated that occupational deprivation and injustice among displaced Syrian refugees stem from disrupted identities, limited opportunities for meaningful occupations, and systemic barriers to participation.

Migration can cause loss and acquisition of roles due to the process that this group experiences. For example, many of these people acquired the role of "volunteer", since it allowed training for the working world, or they carried out activities that were gratifying for them [44,45]. Although, many people lose their role as workers due to the lack of access to this group to the host country's labor system [44–46]. In the case of the Somali and Cambodian population in Mirza's study in 2012, they saw danger in their occupations as they no longer maintained a balanced routine in occupations, so tasks such as being a "housewife" and "worker" were highly threatened [33]. In addition, research conducted by Salsi et al. [41], suggests that the caregiving role can be a driving factor for migration. Many participants, particularly mothers, expressed a strong desire to provide better opportunities for their children, motivating them to leave their home countries. Similarly, individuals may struggle with a fragmented sense of identity due to limited access to healthcare and occupational services, leading to prolonged battles for their rights [41].

Taking into account the above, another interesting concept is occupational transitions. Suleman and Whiteford [35] discuss the role of life skills in facilitating occupational transitions during early resettlement, emphasizing how disruptions to occupational identity can impede adaptation and integration [35]. Additionally, Suto (2009) explores the implications of career changes and loss of professional roles as a form of occupational transition that profoundly affects refugees' sense of self and purpose [27]. Khan et al. [52] discuss how occupational transitions can impact young refugees, affecting their sense of self and future aspirations [52]. This aligns with McGovern and Yong (2022), who argue that engaging in meaningful occupations helps restore a sense of value and identity during asylum processes [54].

4.2. Participation in Occupations

Some studies show that participating people make the most of the occupational opportunities that are presented to them [44,45]. The reception center can often be the promoter of this participation, given that it allows them to play roles without the financial remuneration that they played in their country, so these activities that the center offers create a healthy routine. The activities offered are sports, language learning, and sewing, among others, although they required more female-oriented activities and those for children [45]. Bishop and Purcell (2013) showed that participation in community gardening fostered belonging,

social support, and restoration of daily structure among refugees [34]. Likewise, Ekstam et al. (2021) found that nature-based rehabilitation programs facilitated occupational engagement and well-being, especially through gardening and outdoor tasks that rebuilt confidence and social interaction [51]. However, there are different realities of refugees being limited to staying in the shelter and doing only basic activities of daily life and watching television; therefore, they feel that activities are carried out to fill the time, instead of being satisfactory [41,44,47]. This can also cause barriers to the norms and rules inside the reception center and bad management in the activities that it proposes [33,41]. In Smith's research, many of the people seek to collaborate with universities and sensitize the population to the asylum process, or also, to resume activities that were carried out in their old routine [44].

According to Johnson and Gilligan, the population of Myanmar found in the refugee camps in Thailand faces obtaining informal jobs and irregularities from which they get low pay under conditions of labor exploitation [50]. This can be supported by Spring et al. [45] and also by Nan et al. [46], who mention that the asylum process closes many of the person's usual mechanisms for adapting to the new country, thus creating an important limitation on access to employment, creating an unstable economy [45,46]. Even so, the reception center offered volunteer activities that allowed refugees to prepare for a job so that the participants remained positive [45]. Employment worsens if the refugee has some kind of functional diversity since they have fewer opportunities and support, conditioning feelings of inefficiency and social isolation [33,45,46]. The result of the research by Salsi, Awadallah, Leclair, Breault, Duong and Roy shows that 66.67% of the participating people are unemployed and 71.43% have an income from government aid. In conclusion, getting a job was among the most frequent problems identified [41]. These findings align with Darawsheh et al. [53], who emphasize that restricted access to employment perpetuates occupational injustice and hinders integration [53].

4.3. Access to Healthcare and Education

Healthcare access varies significantly across host countries. While Australia provides healthcare services to refugees with specific needs, such as those with stuttering [46], other regions, like Thailand, deny access to basic healthcare, exacerbating health disparities [50].

