

Insight into the Indian Occupational Therapy Practices

Saurabh Bhalla

Department of Occupational Therapy, E. S. I. C Hospital, Indore, Madhya Pradesh, India
saurabh.bhalla[at]esic.nic.in

Abstract: ***Objective:** To obtain an insight into the present situation of Occupational Therapy as a profession in India. Considering the professional experiences, documentation, and availability of Occupational therapy resources. The online survey was conducted using a single-phase, cross-sectional design. **Participants:** Convenience sampling, Occupational Therapy Professionals, having a minimum of 6 months working experience. Approximately 1700+ potential respondents were approached via social media and E-mails. Only 60 responses were recorded, however, out of 60, three responses did not meet the inclusion criteria, and 1 response because of deliberately misleading details was excluded, therefore leaving only 56 responses for consideration. The primary outcome measure was to report about the present scenario in occupational therapy practices in India and to understand the current occupational therapy industry across India. After analyzing responses findings were that Occupational Therapy practices in the country were skewed to domains of pediatrics. SOAP notes were chosen as leading methods of documentation, and a large number of Occupational therapy professionals felt that there is scarcity and lacunae in the availability and provision of Occupational therapy equipment and prescription aid in their regions, in India, and also on online market palaces. **Conclusion:** In a country like India, the skewing of most of the Occupational therapy professionals to domains of 'pediatrics' and 'rehabilitation & disability may be a major cause in restriction of growth of profession on whole. Also, introducing Occupational Therapy assistants in the Indian Context should be considered for the growth of the profession and to concord with WFOT's QI framework.*

Keywords: Occupational Therapy; Future Scope of Occupational Therapy in India, online survey, occupational therapy professionals

1. Introduction

The profession of occupational therapy (OT) came to existence in India as well as Asia in the year 1950. First department of occupational therapy was established at the King Edward Memorial Hospital (KEM) in Mumbai, India by Mrs. Kamala V. Nimbkar. She was also the founder and first president of the All India Occupational Therapists Association (AIOTA), which is one of the founding member organizations of the World Federation of Occupational Therapists (WFOT).

Since 1950, Indian OT professionals have come a long way in developing professional system. There have been many achievements over the years, including, academic growth as in introduction of Doctorate Programs affiliated to many universities, alongside Post-graduate & Fellowship programs & Undergraduate degree programs. And legislative growth of which being formation of an independent professional council as reflected in National Commission for Allied and Healthcare Professions Bill, 2020. (Wikimedia Foundation, 2021)

Despite all the efforts made during the years, the position of the profession still varies between being under-shadowed with minimum recognition in some parts of the country to achieving high recognition in other parts.

Occupational Therapy being a vast subject on its own. (American Occupational Therapy Association (AOTA), 2021). With so many domains of practice, the profession should have been recognized much better in masses, than what it is at present. India, being a vast and culturally diverse nation, promoting OT which focuses on enhancing independence becomes a challenge itself.

There can be several factors which can be attributed to the present condition of the profession in India, such legislative challenges, opportunities, awareness. (Sau, 2013) (Oberai & Srivastava, 2019) also, an ever-inching perfect competition in few domains (University of Minnesota - University Libraries, 2021; Bartleby, 2021). Understanding of the above the author wanted to explore and gain insight into the Indian OT practices. The interpretation of the survey may help the governmental & non – governmental agencies to make changes and overcome barriers in progression of profession across.

2. Methods

Prior understanding of development of profession of occupational therapy was gathered from various resources as well as through verbal discussions with OTP. And based on aims and objectives the survey form was constructed

Survey

Construct

The survey (ANNEXURE – I) was designed to cover 5 spheres. First being the Demographic profile of the respondent, 2nd practicing areas, 3rd documentation, 4th availability of OT and approachability, and 5th organizational structure & compatibility with similar professions.

The online survey was designed to accommodate 3.287 million km² of the country. The form was created using Microsoft Forms, having auto-adjustment capabilities to look best on everywhere with in-built accessibility features. With total of 26 questions distributed in 3 sections, maximum of 39 datapoints were collected from the respondents which were stored on servers adhering to the

privacy policy of Microsoft corporation, supporting the confidentiality & privacy of the respondents.

Section – I

Focused on collection of demographic data of the respondents, with 11 questions. of which 1 question was optional to respect the anonymity of respondent. Other ten questions included highest OT education and specialization (if any). Total work experience in India, present workplace & designation details.

Section – II

Aimed at collection of data points based on professional practices and experiences of the OTP including domains of practice in past and present, documentation, about ranking of OT treatment in major categories, availability of OT equipment & prescription aids relationships with other professions and opinion of OTP to change the domain of present practice.

Section – III

Relates to organizational policies and approachability which required OT professional to designate OT workplace setting as department or service. Availability of OT within block, district and state level. Respondents understanding of differentiation of roles between similar professions working in organization. and the opportunities provided at organizational level to respective OT department and services. Lastly the respondents were asked to enter their E-mail. ID which was optional to respect anonymity of the respondent.

Study design

The Study followed cross-sectional survey design done in a Single Phase with convenience sampling. to fulfill the needs of the study which was administered online via web which did not include randomization of questions to maintain the construct of the survey. (Avedian, 2014.) The survey had both open-ended and closed ended questions basically, mixed methods construct. Mixed method design is defined as a method that includes both qualitative and quantitative data collection and analysis in parallel form. (Kemper et al., 2003) (Teddlie & Yu, 2007). Can also be classified as a type of research in which a researcher uses the qualitative research paradigm for one phase of a study and a quantitative research paradigm for another phase of the study. (Bazeley, 2003)

Research Methodology

Primarily the mode of reach to the potential respondents were through, E-mails, and social media platforms including WhatsApp, Telegram, LinkedIn. Independently and Groups. the respondents were communicated an invitation letter, weblink, QR code to participate in the survey with consent from the author to share it with the acquitanced OTP in order to engage maximum number of subjects across the country. Data was collected for 2 months May thru July 2021. The reminder was repeatedly sent on E-mail's after every 15 day (s) to the institutions registered with AIOTA for providing undergraduate and post-graduate programs in India, and to AIOTA admin at the e-mail addresses provided at the official AIOTA website.

Sampling

Approximately more than 1700 potential respondents were reached out to fill out the survey. A total of 30 potential respondents were directly contacted over E-mail, emails taken from official AIOTA website, list of accredited institutes/organization for undergraduate and post graduate courses, out of which 05 E-mail addresses encountered mailer daemon error, pointing to incorrect addresses or unable to reach E-mail Hosting servers.

A total of 396 potential respondents were directly reached over WhatsApp Group & single chat.

A total of 1001 potential respondents were directly reached via telegram app.

1100 People viewed linked in post of which 75 potential respondents were directly contacted via linked in messages

For purpose of responding to the survey, the participants needed to have at least 6 months of Occupational Therapy work experience in India at any designation.

Only undergraduate OT students and OTP not having work experience in India were excluded.

Out of many people reached, only 60 persons responded and out of 60 persons 3 did not met the inclusion criteria and 1 response was excluded due to entering misleading information (not recording the number of experience and inappropriate D. O. B with anonymous name and e-mail therefore only 56 responses were considered for the analysis.

Data Analysis

Using 3 system tools, viz IBM-SPSS; Microsoft Excel &, Forms, data was analyzed on all but 2 datapoints collected, namely Name and E-mail.