Similarly, Morville et al. (2014) highlighted that Danish asylum seekers frequently encounter barriers to adequate medical and rehabilitative care, resulting in reduced performance in activities of daily living and increased dependence on institutional support [36]. Furthermore, Ingvarsson et al. (2024) reported that asylum seekers in Iceland face difficulties accessing basic healthcare and mental health services, which contribute to daily occupational disruption and heightened emotional distress [49].

Educational opportunities are also limited, due in part to low recognition of prior qualifications and restricted access to formal education, as documented by Salsi et al. [41]. This educational gap further marginalizes refugees, constraining their prospects for social and occupational inclusion. Similarly, Mayne et al. (2016) found that refugees in Australia encountered significant obstacles to education and employment, including language barriers and the non-recognition of previous qualifications, underscoring how systemic constraints perpetuate occupational injustice [38].

The host country can have a significant influence on access to health for refugees. In Thailand, Myanmar refugees had an "illegal" status, thus not benefiting from healthcare [50]. In contrast, refugees in Australia, which include people with stuttering, had better access to health services, such as psychology sessions, important for their adaptation to the country and a decrease in stuttering [46].Likewise, Alve et al. (2023) found that Rohingya refugees in Bangladesh camps experienced limited access to medical care and

lived in conditions that prioritized survival-based activities, with few opportunities for health-promoting occupations [56]. In contrast, Ekstam et al. (2021) demonstrated that structured rehabilitation programs integrating nature and daily activities promoted mental well-being and physical recovery among migrants in Sweden [51].

Among the occupational performance problems identified by Salsi, Awadallah, Leclair, Breault, Duong and Roy are finding a place of their own to live. 47.62% of the participating people live in shelters and 52.38% live in their own homes. The results show that 26.19% want to be able to live in their own home; this means 55% of the people who live in shelters [41]. These findings are consistent with Whiteford (2005), who identified how displacement and loss of control over the living environment can lead to long-term occupational deprivation and dependency [31].

4.4. Integration into the New Culture and Future Perspective

Integration processes are strongly influenced by reception centers, community support, and language acquisition. While some refugees perceive reception centers as essential spaces for initial integration [45], others find them restrictive and disempowering [44,47]. For instance, the study by Khan et al. [52] illustrates how young refugees face barriers in navigating educational and employment pathways, affecting their long-term integration and occupational trajectories [52]. This is consistent with Crawford et al. (2016), who found that restrictive asylum policies in Australia created systemic occupational deprivation by preventing work and community participation [39].

In the research by Spring, Howlett, Connor, Alderson, and Antcliff [45], participants were highly motivated to improve their English and had an awareness of what British culture was like [45]. In contrast, in Mirza's study, participants found little support in learning the language, which limited their integration and participation in society [33]. In the research by Nang, Reynolds, Hersh, Andrews, and Humphries, 5 of the 9 participants learned in English for their integration into society, which is why they faced problems with language and accent being a stressor, causing stuttering [46]. Similarly, Smith (2017) and Thornton & Spalding (2018) found that language acquisition and occupational participation were deeply intertwined, with meaningful activity serving as a catalyst for belonging and identity reconstruction [42,43].

Regarding the reception center, Spring, Howlett, Connor, Alderson, and Antcliff, found that a third of the participants consider the reception center as essential in integrating them into society, both in the first integration phases, such as long-term [45]. Compared to research by Morville and Jessen Wing and Smith, the reception center was not a promoter in providing satisfactory occupations since the center itself did not have activities for integration into the new culture [44,47]. According to the research by Salsi et al. [41], the participants had gone through traumatic experiences and great adversities, which is why, during the stay in the reception center, they felt in a safe space, although, according to the opinions of two participants, they felt that the reception center was a "school" that deprived them of their freedom. Time use consisted of an average of 9 h of sleep, 3.8–4.5 h of passive leisure, and 2.9 h of home care [41].

Gender can influence having a more adaptive migration experience. Nang et al. [46] indicate that 2 out of 3 women found the pressure to "fit" in Australian society, compared to men, who did not feel this same pressure [46]. In the research by Spring et al. [45], the participants suggested holding workshops specifically geared for women, since many times they were unable to attend because of childcare, compared to men, who did not carry with the same responsibility. Furthermore, they suggested improving support for refugee women and applicants for international protection [45]. Similarly, Darawsheh (2019) identified that gender and cultural background significantly shaped refugees' experiences

of occupational deprivation, with women often assuming unpaid caregiving roles and facing restricted participation [48].

A limitation that slows down the process of integration of this group in society is the asylum process, which is why the interview conducted in the research by Morvilleet al. [47] suggests the acceleration of the said process to decrease the "limbo" in living for applicants for international protection. In addition, it exposes the need to have an improvement in the information that is offered to these people regarding the asylum process and the aid that can be accessed [47]. A recent study of Ingvarsson et al. (2024) reinforces this idea by showing that bureaucratic delays and long asylum procedures create uncertainty and hinder the development of stable daily routines and occupational balance [49].

4.5. Future and Survival Perspective

Taking into account vulnerabilities and uncertainty, refugees continue to live their daily lives in search of adaptation to the new country. People of Myanmar in Thailand use different strategies to avoid the eyes of the Thai authorities, such as not dressing or using objects associated with their native country. Even so, these people are limited to carrying out long-term projects since they live in very changing circumstances [50].

Salsi et al. [41] and Nang et al. [46] facilitated the reflection of personal goals, interests, and self-awareness of strengths and weaknesses. In the case of people with stuttering, it has facilitated its management [46]. In this line, Krishnakumaran, Bhatt, Kiriazis, and Giddings [57] indicated that current occupational therapy practices related to forced migration can be summarized by four key themes: (1) facilitating client engagement in new environments, (2) bridging cultural and contextual gaps, (3) fostering connections and networking and (4) advocating for occupational justice. Similarly, Fabianek et al. [55], emphasized the importance of addressing occupational disruption among first-generation Palestinian refugees in Jordan, highlighting how prolonged displacement and systemic barriers contribute to social isolation, loss of cultural identity, and restricted access to meaningful occupations. Likewise, Alve et al. (2023) highlighted that the lack of environmental enrichment and structured activities in refugee camps leads to occupational deprivation and dependency [56]. Their findings underscore the need for targeted interventions that promote occupational justice, particularly in contexts of prolonged refugee status. For that reason, it is important to structure occupational and rehabilitation activities in order to restore a sense of belonging, control and purpose [51,56].

5. Implications for Future Research and Practice

According to the results of the different research, we observed that occupational therapy has increasingly recognized the importance of addressing the experiences of forced migration through a lens focused on occupational justice, occupational identity, and occupational transitions. In the last decade, studies have provided a deeper understanding of how refugees and migrants face occupational barriers and how occupational therapists can effectively intervene [37,57,58], since occupational therapists understand the meaning of occupations in the past and how immigration affects these occupations and the development of the person in the present [44]. It is necessary to understand the motivations and cultural expectations existing in each client to understand their process with the integration in the host country [47]. However, a recent study of Fabianek et al. [55] indicated that participants continued to express deep pride in their homeland and cultural heritage although the area most negatively affected was social participation. Similarly, the studies by Faria Teixeira and Solans García [40] and Huot, Kelly, and Park [37] address the occupational experiences of refugees, highlighting how the loss of roles, routines, and meaningful occupations negatively affects integration and well-being. Both studies suggest

the implementation of occupational programs that promote community participation and empowerment, particularly in contexts where occupational opportunities are limited. In fact, Bishop and Purcell (2013) demonstrated that participation in community-based occupations such as gardening can be a pathway to mental well-being, routine restoration, and social integration—a finding that supports the therapeutic role of meaningful, culturally relevant occupations [34]. In addition, it is important to take into account daily occupations, and Bennett et al. [32] and Johnson and Gilligan [50] emphasize how economic precarity and migratory status restrict occupational participation, impacting the establishment of healthy routines and the sense of agency. In occupational therapy, this underscores the importance of interventions that not only promote the acquisition of practical skills but also support the re-establishment of lost occupational roles [43].