3. Results

Table 1: Demographics

Descriptives			
S. no.	Characteristics		Value* (%)
1	Respondents	Women	64.28
		Men	35.71
2	Entity Type	Private	53.57
		Government	41.07
		NGO	5.35
3	Occupational Therapy	Department	58.92
		Service	41.07
4	Highest Qualification	Post-graduate	66.07
		Graduate	26.78
		PhD. /OTD	5.35
		Others	1.78
5	Experience	≤ 1 Year	7.14
		1.1 Years-2 Years	7.14
		2.1 Years-5 years	16.07
		5.1 Years-10 years	28.57
		10.1 Years-15 years	10.71
		15.1 years-25 years	19.64
	≥ 25 years	8.92	
Median Age of respondents: 33 Years. Median Years of Experience: 07 Years * N = 56			

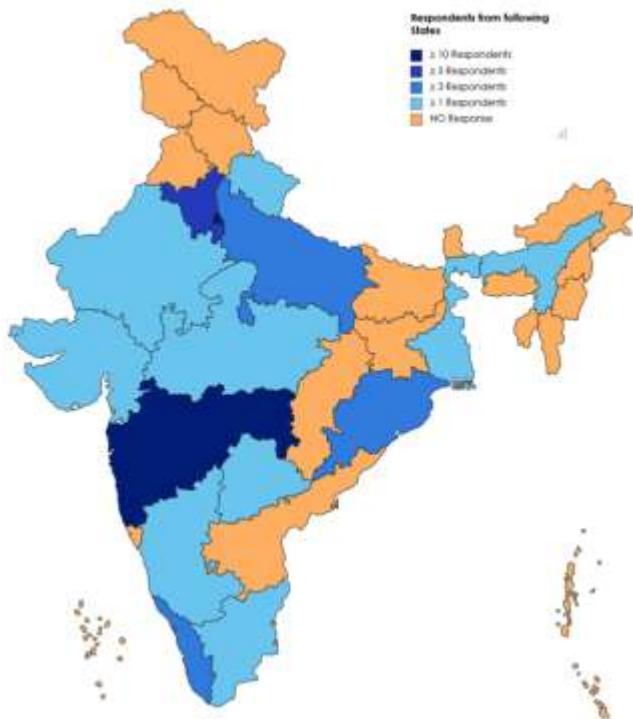
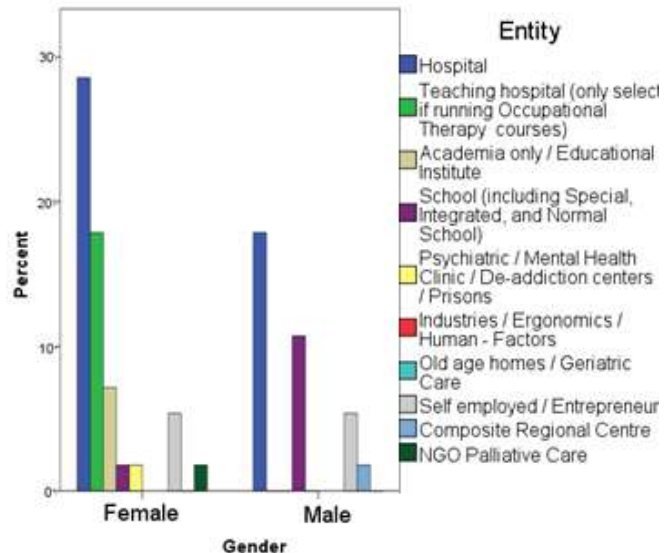


Figure 1: Respondent Map

Respondents were from 16 states and UT's comprising 44.4% of India

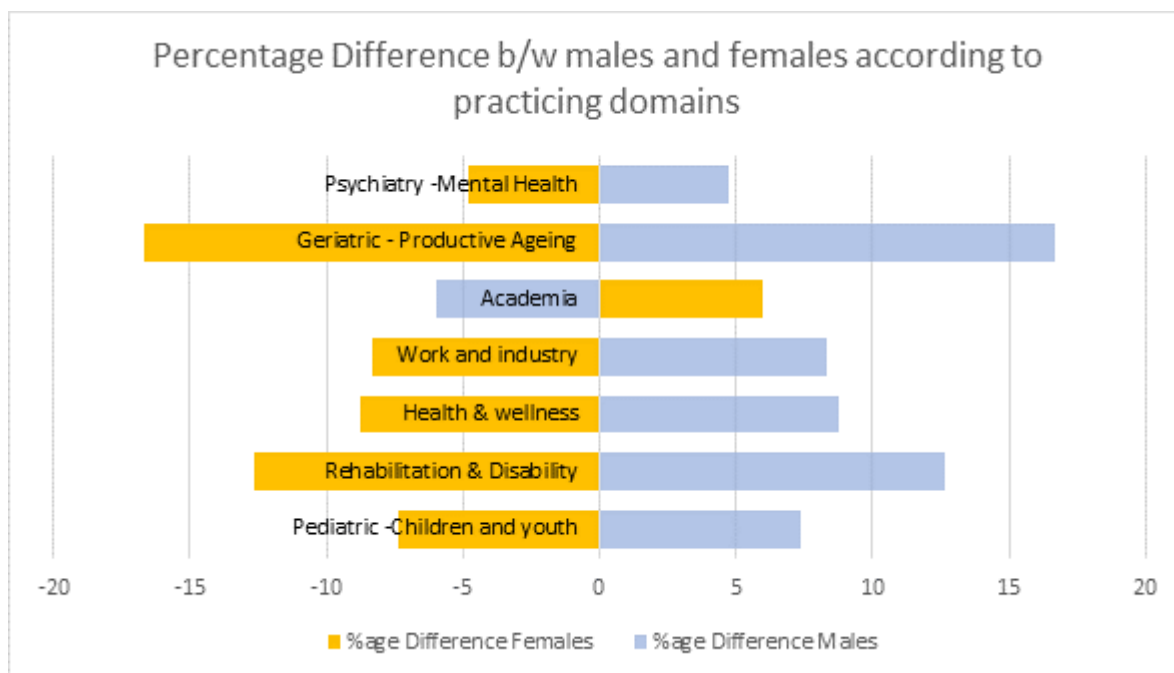
Average time to respond to survey was 00: 12: 59 (hh: mm: ss)

Survey data indicated that both males and females have an equal participation in entrepreneurship.



Graph 1: Distribution of Gender across entity

Based on the data received the percentage participation of OTP in the domains of practice during the life and at present between genders respectively Change in males who were practicing pediatric domain at present was positive 7.4%. the only domain where the women's outnumbered the men counterpart was the academic domain which showed 5.9% of growth



Graph 2: Percentage difference according to practicing domains

Irrespective of gender OTP saw the most decline in domain of work and industries followed by geriatric rehabilitation whereas the domains that were least affected were domains of rehabilitation & disability followed by pediatrics.

If we compare Gender wise, nearly 57.14% OTP were contradicted for providing valid OT management to their respective clients, of which only 12.5% were males and 44.6% were females. There were only 42.8% OTP that never faced any kind of contradiction. These contradictions were

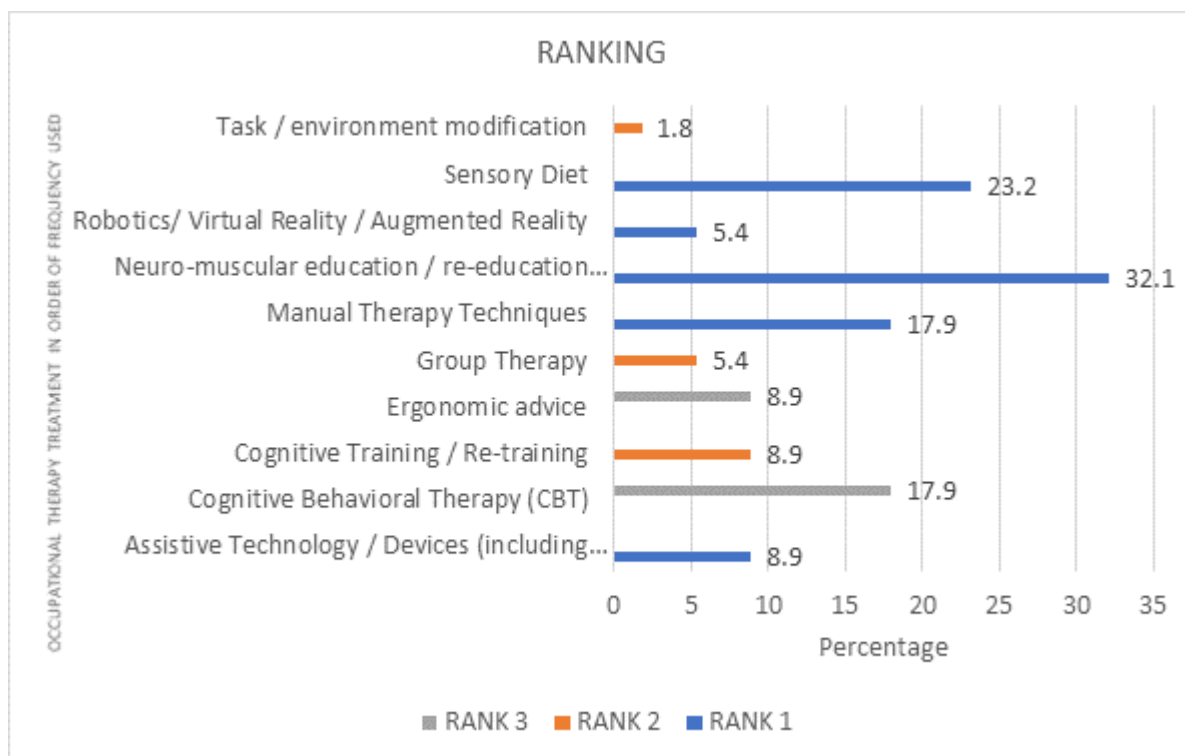
from Physiotherapists, Speech therapists, Teachers, Physicians, Psychologists, Physical Medicine and Rehabilitation specialists, Special educators, Physiatrist and others (unspecified) among all.

62.5% OTP agreed to stick to their presently practicing domain and were unwilling to change, even if given equal or better opportunity. Remaining 37.5% OTP 25% (67% Women and 33% men) did not specify the area. The other 25% of who wanted to change their domain chose Rehabilitation & disability which had 50% ratio of males and females. With 16.6% OTP wanting to change their area of practice to pediatrics, with equal gender distribution. Domain where only women showed interests was geriatric with 8.3% OTPs wanting to switch. The least 5 areas were

that OTP chose to switch were psychiatry, work and industry, academics and splinting, contributing 4.1% each.

Neuro-muscular education / re-education (including neurophysiological approaches and Bio-feedback etc.) was the most preferred choice of OT treatment with 32.1% OTP ranking as 1st.

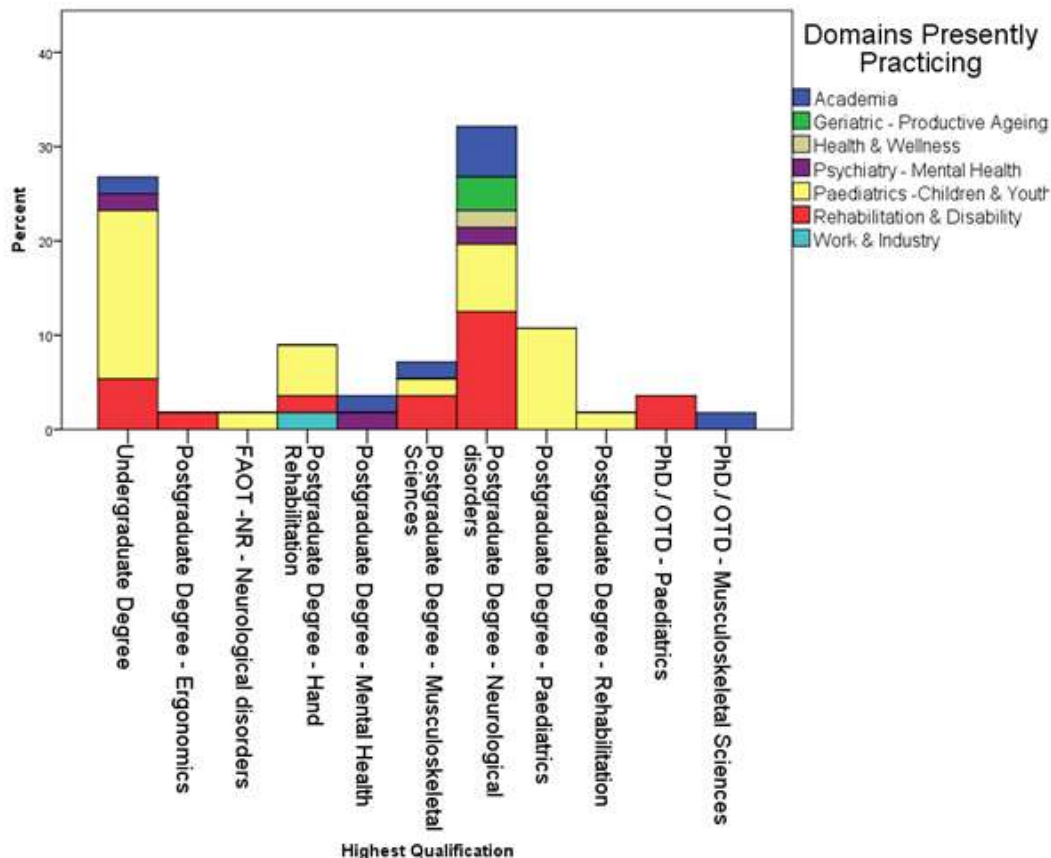
Which was followed by – “Sensory diet”, “Manual Therapy Techniques”, “Assistive Technology / Devices including splinting”, “Robotics / Virtual reality / Augmented reality”, “Cognitive training / Re-training”, “Cognitive Behavior Therapy (CBT)”, “Task / environment modification”, “Ergonomic advice” and “Group therapy” in decreasing order of ranking.



Graph 3: Ranking of Occupational Therapy Treatment

Among all the respondents most of OTP irrespective of their specialization were working in the field of pediatrics (46.4%), followed by domain of rehab & disability with 25% respondents practicing, followed by Academics in

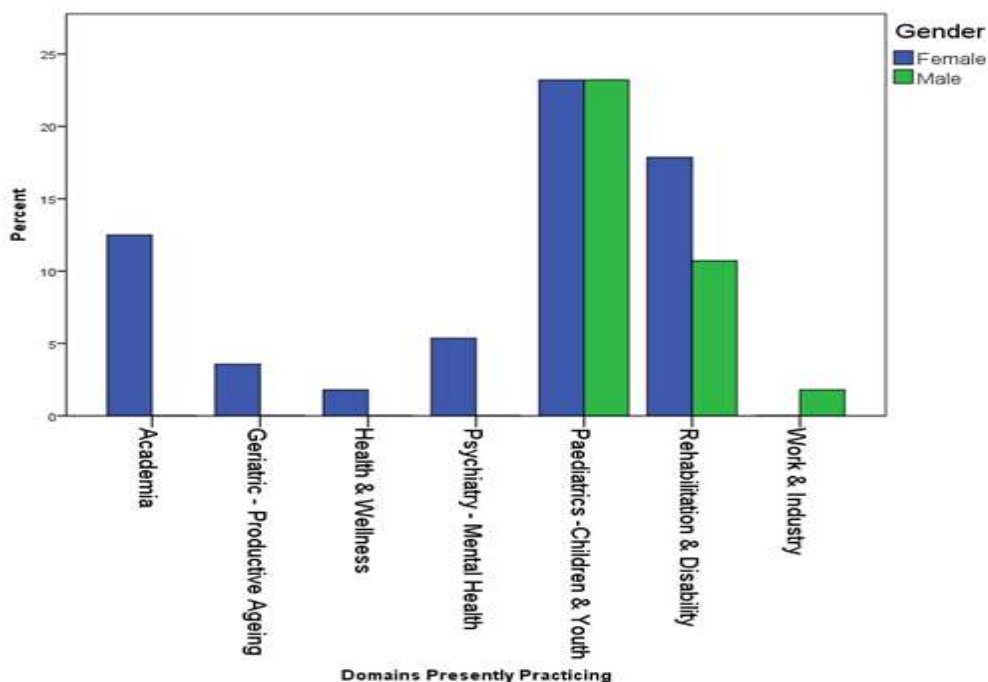
which 12.5% respondents were practicing, followed by domains of mental health, Geriatrics, work & industry and Health & wellness in decreasing order of practice.