Regarding research, standardized evaluation of variables is necessary to have quantitative results and to be able to contrast it with greater validity and reliability. In addition, making more exhaustive research on how legal policies and the social environment can influence a person's migration process [59,60]. Finally, the performance of occupational therapy in this group does not have a defined course of action; therefore, it could be a very important topic for future research. Given the challenges identified, occupational therapists in Spain could play a critical role in promoting occupational justice by advocating for inclusive educational programs, supporting skill-building initiatives, and facilitating access to meaningful occupational roles for refugees. The findings underscore the need for a more structured approach to integrating refugees through targeted interventions that address identity reconstruction, role acquisition, and sustainable employment pathways [14,15,55]. Krishnakumaran et al. [57] provide a relevant perspective on current occupational therapy practices in forced migration contexts, highlighting four key themes: (1) facilitating adaptation to new environments, (2) bridging cultural and contextual gaps, (3) fostering social connections and support networks and (4) advocating for occupational justice [57]. These elements provide a strategic framework for developing more inclusive and culturally sensitive occupational interventions.

6. Limitations

We could find different limitations in the reviews that were carried out. The main limitations are the little evidence that exists in this group and the problems associated with their integration into society. In fact, the original intention was to focus specifically on refugees residing in Spain, but the scope was expanded owing to the limited availability of research on this particular population. This is accompanied by little evidence of the importance of the role that Occupational therapy plays in the study of occupational needs and the intervention with refugees and applicants for international protection.

Finally, in the analysis of each one of the researchers, few carry out a standardized evaluation, because they are qualitative studies and their main evaluation tool is the "interview", which means the interpretation of the data could be "subjective" and makes a comparison between the studies difficult.

7. Conclusions

The importance of preserving the identity of a person in the migration and asylum application process can be observed. Therefore, people who do not have a balanced routine and experience the acquisition and loss of occupational roles, routines, and environments suffer from occupational disruption and identity fragmentation. Studies such as Whiteford (2005) and Suleman & Whiteford (2013) conceptualize this disruption as a form of occupational deprivation, shaped by structural constraints rather than individual limitations [31,35]. Similarly, Darawsheh (2019) and Crawford et al. (2016) highlight how

systemic and institutional barriers perpetuate inequalities, preventing individuals from engaging in meaningful occupations and impeding psychosocial recovery [39,48].

The culture of the host society can impede the integration process for refugees and asylum seekers, as indicated by various studies. Western societies tend to be more individualistic compared to their Eastern counterparts, which may present challenges for newcomers. Differences in community engagement and social norms can be unfamiliar and difficult to navigate for this group, potentially restricting their social interactions with their immediate peers [49,56].

The role of reception centers play a fundamental role in the experiences of these people since, in centers that present a range of activities and occupations, it can be seen that people have a favorable adaptation process in comparison, to those centers that limit their performance. That is why the importance of occupational therapy in the intervention of this group is fundamental, making clear the deprivation and occupational needs that this population presents. Occupational therapy uses a holistic approach, so it seeks to achieve the satisfaction of occupational needs and rights and promote balanced participation in the life of each person who experiences this process [3,61]. As Krishnakumaran et al. (2022) propose, occupational therapists can act as advocates for occupational justice by facilitating adaptation to new environments, bridging cultural and contextual gaps, fostering social connections, and addressing systemic inequities that limit participation [57].

At a political level, there is still a long way to go for the correct integration of these people in society, because they not only have to deal with a conflictive past, accompanied by traumatic and disadvantageous situations but also fight daily to try to have a decent life within the host country, with great limitations and moments of little hope and uncertainty [49,62].

Finally, through this review, occupational therapists are urged to conduct future research in this area, which experiences so many occupational injustices and few interventions and research in this regard, to create a world with equal occupational participation regardless of the person, race, country, culture, and values.