Graph 4: Qualification and practicing domains

Specialization in terms of Post-graduation and PhD / OTD did not affect the working area of OTP. Both men & women practiced in pediatrics domain nearly equally, however the

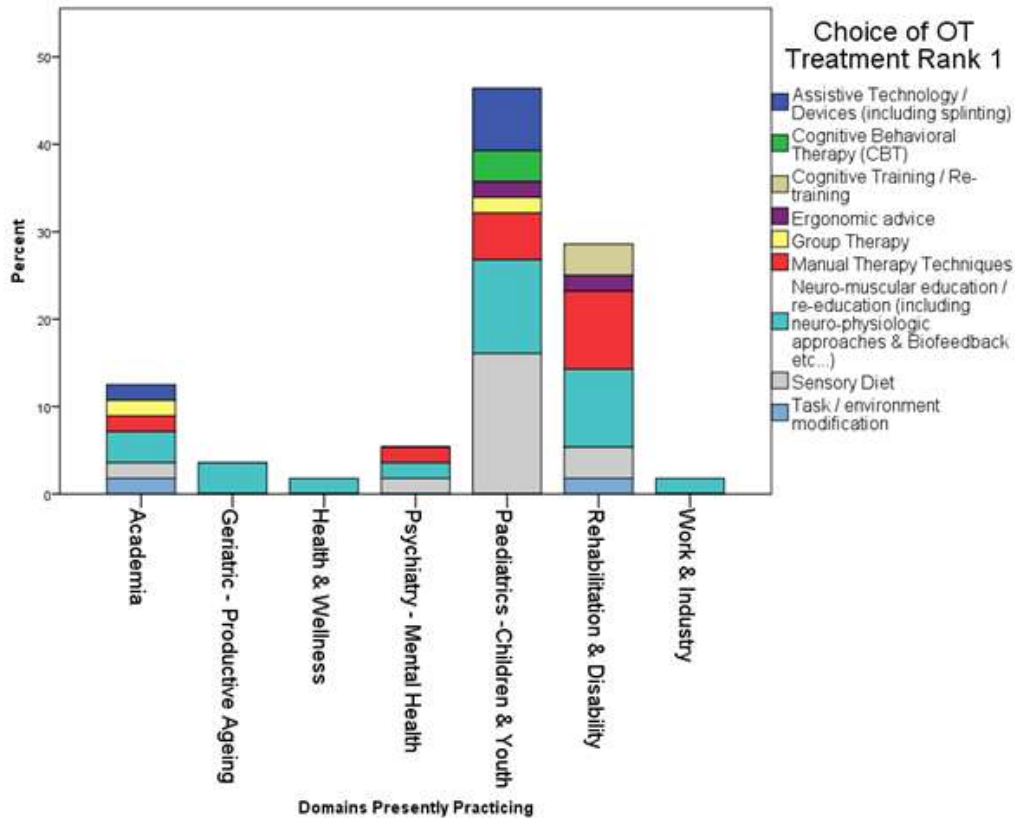
ratio of women practicing in areas of Geriatrics, health & wellness and mental health outnumbered the men, whereas in the domain of work and industry men superseded women.



Graph 5: Domains of practice Gender distribution

An unclear list of frequently used treatment was found when compared it with domain of practice by OTP. Neuromuscular education / re-education (including neurophysiological approaches & biofeedback etc.) was used by OTP as most frequent used method of Treatment in every

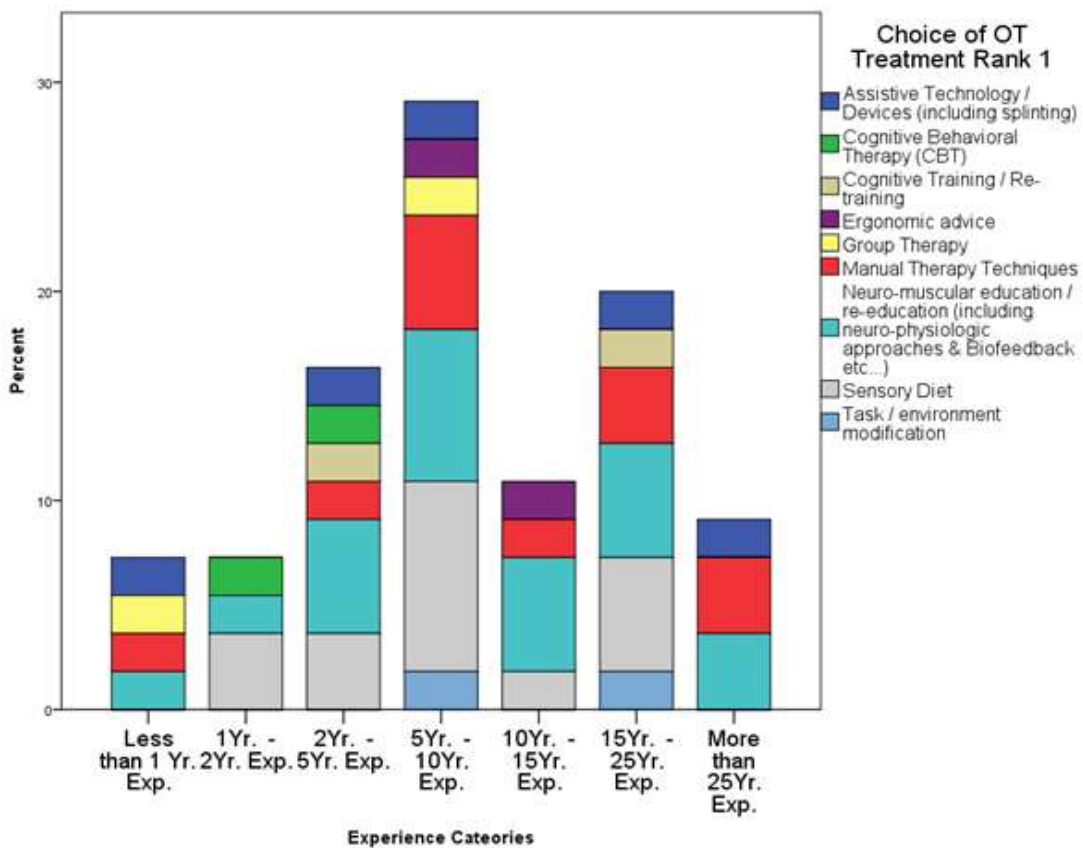
domain of practice including academia, health & wellness, and work & industry; However, task / environment modification was chosen for rehab & disability, and academia.



Graph 6: First choice of OT treatment according to presently practicing domain

Among 7 different categories of years of experiences generated for ease of division as per the responses received. Neuro-muscular education / re-education (including neuro-

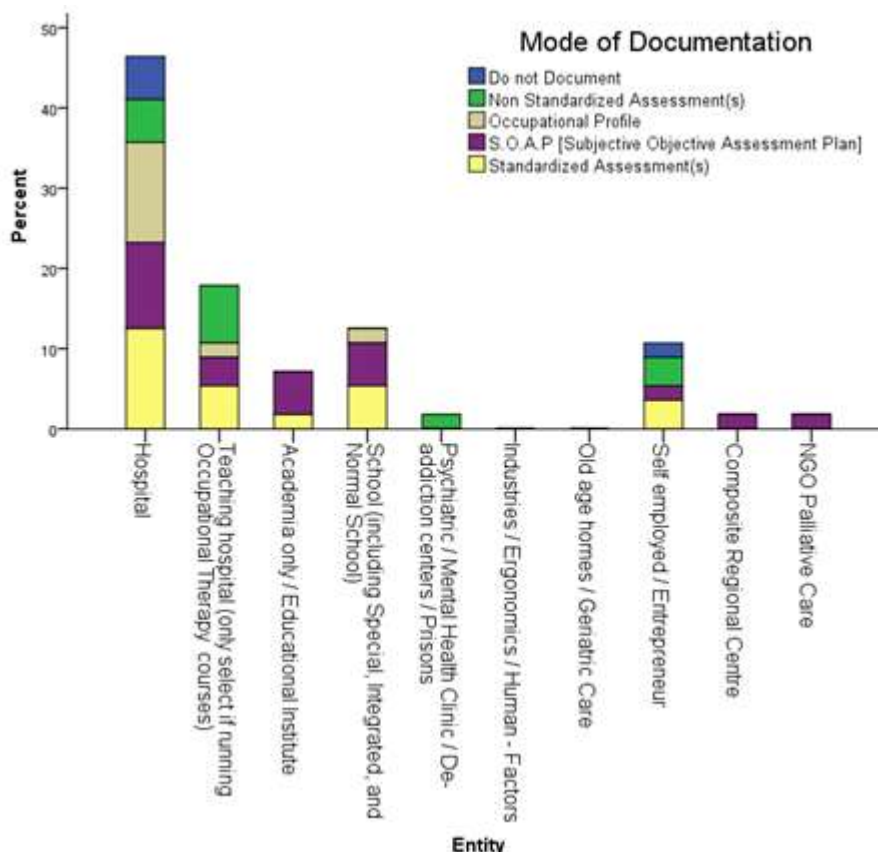
physiological approaches & biofeedback etc.) was most frequent OT treatment method.



Graph 7: First choice of OT treatment according to experience

Subjective objective assessment & planning (SOAP) notes and standardized assessment methods were largely preferred for documentation for every category of experience over non-standardized assessment and / not documenting. while there were several responses which used combination of standardized and non-standardized assessment methods which were considered in calculations also respondents mentioned that they were not practicing, which was taken into consideration along with 'do not document' and most of

them gave primarily the following reasons 'documentation is not mandatory in my organization/institution' (50%). 'Lack of support and encouragement from my organization /institution' (12.5%), 'In my opinion, documentation does not treat the patient' (12.5%), 'I do not have sufficient time for documentation' (12.5%). And that mentioned other reason as "not practicing clinically" (12.5%).



Graph 8: Mode of documentation according to entity

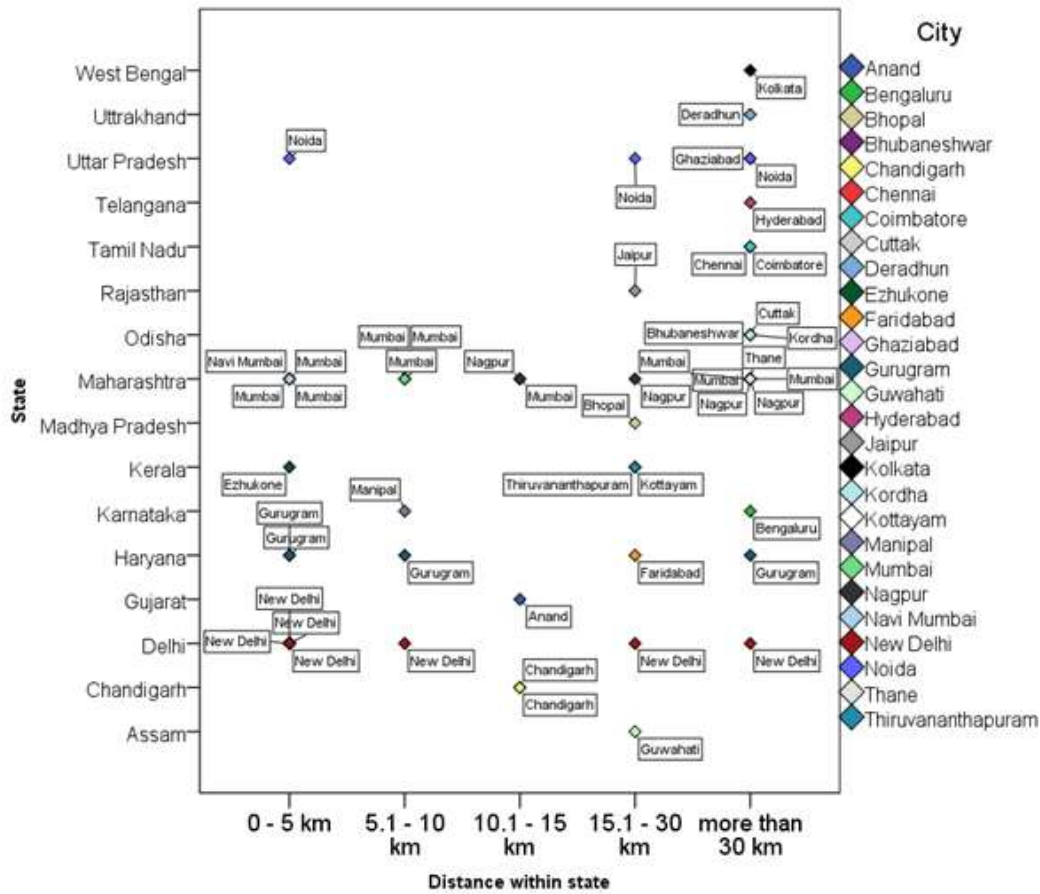
On Asking the respondents whether they had a functional space for ADL (activities of Daily Living) training in their setup about 68% respondents reported 'Yes' and remaining 32% responded 'No'. Of the total 68% 'Yes' responses about 60% were from Private setup and 34% from Government setups and nearly 5% from NGO.

The statistics for functional space for cognitive training / re-training, 64.2% reported 'Yes' whereas 35.7% reported 'No'. Of the total 'Yes' responses, 61.1% were from Private setups and only 33% from government setups.