Author Contributions: Conceptualization, M.C.R.-M., F.C. and P.G.-P.; methodology, M.C.R.-M., F.C. and P.G.-P.; validation, M.C.R.-M., F.C. and P.G.-P.; formal analysis, M.C.R.-M., F.C. and P.G.-P.; investigation, M.C.R.-M., F.C. and P.G.-P.; resources, M.C.R.-M.; data curation, M.C.R.-M., F.C. and P.G.-P.; writing—original draft preparation, M.C.R.-M. and F.C.; writing—review and editing, M.C.R.-M. and P.G.-P.; visualization, M.C.R.-M., F.C. and P.G.-P.; supervision, M.C.R.-M. and P.G.-P.; project administration, M.C.R.-M. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. World Federation of Occupational Therapy. About Occupational Therapy, WFOT. 2020. Available online: https://wfot.org/about/about-occupational-therapy (accessed on 23 April 2023).
2. Canadian Association of Occupational Therapy. *CAOT Position Statement: Occupations and Health*; Canadian Association of Occupational Therapy: Ottawa, ON, Canada, 2007; pp. 1–3, Report No.: 11.1; Available online: https://www.caot.ca/document/3699/O%20%20Occupations%20and%20Health.pdf (accessed on 21 October 2025).

3. WFOT. Human Displacement; World Federation of Occupational Therapists. WFOT: Sydney, NSW, Australia, 2014; pp. 1–3. Available online: https://www.wfot.org/checkout/1920/1747 (accessed on 21 October 2025).
4. Naciones Unidas. *Convención Sobre el Estatuto de Los Refugiados*; Asamblea General de las Naciones Unidas: Ginebra, Switzerland, 1951; Volume 189, p. 137.
5. Agencia de la ONU Para Los Refugiados. *Informe Anual 2018*; La Agencia de la ONU Para Los Refugiados: Madrid, España, 2018; Available online: https://eacnur.org/files/reports/file/informe_anual_2018_uv.pdf (accessed on 21 October 2025).
6. UNHCR. Mid-Year Trends 2023. United Nations High Commissioner for Refugees. 2023. Available online: https://www.acnur.org/publicaciones/acnur-informe-semestral-de-tendencias-2023 (accessed on 10 March 2025).
7. Satinsky, E.; Fuhr, D.C.; Woodward, A.; Sondorp, E.; Roberts, B. Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy* **2019**, *123*, 851–863. [CrossRef]
8. Kratzsch, L.; Bozorgmehr, K.; Szecsenyi, J.; Nöst, S. Health Status and Access to Healthcare for Uninsured Migrants in Germany: A Qualitative Study on the Involvement of Public Authorities in Nine Cities. *Int. J. Environ. Res. Public Health* **2022**, *19*, 6613. [CrossRef]
9. Cruz Roja Española—Inclusión Social. Available online: https://www2.cruzroja.es/que-hacemos/inclusion-social (accessed on 21 October 2025).
10. Portal de Inmigración. Centro de Acogida a Refugiados (C.A.R.). Available online: https://www.mites.gob.es/es/Guia/texto/guia_15/contenidos_OCULTADOS/guia_15_37_2_ELIMINADO.htm# (accessed on 21 October 2025).
11. Council of the European Union. *Western Mediterranean Route*. Available online: https://www.consilium.europa.eu/en/policies/western-routes/ (accessed on 5 March 2025).
12. Malfitano, A.P.S.; de Souza, R.G.; Lopes, R.E. Occupational justice and its related concepts: An historical and thematic scoping review. *OTJR Occup. Particip. Health* **2016**, *36*, 167–178. [CrossRef] [PubMed]
13. Neilsen, C. Occupational Therapy's Role in Supporting War Refugee Resettlement. Wisconsin Occupational Therapy Association (WOTA). Available online: https://www.wota.net/page-18122/13436761 (accessed on 13 May 2025).