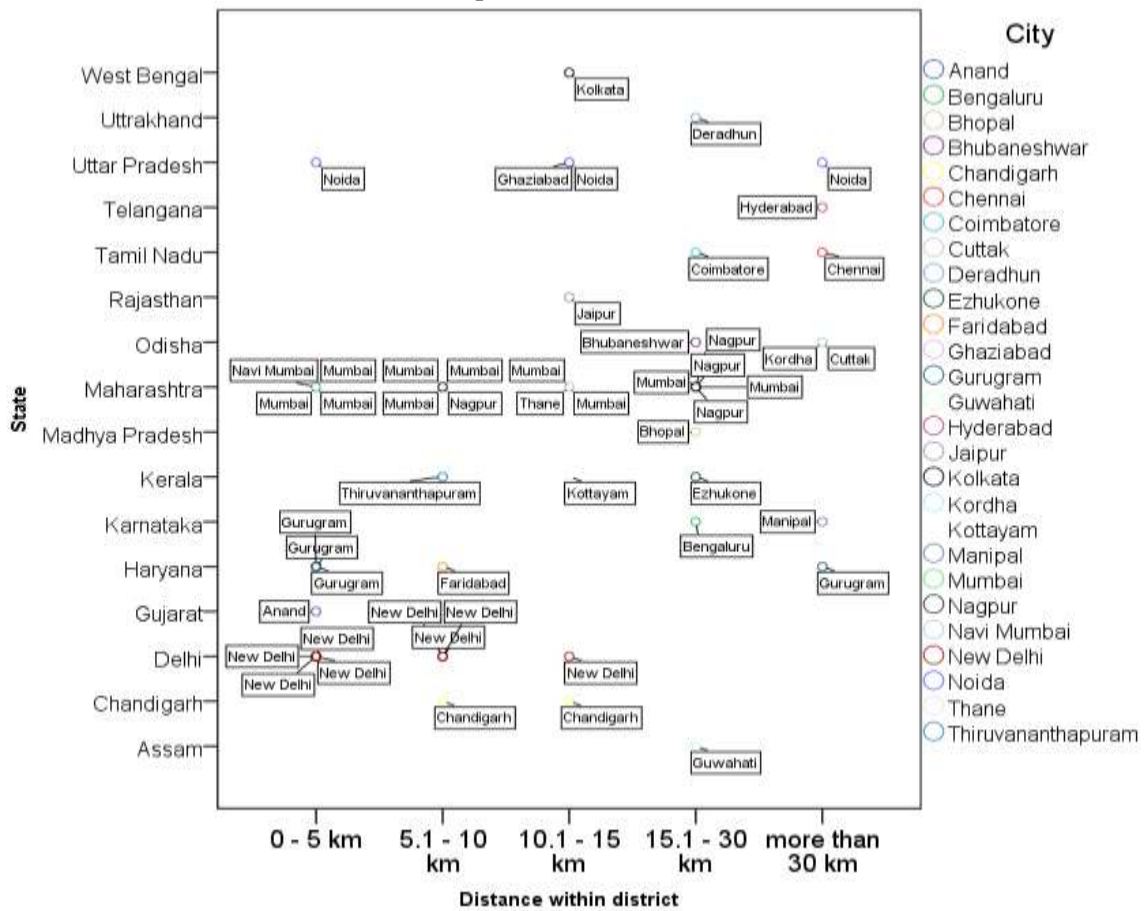
When asked about functional Work Conditioning / Hardening space only 41% reported 'Yes' of which 56% were from government entity and just 43% from Private entity and Nil from NGO.

Only about 20% respondents refuse to have a functional play/ recreation space out of which 54.5% were government, 36.3% private and 9% from NGO setups respectively.

About 46.4% respondents refused of having space for splinting / assistive device of which 38.4% were from government setup, 50% and 11.5% from private and NGO setups respectively.



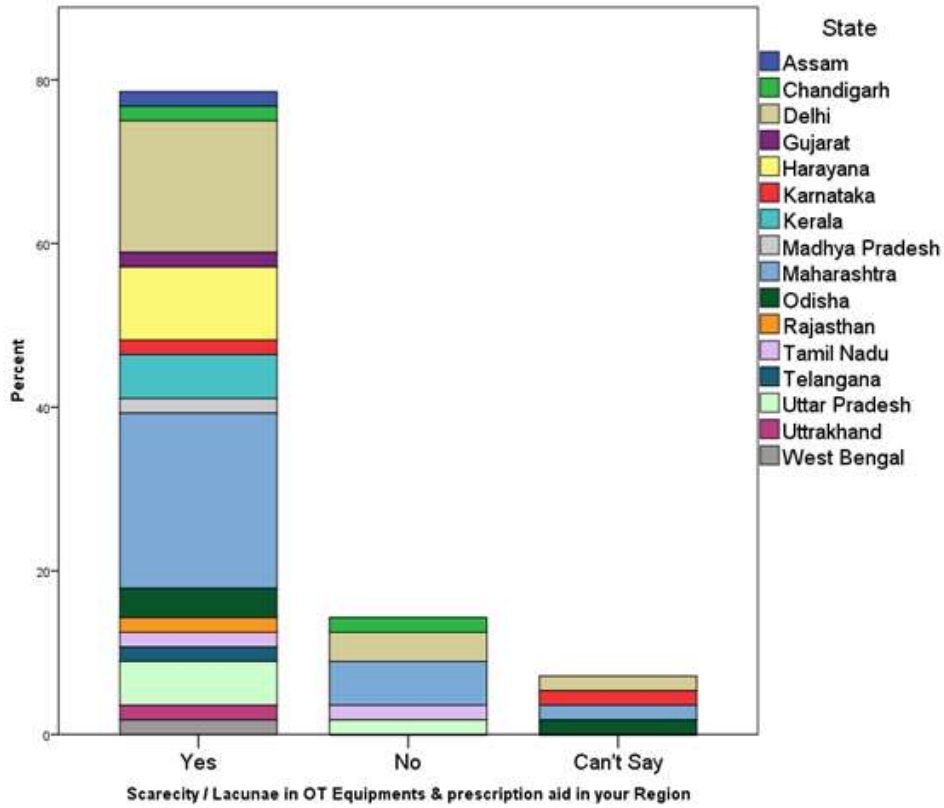
Graph 11: Find OT at state level



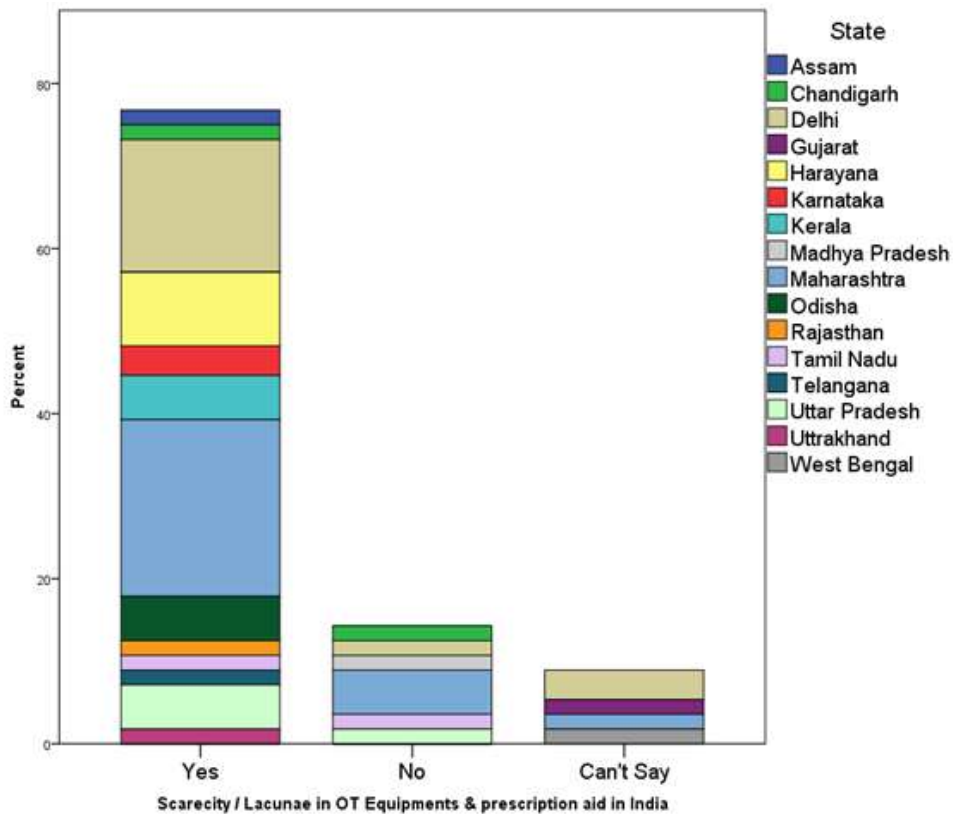
Graph 12: Find OT at district level

OTP across the country do feel that there is scarcity and lacunae in availability and provision of OT equipment and prescription aids in their region (78.5%), in India (76.7%) and also on online market palaces (44.6%), Where about

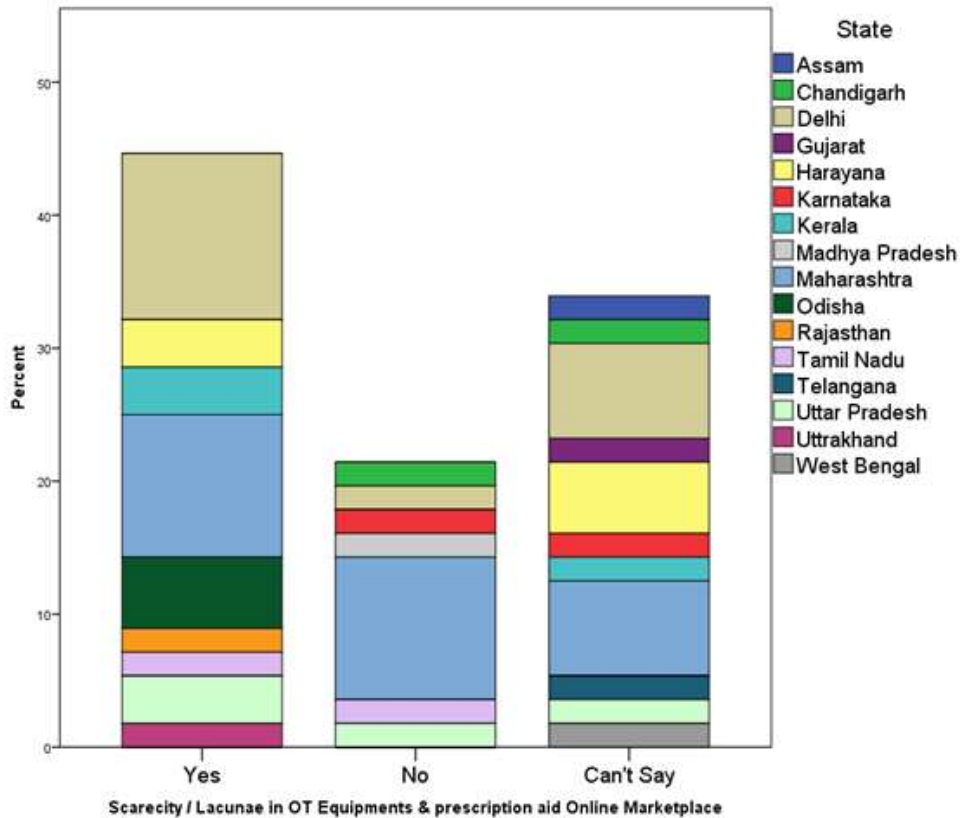
34% were unable to report for online market places and therefore reported 'Can't say'. Nearly 9% reported 'Can't say' for country and 7% for their respective regions.



Graph 13: OT equipment and prescription aids in region

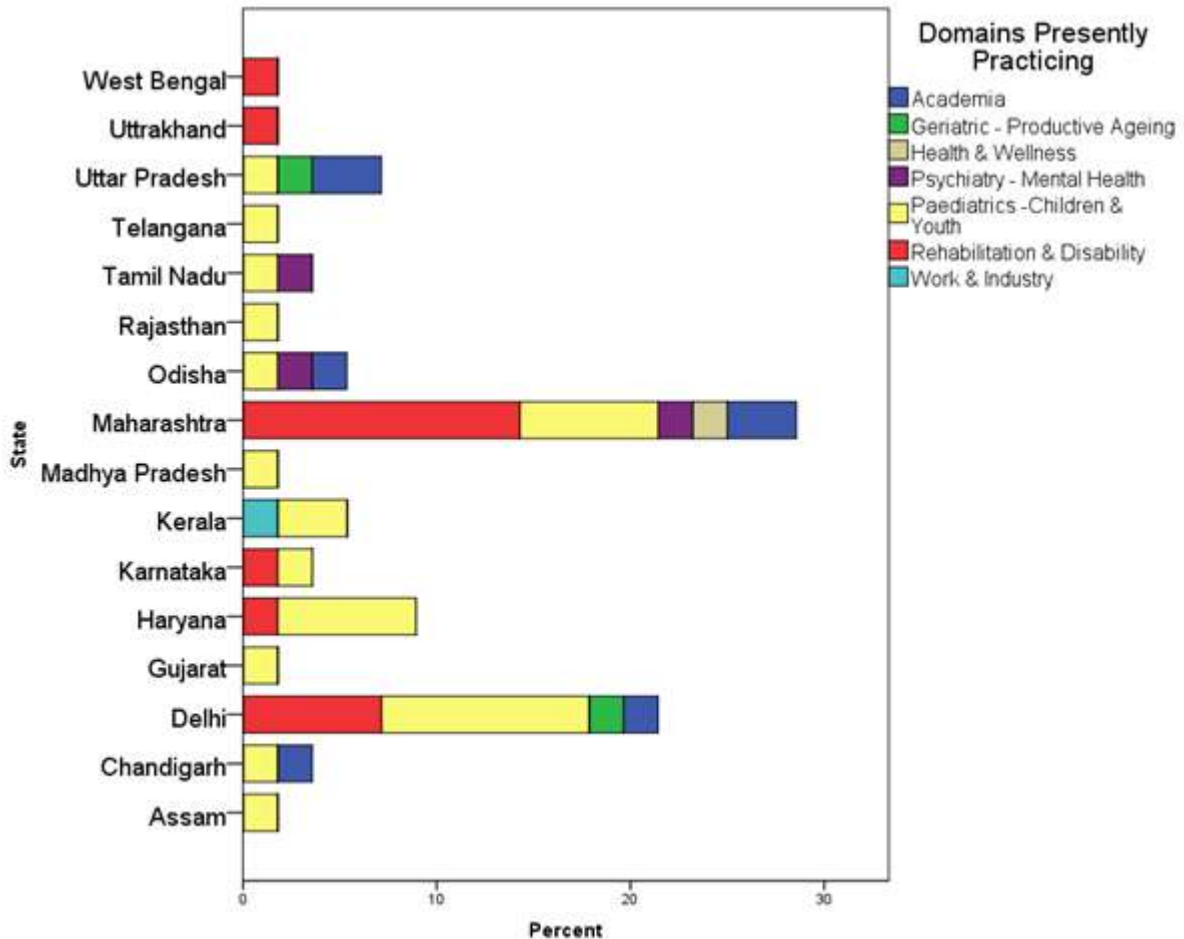


Graph 14: OT equipment and prescription aids in India



Graph 15: OT equipment and prescription aids at online marketplace (s)

Graph below Gives State-wise distribution of domains of practice with pediatric most practiced.



Graph16: State-wise distribution of domains

On asking OTP regarding whether their institution/ organization clearly define roles between Occupational Therapist and Physiotherapist-55.4% marked 'Yes' whilst 34% responded with 'No' and just 11% marked it as 'Not applicable at their workplace'.

On asking OTP regarding whether their institution/ organization clearly define roles between Occupational Therapist and Special Educator-64.3% responded with 'Yes' and 16% with a clear 'No' and nearly 20% said that the question does not apply to their workplace.

Around 42% of OTP agreed that 'to a small extent' or 'not at all' people at their organization / institution clearly identify roles between Occupational Therapist and Physiotherapist.

Whilst only 34% agreed that 'to a large extent' or 'somewhat' people do identify roles between Occupational Therapist and Physiotherapist.