14. Kronenberg, F.; Pollard, N.; Sakellariou, D. *Occupational Therapies without Borders: Integrating Justice with Practice*; Elsevier: Edinburgh, UK, 2011.
15. Whiteford, G. Occupational Deprivation: Global Challenge in the New Millennium. *Br. J. Occup. Ther.* **2000**, *63*, 200–204. [CrossRef]
16. Council of the European Union. Migration Flows: Eastern, Central and Western Routes. Available online: https://www.consilium.europa.eu/en/infographics/migration-flows-to-europe/ (accessed on 21 October 2025).
17. European Council on Refugees and Exiles (ECRE). Atlantic Route and Spain (Canary Islands): Government Accuses Spanish State of Abandoning Its Responsibilities amid Serious Migration Crisis, Invites European Commission President to Witness. 2023. Available online: https://ecre.org/atlantic-route-and-spain-canary-islands-government-accuses-spanish-state-of-abandoning-its-responsibilities-amid-serious-migration-crisis-invites-european-commission-president-to-w/ (accessed on 5 March 2025).
18. European Commission. Statistics on Migration to Europe. 2024. Available online: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/statistics-migration-europe_en (accessed on 5 March 2025).
19. Comisión Española de Ayuda al Refugiado. CEAR. Available online: https://www.cear.es/ (accessed on 21 October 2025).
20. ACNUR—La Agencia de la ONU Para Los Refugiados. Available online: https://www.acnur.org/es-es/ (accessed on 21 October 2025).
21. Mirza, M.; Trimboli, C.; Hartman, J.; Gamble, A.; Rfat, M.; Bentley, J.; Gross, M.; Alheresh, R.; Hussein, Q.; Markos, T. Examining Barriers to Rehabilitation and Addressing Rehabilitation Needs among Persons with Forced Migration Experiences: Interdisciplinary Perspectives. *Arch. Phys. Med. Rehabil.* **2024**, *105*, 1793–1806. [CrossRef]
22. Jeyasundaram, J.; Cao, L.Y.D.; Trentham, B. Experiences of Intergenerational Trauma in Second-Generation Refugees: Healing through Occupation. *Can. J. Occup. Ther.* **2020**, *87*, 412–422. [CrossRef]
23. Iglesias, J.; Urrutia Asua, G.; Buades Fuster, J.; Estrada, C.; Vicente, T. *¿Acoger sin Integran?: El Sistema de Acogida y Las Condiciones de Integración de Personas Solicitantes y Beneficiarias de Protección Internacional en España*; Universidad Pontificia de Comillas: Madrid, Spain, 2017; pp. 1–48. Available online: https://dialnet.unirioja.es/servlet/libro?codigo=706923 (accessed on 21 October 2025).
24. Comisión Española de Ayuda al Refugiado. *INFORME 2019: Las Personas Refugiadas en España y Europa*; Resumen Ejecutivo; CEAR: Madrid, Spain, 2019; p. 16. Available online: https://www.cear.es/wp-content/uploads/2019/06/Resumen-ejecutivo-CEAR-2019.pdf (accessed on 21 October 2025).
25. Dyck, I. The Immigrant Client: Issues in Developing Culturally Sensitive Practice. *Can. J. Occup. Ther.* **1989**, *56*, 248–255. [CrossRef]
26. Nizzero, A.; Cote, P.; Cramm, H. Occupational disruption: A scoping review. *J. Occup. Sci.* **2017**, *24*, 1–14. [CrossRef]
27. Suto, M. Compromised careers: The occupational transition of immigration and resettlement. *Work* **2009**, *32*, 417–429. [CrossRef] [PubMed]

28. Hutton, B.; Catalá-López, F.; Moher, D. La extensión de la declaración PRISMA para revisiones sistemáticas que incorporan metaanálisis en red: PRISMA-NMA. *Med. Clínica* **2016**, *147*, 262–266. [CrossRef]
29. Walsh, D.; Downe, S. Appraising the quality of qualitative research. *Midwifery* **2006**, *22*, 108–119. [CrossRef]
30. Spina, S. AMSTAR-2: Herramienta de evaluación crítica de revisiones sistemáticas de estudios de intervenciones de salud. *Evidencia* **2018**, *21*, 1–13. Available online: https://evidencia.org/index.php/Evidencia/article/download/6834/4506 (accessed on 21 October 2025).
31. Whiteford, G.E. Understanding the Occupational Deprivation of Refugees: A Case Study from Kosovo. *Can. J. Occup. Ther.* **2005**, *72*, 78–88. [CrossRef]
32. Bennett, K.M.; Scornaiencki, J.M.; Brzozowski, J.; Denis, S.; Magalhaes, L. Immigration and its Impact on Daily Occupations: A Scoping Review: Immigration and its Impact on Occupation. *Occup. Ther. Int.* **2012**, *19*, 185–203. [CrossRef]
33. Mirza, M. Occupational Upheaval during Resettlement and Migration: Findings of Global Ethnography with Refugees with Disabilities. *OTJR Occup. Particip. Health* **2012**, *32* (Suppl. S1), S6–S14. [CrossRef]
34. Bishop, R.; Purcell, E. The Value of an Allotment Group for Refugees. *Br. J. Occup. Ther.* **2013**, *76*, 264–269. [CrossRef]
35. Suleman, A.; Whiteford, G.E. Understanding Occupational Transitions in Forced Migration: The Importance of Life Skills in Early Refugee Resettlement. *J. Occup. Sci.* **2013**, *20*, 201–210. [CrossRef]
36. Morville, A.L.; Erlandsson, L.K.; Eklund, M.; Danneskiold-Samsøe, B.; Christensen, R.; Amris, K. Activity of Daily Living Performance amongst Danish Asylum Seekers: A Cross-Sectional Study. *Torture* **2014**, *24*, 49–64. [CrossRef] [PubMed]
37. Huot, S.; Kelly, E.; Park, S.J. Occupational experiences of forced migrants: A scoping review. *Aust. Occup. Ther. J.* **2016**, *63*, 186–205. [CrossRef]
38. Mayne, J.; Lowrie, D.; Wilson, J. Occupational Experiences of Refugees and Asylum Seekers Resettling in Australia: A Narrative Review. *Aust. Occup. Ther. J.* **2016**, *63*, 316–326. [CrossRef] [PubMed]
39. Crawford, E.; Turpin, M.; Nayar, S.; Steel, E.; Durand, J.L. The Structural-Personal Interaction: Occupational Deprivation and Asylum Seekers in Australia. *J. Occup. Sci.* **2016**, *23*, 333–346. [CrossRef]
40. Faria Teixeira, R.S.; Solans García, M.A. Intervención desde Terapia Ocupacional con personas refugiadas: Revisión bibliográfica. *Rev. Gallega De Ter. Ocup.* **2017**, *14*, 495–507. Available online: http://www.revistatog.es/num26/pdfs/revision3.pdf (accessed on 2 October 2025).
41. Salsi, S.; Awadallah, Y.; Leclair, A.B.; Breault, M.-L.; Duong, D.-T.; Roy, L. Occupational needs and priorities of women experiencing homelessness: Les besoins et priorités occupationnels des femmes en situation d'itinérance. *Can. J. Occup. Ther.* **2017**, *84*, 229–241. [CrossRef]
42. Smith, H. An Exploration of the Meaning of Occupation to People Who Seek Asylum in the United Kingdom. *Br. J. Occup. Ther.* **2017**, *80*, 620–628. [CrossRef]
43. Thornton, M.; Spalding, N. An Exploration of Asylum Seeker and Refugee Experiences of Activity: A Literature Review. *World Fed. Occup. Ther. Bull.* **2018**, *74*, 114–122. [CrossRef]
44. Smith, H.C. Finding purpose through altruism: The potential of 'doing for others' during asylum. *J. Occup. Sci.* **2018**, *25*, 87–99. [CrossRef]
45. Spring, H.C.; Howlett, F.K.; Connor, C.; Alderson, A.; Antcliff, J.; Dutton, K.; Gray, O.; Hirst, E.; Jabeen, Z.; Jamil, M.; et al. The value and meaning of a community drop-in service for asylum seekers and refugees. *Int. J. Migr. Health Soc. Care* **2019**, *15*, 31–45. [CrossRef]
46. Nang, C.; Reynolds, V.; Hersh, D.; Andrews, C.; Humphries, O. The experiences of migrants to Australia who stutter. *J. Fluen. Disord.* **2019**, *62*, 1–14. [CrossRef] [PubMed]
47. Morville, A.-L.; Jessen-Winge, C. Creating a bridge: An asylum seeker's ideas for social inclusion. *J. Occup. Sci.* **2019**, *26*, 53–64. [CrossRef]
48. Darawsheh, W.B. Exploration of Occupational Deprivation Among Syrian Refugees Displaced in Jordan. *Am. J. Occup. Ther.* **2019**, *73*, 7304205030p1–7304205030p9. [CrossRef]
49. Ingvarsson, L.; Egilson, S.T.; Skaptadottir, U.D. I Want a Normal Life Like Everyone Else: Daily Life of Asylum Seekers in Iceland. *Scand. J. Occup. Ther.* **2024**, *31*, 152–165. [CrossRef]
50. Johnson, D.; Gilligan, R. Youth agency in everyday precarity: The experiences of young migrants and refugees growing up on the Thailand-Myanmar border. *J. Youth Stud.* **2020**, *24*, 1–20. [CrossRef]
51. Ekstam, L.; Pálsdóttir, A.M.; Asaba, E. Migrants' Experiences of a Nature-Based Vocational Rehabilitation Programme in Relation to Place, Occupation, Health and Everyday Life. *Scand. J. Occup. Ther.* **2021**, *28*, 369–381. [CrossRef]
52. Khan, S.A.; Kanji, Z.; Davis, J.A.; Stewart, K.E. Exploring Occupational Transitions of Syrian Refugee Youth to Canada. *J. Occup. Sci.* **2021**, *30*, 6–23. [CrossRef]
53. Darawsheh, W.B.; Bewernitz, M.; Tabbaa, S.; Justiss, M.; Hilton, C.; Hilton, C. Factors Shaping Occupational Injustice among Resettled Syrian Refugees in the United States. *Occup. Ther. Int.* **2022**, *2022*, 2846896. [CrossRef] [PubMed]

54. McGovern, A.; Yong, A. The Experience of Meaning and Value in Occupations for Forced Migrants Seeking Asylum: A Meta-Ethnography Using a Strength-Based Approach. *Br. J. Occup. Ther.* **2022**, *85*, 747–760. [CrossRef] [PubMed]
55. Fabianek, A.A.; Li, J.Z.; Laume, S.E.; Mageary, J.; Al-Rousan, T.; Rosu, C.A.; AlHeresh, R. First-Generation Palestinian Refugees in Jordan: Experiences of Occupational Disruption From an Occupational Justice Perspective. *Am. J. Occup. Ther.* **2023**, *77*, 7704205070. [CrossRef]
56. Alve, Y.A.; Islam, A.; Hatlestad, B.; Mirza, M.P. Participation in Everyday Occupations Among Rohingya Refugees in Bangladeshi Refugee Camps. *Am. J. Occup. Ther.* **2023**, *77*, 7703205060. [CrossRef] [PubMed]
57. Krishnakumaran, T.; Bhatt, M.; Kiriazis, K.; Giddings, C.E. Exploring the Role of Occupational therapy and Forced Migration in Canada. *Can. J. Occup. Ther.* **2022**, *89*, 238–248. [CrossRef]
58. Trimboli, C.; Halliwell, V.A. Survey to Explore the Interventions Used by Occupational Therapists and Occupational Therapy Students with Refugees and Asylum Seekers. *World Fed. Occup. Ther. Bull.* **2018**, *74*, 106–113. [CrossRef]
59. Crawford, E.; Turpin, M.J. Intentional strengths interviewing in occupational justice research. *Scand J. Occup. Ther.* **2018**, *25*, 52–60. [CrossRef]
60. de Montgomery, C.J.; Norredam, M.; Krasnik, A.; Petersen, J.H.; Björkenstam, E.; Berg, L.; Hjern, A.; Sijbrandij, M.; Klimek, P.; Mittendorfer-Rutz, E. Labour market marginalisation in young refugees and their majority peers in Denmark and Sweden: The role of common mental disorders and secondary school completion. *PLoS ONE* **2022**, *17*, e0263450. [CrossRef] [PubMed]
61. Gerlach, A.J. Sharpening our critical edge: Occupational therapy in the context of marginalized populations. *Can. J. Occup. Ther.* **2015**, *82*, 245–253. [CrossRef] [PubMed]
62. Niederkrotenthaler, T.; Mittendorfer-Rutz, E.; Saboonchi, F.; Helgesson, M. The role of refugee status and mental disorders regarding subsequent labour market marginalisation: A register study from Sweden. *Soc. Psychiatry Psychiatr. Epidemiol.* **2020**, *55*, 697–704. [CrossRef] [PubMed]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.