Around 30% of OTP agreed that 'to a large extent' people at their organization / institution clearly identify roles between OT and special Educator, whilst just 28.6% felt 'not at all' or to a 'small extent' the people can actually make out what an OTP does and what roles does special educator have.

Twenty-five percent of respondents felt that only 'to some extent' OT department/ service is provided with equal/ better opportunities for upgradation of knowledge and skills, whilst 19.6% felt that 'to a small extent' OTP are provided opportunities to upgrade their knowledge and skills.

25% of respondents felt that OT department/ service is given equal or more importance as other related department and services in Administrative Decision making 'to some extent', whilst nearly 20% felt that 'not at all' OTP are given equal or more importance as others for administrative decision making.

4. Discussion

The point of discussion that arise after inferring 43 dataset points here is

- 1) Irrespective of specialty. Most of the working OTP are skewed towards pediatrics. There are many other domains of OT that have a great potential, but have not been explored by Indian entrepreneurs and organizations be it governmental or non-governmental.
- 2) In country like India, where the population is 1.39 billion the need of occupational therapist is massive, but somehow the skewing of most of the OTP population to domains of 'pediatrics' and 'rehabilitation & disability' may be a major cause in restricting the growth of profession on whole. This gap needs to be understood by professionals both upcoming and established.
- 3) The educational standards that have reached to levels of PhD. / OTD making super specialty level researches become true in the field of OT, with several specializations available at postgraduate degree level, and undergraduate degree level which at present is minimum educational qualification for OTP and entry level requirement for practicing professionally. All the stakeholders of occupational therapy (AIOTA, various

state councils DCPTOT, MCPTOT etc. and other government planning and recruitment agencies. should consider this fact and maybe now is the time to introduce the post of Occupational Therapy Assistant (OTA) in India, for undergraduate professionals and to change entry level qualification to postgraduation for practicing as an Occupational Therapist. This change will not only help develop profession but also it will Increase the visibility of profession. The similar steps were taken by AOTA in September 2018 press release, whereby making OTD an entry level qualification for newer professionals by 2027.

- 4) Occupational Therapy stakeholders should encourage OTP to spread evenly across domains.

5. Study Limitations

Major limitations of the study included following

- 1) The respondents were contacted via online mode and not all the persons who were reached could participate in survey.
- 2) The losses across the nation during the ongoing COVID-19 Pandemic may have contributed to responses recorded.
- 3) The survey required approximately 13 minutes in a continuous sitting to respond, which may have contributed loss of participations.
- 4) Lack of any transparent National / State level directory of OTP and their practicing specialty resulted in difficulty reaching out to potential subjects.
- 5) Not all OTP could be identified/ included.
- 6) Length of study limited the reach for the participation.

6. Conclusion

The aim of this research was to gain insight into the field of occupational therapy, based majorly on 4 categories i. e., domain of practice, documentation, availability, and real-world presence in India by analyzing 39 datapoints, the following can be concluded:

- 1) Appropriate marketing strategies and opportunities are needed to enhance the footprint of OT across many domains of practice.
- 2) As most of the current OTP are post-graduated, as per the author the stakeholders along with lawmakers should consider upgrading new minimum entry level standards for practice.
- 3) New positions for OTA should be generated in all the sectors/domains of clinical OT practice that will help generate more employment and enhance visibility and meet global standards of practice adhering with World federation of Occupational Therapist Quality indicator framework manual (draft)
- 4) AIOTA, as the only representational body for OTP recognized by government of India needs to update its website and have a transparent approach with its members. Conducting opinions & polls for the members may help gain faith in AIOTA's decision making policies for the profession, Also, regular events to enhance OT visibility should be initiated at national level in alliance with the various state chapters.

References

- [1] Avedian, A. (2014, October 15). Presentation-Survey Design. Harvard Law School. <http://hnmcp.law.harvard.edu/wp-content/uploads/2012/02/Arevik-Avedian-Survey-Design-PowerPoint.pdf>
- [2] American Occupational Therapy Association (AOTA). (2021). Five Steps to Incorporate AOTA's New Evidence Pages into Your Practice. Retrieved July 06, 2021, from <https://www.aota.org/Publications-News/AOTANews/2016/Five-Steps-New-Evidence-Pages-Practice.aspx>
- [3] Bartleby. (2021). Bartleby Research. Retrieved July 06, 2021, from <https://www.bartleby.com/essay/Advantages-And-Disadvantages-Of-Perfect-Competition-FCVVBU4N2R>
- [4] Bazeley, P. (2003). Computerized Data Analysis for Mixed Methods Research. In A. Tashakkori & C. Teddlie (Eds), *SAGE Handbook of Mixed Methods in Social & Behavioral Research* (pp.385-422). SAGE Publications.
- [5] Kemper, E. A., Stringfield, S., & Teddlie, C. (2003). Mixed methods sampling strategies in social science research. In A. Tashakkori & C. Teddlie (Eds), *SAGE Handbook of Mixed Methods in Social & Behavioral Research* (pp.273-296). SAGE Publication.
- [6] Oberai, S. & Srivastava, A. K. (2019). Developing trends in occupational therapy: Global versus Indian perspective. *Indian Journal of Occupational Therapy*, 51 (3), 75-76.
- [7] Sau, K. (2013). OCCUPATIONAL THERAPY MARKETING INDIAN PROSPECTIVE. *Scientific Research Journal of India*, 2 (3), 59-66.
- [8] Teddlie, C. & Yu, F. (2007). Mixed Methods Sampling. *Journal of Mixed Methods Research*, 1 (1), 77-100.
- [9] University of Minnesota-University Libraries. (2021). Perfect Competition: A Model. Retrieved July 06, 2021, from <https://open.lib.umn.edu/principleseconomics/chapter/9-1-perfect-competition-a-model/>
- [10] Wikimedia Foundation. (2021). Wikipedia. Retrieved July 06, 2021, from https://en.wikipedia.org/wiki/Occupational_therapy_in_India

Graph12: Find OT at district level **Error! Bookmark not defined.**

Graph13: OT equipment and prescription aids in region 10

Graph 14: OT equipment and prescription aids in India 10

Graph 15: OT equipment and prescription aids at online marketplace (s) 10

Graph16: State-wise distribution of domains. **Error! Bookmark not defined.**

Table of Figures

Figure1: Respondent Map 3

Table of Tables

Table1: Demographics 2

Author Profile



Saurabh completed his graduation in Occupational Therapy with research in Ergonomics from "Jamia Hamdard" in 2011, one of the India's Top 20 universities. After Graduation he did Post Graduation in Occupational Therapy (Neurological Disorders), with research focusing on Tele-rehabilitation which was the first study on Tele-rehabilitation in the country which was submitted to "Guru Gobind Singh Indraprastha University", Delhi. Which has worked as a basis for setting-up tele-rehab unit at one of the leading Institutes in New Delhi. With over 10 years of Experience and an interest in sharing knowledge and learn more, he is presently heading the Occupational Therapy Department at Employees' State Insurance Corporation, Model Hospital and Occupational Disease Centre, Indore, Madhya Pradesh, which works under Ministry of Labour & Employment, Government of India. Since November 2017.

Table of Graphs

Graph1 Distribution of Gender across entity 3

Graph2: Percentage difference according to practicing domains 3

Graph3: Ranking of Occupational Therapy Treatment 4

Graph4: Qualification and practicing domains 4

Graph5: Domains of practice Gender distribution **Error! Bookmark not defined.**

Graph6:: First choice of OT treatment according to presently practicing domain 5

Graph7: First choice of OT treatment according to experience 6

Graph8: Mode of documentation according to entity 7

Graph9: Occupational Therapy Labs/Units/Room **Error! Bookmark not defined.**

Graph10:: Find OT at block level 8

Graph 11: Find OT at state level 8

Volume 10 Issue 9, September 2021

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY