

Research Article

Awareness and Knowledge about Occupational Therapy among Healthcare Professionals in India: A Cross-Sectional Study

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A B S T R A C T

Background: The importance of awareness about Occupational Therapy (OT) in providing high-quality care to patients cannot be underscored. An adequate understanding of OT ascertained by Healthcare Professionals (HP), might promote timely relevant referrals for OT services.

Aim: This study aimed to assess awareness and knowledge about OT among HP in India.

Study Design: Cross-sectional design.

Method: The authors developed and validated a questionnaire followed by contacting the selected HP from the various hospitals in the country. The link for the google form was shared with the consented HP. Data was collected from September 2021 to October 2021. Pearson chi-square test was used to analyse the correlation among the questionnaire items.

Results: 230 participants consented to participate in the survey and their responses were analysed. The results showed that 84.8% of the HP were aware of OT as an independent profession, since 64.8% of HP were providing habilitation/ rehabilitation services as a part of their clinical services. University curriculum and work practice were identified as major sources where HP learnt about OT. The Activities of Daily Living (ADL) was considered a primary practice area by HP.

Conclusion: The study concluded that HP is aware of OT and recognized it as a profession dedicated to the habilitation and rehabilitation of persons with disability. However, their responses revealed a lack of awareness about the profession's scope with regard to practice and function in the workplace. As a result, referrals may be disrupted, affecting patient care and holistic approach.

Keywords: Awareness Knowledge, Occupational Therapy, Occupational Therapy in India, Healthcare Professionals, Referrals

Introduction

Occupational Therapy (OT) is considered as any purposeful activity that occupies an individual's time and provides meaning to their existence. Generally, the conceptualization of OT has been varied and unclear among the general public¹ and even among healthcare professionals (HP).² Knowledge of OT among HP is important to ensure the provision of comprehensive, holistic, and high-quality care.^{2,3,4} HP needs to understand the roles of other team members to ensure adequate referrals and avoid confusion of roles.⁴ Clients can sometimes be bereft of OT services because HP is often unaware of the services offered as part of OT. Furthermore, the understanding of OT among other HP has an impact on the profession's stature and, as a consequence, on job satisfaction of occupational therapists.⁵

Previous studies have linked inadequate knowledge or misconceptions about OT to a variety of factors, including inadequate number of occupational therapists in most settings, limited number of OT training institutions, other HP lack of awareness of occupational therapists' role during their academic training, limited/ no advocacy and public awareness about the role of occupational therapists through professional bodies that regulate the profession.^{1,5}

In India, the OT profession was established in 1950. Despite being 70 years, the profession has reached the needy and prospective patient only in recent times.^{6,7} While there are a lot of concerns and ambiguity with regard to the professional identity of occupational therapists, it will be prudent to create a team approach through collaborative opportunities so that the challenges can be discussed in a constructive manner and immediate and long-term corrective measures can be undertaken.⁸

Another hurdle is that there are only three occupational therapists per ten lakh people in India, compared to 2,600 doctors and nurses.⁹ Because of a lack of knowledge of the stream and limited prospects in the country, it is a less popular choice among healthcare students. Given the current situation, the demand and unmet needs for reducing disability in India are increasing exponentially⁹ "Although the need for OTS in private hospitals, NGOs, and rehabilitation facilities is growing by the day, but the country lacks qualified professionals to fill the gap."⁸

There is sparse research available that highlights the aspects of OT knowledge among HP. Focusing on the overall scenario, the current study is designed to assess awareness and knowledge of OT among HP in India. We

hypothesized that assessing awareness and knowledge of OT in the healthcare profession will help in analysing the factors that are presenting hurdles in disseminating information about OT. Additionally, this study will also help in providing solutions and setting up a clear approach to refer patients to OT.

Materials and Methods

Participants

The primary objective of the study was to evaluate the awareness and knowledge of HP about OT and hence occupational therapists were excluded from the survey. The HP were chosen from various fields of healthcare such as medicine, dentistry, physiotherapy, speech therapy, and psychologists. All other technical and administrative staff of the healthcare sector were excluded.

Procedures

Ethical approval was granted by the institutional ethical committee (IEC) vide no. SU/2021/1831[9] on 17-07-2021. HP were recruited from both public and private sector institutions across India. To connect with HP, the authors used personal and professional networks at medical colleges, clinics, healthcare institutions, and hospitals. All of them were connected personally by authors to disseminate the information in concurrence with our inclusion criteria. All HP were sent a google form link over electronic platforms for rapid delivery and receipt of their answers.

Assessment/ Instrumentation

This study used a questionnaire to assess the awareness and knowledge among HP. The questionnaire was developed for the purpose of this study.¹⁵ The questionnaire comprised of two main sections. The first sections included ten questions focused on awareness and knowledge and the second section consisted of three questions based on advocacy.

Data Analysis

IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp. was used for statistical analysis. The data was assessed for normality with help of Shapiro-wilk test. The frequency of categorical variables was reported using descriptive statistical analysis. For each item in the questionnaire, the frequency distribution was computed. Pearson chi-square test was used to analyze the correlation among the items in the questionnaire. The level of significance for this study was set at $p < 0.05$ Table 1.

Table I. Pearson Correlation of HP Age Range, Speciality, Practice Year, Provide Habilitation/ Rehabilitation Services, Work and Practice of HP and Bedded Hospital (* Correlation is Significant at $p < 0.05$)

Variables	Question	P-value
Age Range	Awareness of OT as Independent Profession	0.016*
Age Range	Feel Knowledgeable about OT	0.028*
Age Range	Practice Area of OT as Geriatric Care	0.049*
Age Range	Practice Area of OT Assistive Technology	0.02*
Age Range	More Emphasis on Role of OT given Due to Functional Outcomes	0.04*
Speciality	Differentiated From Other Profession by Focusing on Independence in ADL	0.01*
Speciality	Differentiated From Other Profession by Focusing on Functional Ambulation Rather than Gait Training	0.014*
Speciality	Work & Practice with an OT	0.035*
Speciality	Referral to OT	0.019*
Speciality	Practice Area of OT as Sensory Integration	0.001*
Speciality	Practice Area of OT as Ergonomics	0.044*
Speciality	Practice Area of OT as Psychosocial Intervention	0.022*
Speciality	Practice Area of OT as Community Based Rehabilitation	0.036*
Speciality	Practice Area of OT as Acute Care Intervention	0.039*
Speciality	Practice Area of OT as NICU Early Intervention	0.001*
Speciality	Practice Area of OT as Assistive Technology	0.049*
Speciality	Practice Area of OT as Hand Writing Skills	0.005*
Speciality	OT Providing Service in Outpatient Clinics	0.047*
Speciality	OT Providing Service in Homebased Occupational Therapy	0.036*
Speciality	OT Providing Service in Schools/ Special Schools	0.018*
Practice Year	Awareness of OT as an Independent Profession	0.013*
Practice Year	Feel Knowledgeable about OT	0.011*
Practice Year	Opinion of HP on Vital and Indispensable Profession in the Healthcare Team	0.006*
Practice Year	Practice Area of OT as Acute Care Intervention	0.002*
Practice Year	Practice Area of OT as NICU Early Intervention	0.04*
Practice Year	OT Providing Service in NGO	0.014*
Practice Year	OT Providing Service in Schools/ Special Schools	0.047*
Practice Year	Significant Role at Workplace of HP	0.009*
Provide Habilitation/ Rehabilitation Services	Awareness of OT as Independent Profession	0.029*
Pro Habil/Rehab Services	Differentiated From other Profession by Focusing on Independence in ADL	0.035*
Pro Habil/Rehab Services	Work & Practice with an OT	0.001*
Pro Habil/Rehab Services	Referral to OT	0.001*
Pro Habil/Rehab Services	Opinion Needs OT in Elderly with Dementia	0.006*

Pro Habil/Rehab Services	Significant Role at Workplace of HP	0.001*
Practice As	Work & Practice with an OT	0.038*
Practice As	Referral to OT	0.017*
Practice As	Practice Area of OT Acute Care Intervention	0.035*
Practice As	HP Opinion Persons Needs OT with Functional Impairments Due to Orthopaedic/Neurological Dysfunctions	0.001*
Practice As	Significant Role at Workplace of HP	0.017*
Practice As	More Emphasis at Workplace	0.001*
Bedded Hospital	Awareness of ot as Independent Prof	0.027*
Bedded Hospital	Differentiated from ther Profession by Focusing on Independence in ADL	0.004*
Bedded Hospital	Work & Practice with an OT	0.004*
Bedded Hospital	Referral to OT	0.001*
Bedded Hospital	Practice Area of OT as Home Safety Assessment, Evaluation and Modification	0.018*
Bedded Hospital	Practice Area of OT as Handwriting Skills	0.037*
Bedded Hospital	Practice Area of OT as Driving Rehabilitation	0.011*
Bedded Hospital	HP Opinion Persons Need OT with Functional Impairments Due to Orthopaedic/ Neurological Dysfunctions	0.001*
Bedded Hospital	HP opinion Individuals need OT who experience difficulty with self-care, work, education, play, and leisure activities.	0.029*

Table 2. Demographics Details

Variables	N (%)
Age	
20–29 Years	74 (32.2)
30–39 Years	86 (37.4)
40–49 Years	32 (13.9)
50–59 Years	24 (10.4)
60–69 Years	13 (5.7)
70–79 Years	1 (0.4)
Speciality	
General Practioners	38 (16.5)
Ortho	43 (18.7)
Peads	21 (9.1)
Surgery	13 (5.7)
Other Medical Specialty	67 (29.1)
Dental	11 (4.8)
Allied healthcare professions	37 (16.1)
Practice Year	
< 2 Years	22 (9.6)
2–5 Years	76 (33.0)
5–10 Years	48 (20.9)
10–20 Years	40 (17.4)

> 20 Years	44 (19.1)
Foreign Practice	
Yes	11 (4.8)
No	219 (95.2)
Provide Habitation/ Rehabilitation/ Services	
Yes	149 (64.8)
No	81 (35.2)
Practice as	
Freelance Practice	8 (3.5)
In Clinic/Owns a Clinic	27 (11.7)
In NGO/Rehabilitation Centre	7 (3.0)
In a Primary Health Centre/ Polyclinics	5 (2.2)
In a hospital	45 (19.6)
In a Teaching Institute	16 (7.0)
In a Medical College/ Tertiary Care Centre	116 (50.4)
Other	6 (2.6)
Bedded Hospitals	
< 50	48 (20.9)
50–100	30 (13.0)
100–500	38 (16.5)
> 500	114 (49.6)

The responses from the questionnaire showed that work practice and university curriculum are two major sources through which HP come to know about OT Figure 1.

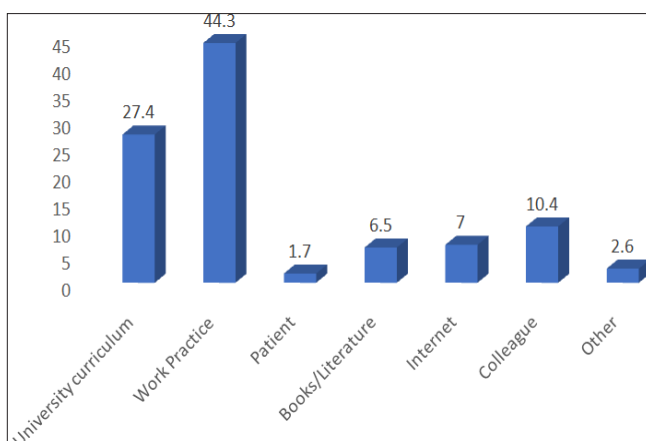


Figure 1. Frequency Distribution of how HP Get to Know about OT

84.8% of HP were aware of OT as an independent profession that can assess, evaluate, diagnose, and intervene. Out of four choices in the question: "OT is differentiated from other professions as". The following two choices were mostly selected "OT focuses on Improving or restoring occupational performance" and "OT enhances functional performance rather than specific movement" Figure 2.

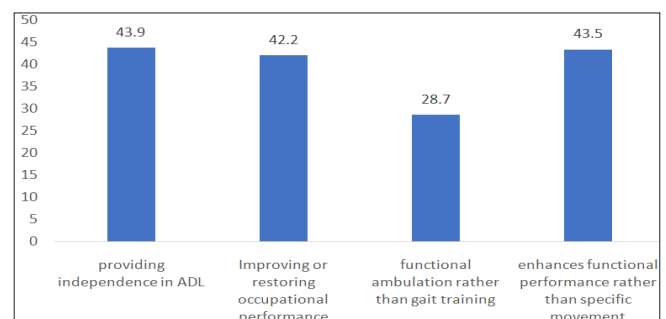


Figure 2. How HP Differentiated OT From Other Professions

It was revealed that 53% of the HP work and practice with occupational therapists. About 52.6% HP refer a client to an occupational therapist "whenever the case warrants" Figure 3.

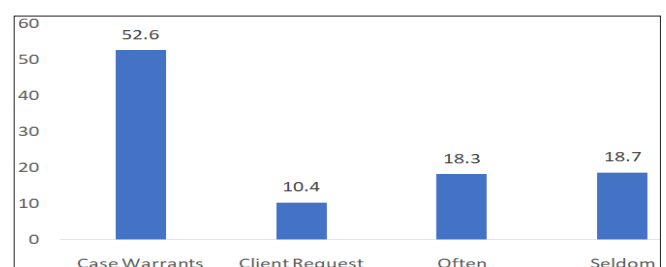


Figure 3. How Often HP Refer Client to OT

Further analysis suggested that 45.7% of the HP agree that they are knowledgeable about the OT profession Figure 4.

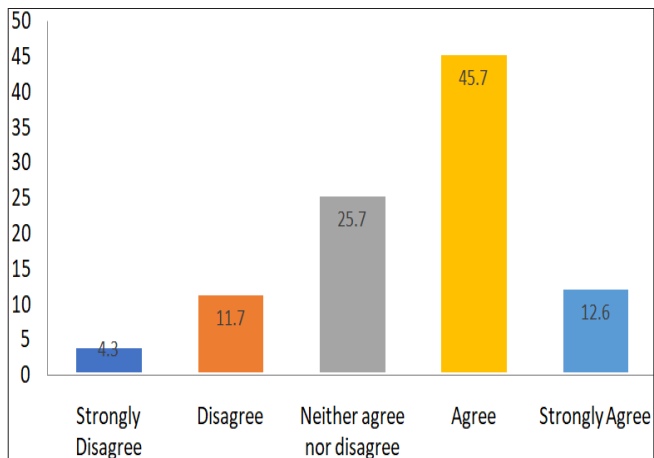


Figure 4. HP Feel Knowledgeable about OT

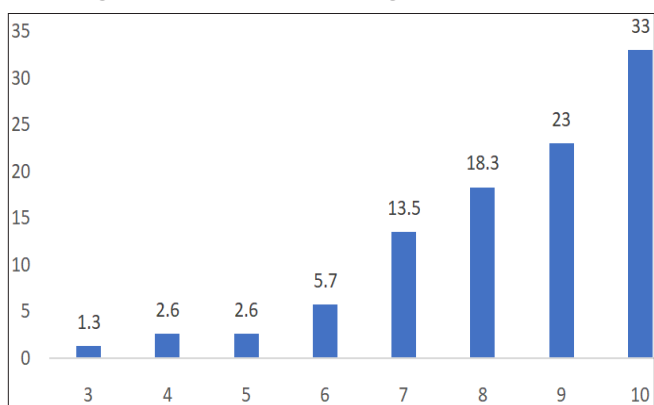


Figure 5. HP's Opinion about OT Vital and Indispensable Profession in the Healthcare Team

While 33% HP Opined that OT is a Vital and Indispensable Profession in the Healthcare System Figure 5. The questionnaire gave 16 options with regard to OT related practices, out of which five options were mainly identified by the HP. These are Activities of Daily Living (ADL), sensory integration, hand therapy, CBR, and ergonomics Figure 6.

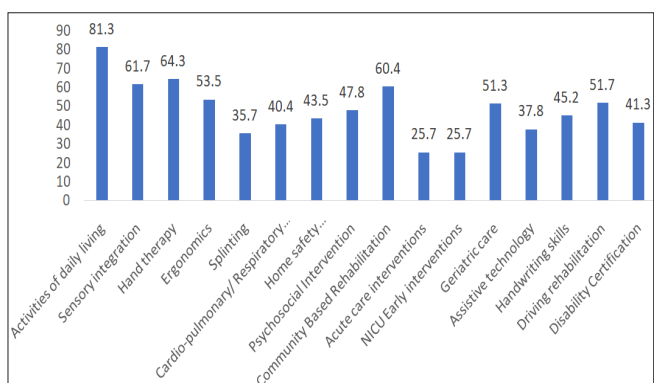


Figure 6. Areas of Practice HP Think are related to Occupational Therapy

Similarly, six options were given for the question regarding identifying who needs OT, out of these three options got the larger response. These were: "persons with developmental disabilities", "persons with functional impairments due to orthopaedic/ neurological dysfunctions", "individuals who experience difficulty with self-care, work, education, play, and leisure activities" Figure 7.

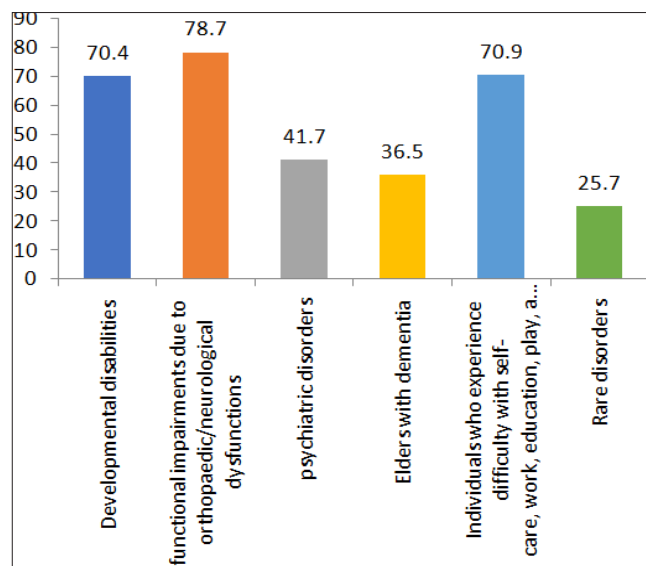


Figure 7. HP Opinion about Who Needs OT

HP identified hospitals and rehabilitation centres where majority of occupational therapists are employed and provided their services Figure 8.

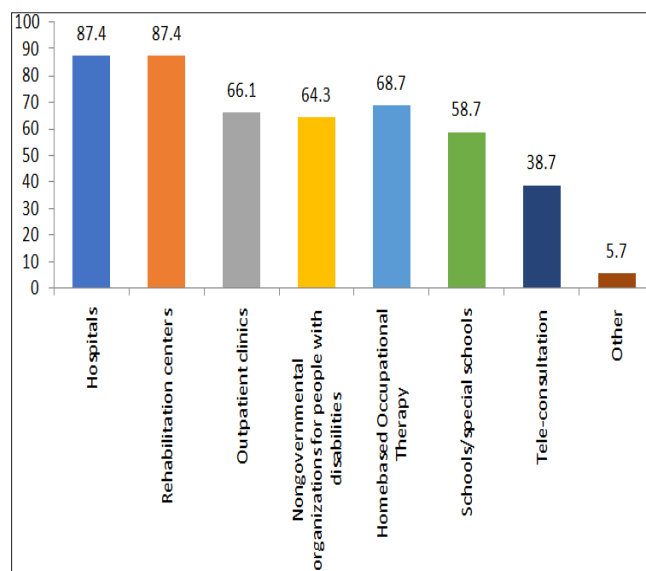


Figure 8. HP Identified Occupational Therapist Provides Services

In section 2 of the questionnaire, the focus was on advocacy. The analysis suggested that 60.9% of the HP strongly agreed that OT plays a significant role in their workplaces Figure 9.

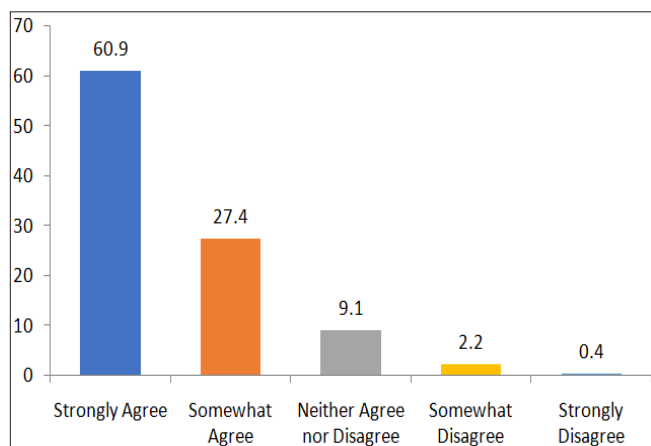


Figure 9. HP Opinion about OT Plays a Significant Role in Workplace

Around 55.7% HP opined for larger emphasis on the role of OT at workplaces Figure 10.

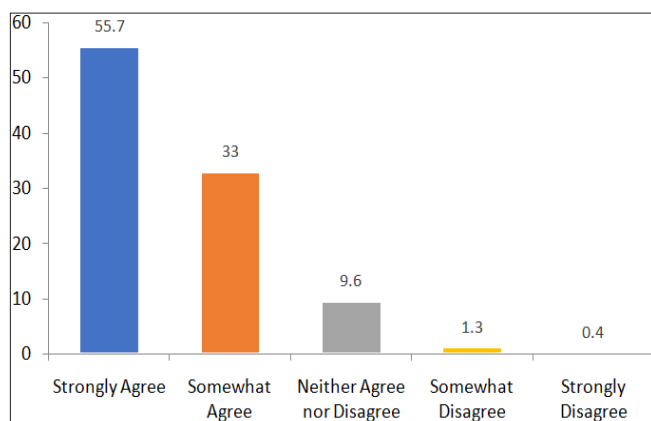


Figure 10. HP Opinion about More Emphasis on the Role of the OT is Needed in Workplace

On the question of why more emphasis on the role of the OT is needed at their workplaces, two main choices were identified by HP: “due to better prognosis” and “for prevention of further ailments” Figure 11.

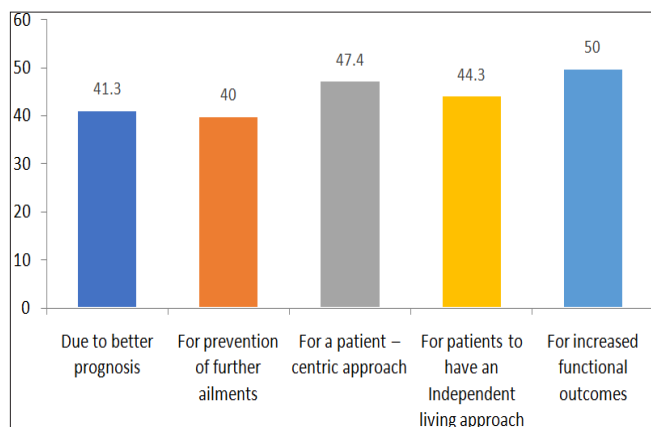


Figure 11. HP Opinion about Emphasis on the Role of OT is Needed in Workplace

the OT is needed at their workplaces, two main choices were identified by HP: “due to better prognosis” and “for prevention of further ailments” Figure 11.

Age Range

Age was subcategorized for analysis. Age range was statistically significant for “awareness of OT as an independent profession” ($p=0.01$) and indicated that with experience and age bracket from 50 - 79 years were having, 100 % of awareness about occupation therapy as compared to age range group from 20 - 49 years ($p=0.01$). In continuation, HP in age bracket of 60 - 69 years 30.8 % responded for “feel strongly agree being knowledgeable about OT” ($p=0.02$), “69.2% of HP recorded practice area of OT in assistive technology ($p=0.02$)”, 69.2% of HP indicated that “more emphasis on the role of OT should be given due to increased functional outcomes” ($p=0.04$). Other association with regard to age range were found in “practice area of OT in geriatric care” ($p=0.04$) 79.2 % within 50 - 59 years age range.

Speciality

Speciality was subcategorized for analysis of outcomes. 67.6% of allied and healthcare professionals were the professionals who differentiated OT from other professions by ADL ($p=0.01$), 52.4% paediatricians were able to differentiate OT from other profession because OT focuses on functional ambulation rather than gait training ($p=0.01$), 66.7% paediatricians reported that they worked and practiced with OT ($p=0.03$). 85.7% paediatricians referred to OT whenever the case warranted (0.01), 100.0% paediatricians too found an association between practice area of OT as sensory integration ($p<0.05$), 76.9% of surgeons were found to believe about practice area of OT in ergonomic (0.04), 76.2% of paediatrician were among speciality to believe as practice area of OT in psychosocial intervention (0.02), 90.5% in CBR ($p=0.03$), 42.9% in acute care interventions ($p=0.03$), 76.2 % in NICU early interventions ($p<0.05$), 49.3% of other medical specialities responded practice area of OT as assistive technology (0.04), 71.4% of paediatrician believe practice area of OT in handwriting skills ($p<0.05$). 81.1% of allied and healthcare professionals identified OT providing services in outpatient clinics ($p=0.04$) and 76.9% surgeons identified OT providing services at schools/special schools ($p=0.01$). 85.7% Paediatrician were having awareness about providing services in home based setup ($p=0.03$).

Practice Years

The number of practice years (>20 years) of HP also yielded significant results for “OT as an independent profession” ($p=0.01$), feel knowledgeable about OT ($p=0.01$), 47.7% opined OT as vital and indispensable profession in the healthcare team ($P<0.05$), 45.5% responded that OT

practice area in acute care intervention ($P < 0.05$) and 38.6% NICU early intervention ($P = 0.04$). 81.8% responded that OT provides services in NGO ($P = 0.01$) and 72.7% reported provides services at schools/special schools ($P = 0.04$) and 75% opined that OT plays significant role at workplace ($p < 0.05$).

Provide Habilitation/ Rehabilitation Services

88.6% HP reported awareness of OT as independent professionals who provided habilitation/ rehabilitation services as part of clinical services ($p = 0.02$). 49% HP from this group were able to differentiate OT through the ADL activity ($p = 0.03$). Also, 70.5% HP work and practiced with an OT ($p < 0.05$) were better acquainted with the OT profession and 59.7% referred patients to OT whenever the case warrants ($p < 0.05$). 43% HP choose OT for elders with dementia ($p < 0.05$) and 70.5% opined that OT plays a significant role at workplace ($p < 0.05$).

Work and Practice of HP

71.1% of HP who work within hospital setup are more likely to be associated for work and practice with an OT ($p = 0.03$). 62.5% of freelancer HP provided referral to OT whenever the case warranted ($p = 0.01$), 80% HP selected the practice area of OT as acute care intervention ($p = 0.03$). 86.2% HP working in medical college/ tertiary care centres reported that persons with functional impairments due to orthopaedic/ neurological dysfunctions required OT ($p < 0.05$). 71.1% HP working in hospital specified that OT played significant role at workplace ($p = 0.01$) and 71.4% HP working in NGO/ rehabilitation centre determined about more emphasis at workplace ($p < 0.05$).

Bedded Hospitals

96.7% HP working in 50 - 100 bedded hospitals were having awareness about OT as an independent Profession ($p = 0.02$), 80% work and practice with an OT ($p < 0.05$) and 63.3% provide referrals to OT ($p < 0.05$), 53.3% picked practice area of OT that included home safety assessment, evaluation and modification, and 66.7% set handwriting skills as practice area of OT ($p = 0.03$), 63.3% HP identified practice area of OT as driving rehabilitation ($p = 0.01$) and 80% HP opined that Individuals who experience difficulty with self-care, work, education, play, and leisure activities required OT ($p = 0.02$). 68.4% HP working in 100 - 500 bedded hospitals were more aware of differentiating from other profession through ADL ($p < 0.05$). 88.6% HP who work in more than 500 bedded hospitals opined that Persons with functional impairments due to orthopaedic/neurological dysfunctions required OT ($p < 0.05$).

Discussion

This study aimed to evaluate the awareness and knowledge of HP about OT in India, although 84.8% of the HP were

aware of OT as an independent profession. The results of our study are in concurrence with those done in past on said topic^{1,2,3,4,5,10}. The results further denoted significant association within age group, awareness of OT as an independent profession. The HP (100%) in the age group of 50 to 79 years were aware about OT, 90.6% in 40 to 49 age group, 73% in 30 to 39 age group and 74.3% in 20 to 29 age group. The reason for high percentage awareness in age group above 50 might be due to greater exposure to OT in their clinical experience.⁴

The other significant finding of this study was regarding three specialities i.e., allied healthcare professional, paediatrics and surgeons that were identified as major specialities with greater orientation to OT with respect to differentiating OT from other professionals, work and practice, practice areas, and service providing area of OT. These specialities obtained the highest response for identifying the best options in above mentioned area of choice. The rationale for this finding might lie in the fact that OT work as member of the multidisciplinary health care team.¹⁶ Allied healthcare professionals' knowledge about OT was high because paraclinical subjects were taught together in same training centres and worked in most of the similar work settings.^{1,2,13}

The total clinical practice years was also significant with practice area of OT. HP with more than 20 years of experience were having knowledge about service providing area of OT, and significant role at workplace. The reason behind this could be HP clinical experience that would have contributed to positive knowledge addition.⁴

In our study work practice factor was identified as major contributor to OT knowledge and then university curriculum which is in accordance with the south Indian study that investigated knowledge of medical practitioners and in Jordon on healthcare team in rehabilitation hospital.^{4,5} In a contrasting study media (social media, TV, and radio) was identified as major source¹ and friends and colleagues contributed to OT knowledge.¹⁰

HP (47%) indicated that they do not share work and practice with OT. The obtained higher percentage of HP can lead to compromise in patient care and can be the reason for dissatisfaction in occupational therapist and also it lacks adequate multidisciplinary approach to work.⁵

Around 52.6% of HP reported that they refer client to an occupational therapist whenever the case warrants. There can be variety of reasons which can influence the frequency of referrals from HP. One reason for it can be frequent collaboration for work practice with an OT.⁵ This also suggested that other HP who chose to refer clients to OT on client request, often and seldom shows that they are unaware about the benefits of OT services who can turn

liability into assets. Limited knowledge makes the clients deprived of OT services.^{2,11}

The majority of HP marked on a scale ranging from 1 to 10. Mostly 10 were marked by HP as best choice options, where 10 meant vital and indispensable role of OT in healthcare team. These findings are like study done in Jordan hospitals.⁵

HP were unclear about the practice setting area of OTs.^{1,2} HP considered and acknowledged ADL (81.3%) as the most important domain of OT. The results of our study are in concurrence with AlHeresh and C.K Nikopoulos.⁵

There is no doubt that OT focusing as primary role for ADL. However, it is not the only role or practice area to intervene with clients. Intervention is also focused on other area as well such as splinting, acute care intervention, NICU early intervention etc. Out of these areas, splinting accounted for 35.7% awareness that is similar to results found in previous studies.¹ This can be a limitation for OT. So, advocacy must be done by OT in different practices area by showing their work to HP such as giving their professional scientific presentations in conferences where HP from various healthcare departments is present. Overall percentage of HP accounted 25.7% for NICU intervention but speciality wise 76.2% paediatricians chose NICU intervention as their response. Paediatricians selected NICU as favoured choice for OT practice area that was statistically significant because of close working and practice of them with OT. The awareness and knowledge found amongst paediatricians in our study reflect contrary results about practice area and referral to OT.¹¹

Health care knowledge and awareness about OT required in the treatment of rare disorders, persons with psychiatric disorders and mental illness were found to be very low in percentage. These findings are similar to previous studies.^{1,4,10} Majority of HP identified hospitals, rehabilitation center and home-based OT from amongst all other workplace areas. These results are similar to the study done in Jordan.^{1,10}

The response for question on “more emphasis on role of OT is needed”, yielded that HP didn’t have proper conceptual understanding about the role of OT at workplace. For better understanding of OT fostered by research contradicting misconceptions as well as advocacy of practitioners would lead to better communication within the rehabilitation team and providing effective and efficient patient care.²

The rationale with solution to the problem of inadequate knowledge about OT might be understood in following 3 points.

Firstly, curricula of all the professionals’ specialities may incorporate courses that introduce students to rehabilitation specialties and multidisciplinary work.^{1,2,4} In medical colleges the HP may be introduced to the concept of team work in medical care. This will inculcate the concept of total health care in the management of patients.

Secondly, Patel and Shriber, suggested that direct interactions with occupational therapist may be the most effective way to spread the knowledge of OT.¹³ The direct interaction would be clinically possible only when all the HP work in a harmonious and receptive environment in a patient center model. This will help in developing and spreading further awareness about OT in addition to the longer benefits of the patients

Thirdly, inter professional teaching approach by giving rotational clinical assignments will help in advocacy of OT.^{3,13} All the OT professionals need to be clinically rotated in various medical departments such that in addition to the patient benefit, there is also an interaction with other HP.

Lastly, an explanation for inadequate knowledge might be the lesser quantity of current workforces of OT in India^{9,16} The government should start further new OT course in medical colleges. This would reduce the demand and supply ratio and will help in adding OT workforce. The fact that there was no national council to govern OT in India was a big disadvantage.

Implications for Practice

The findings of this study denote that lack of awareness and knowledge about OT is more of a global issue rather than regional issue. So, occupational therapist should work towards promoting and advocating their profession to increase the profession visibility.^{2,4} The channel for communication between HP and OT should not be limited. The dissemination for awareness and knowledge through media and other promotional activity should be done by occupational therapist. The curricula should be refined^{1,2,4} by urging students and occupational therapists to advocate their profession by becoming assertive. The work on advocacy and education might indeed establish a drive for awareness, which will hopefully have a major impact, resulting in increased awareness of occupational therapy at all levels.² Occupational therapy clinicians and scholars must work to ensure that the profession is accurately represented. Collectively, they must make a concentrated effort to attend both medical and other health professions’ conferences. Occupational therapists should present their clinical research findings, highlight their unique function in aiding with certain diagnostic categories, and promote their profession at these conferences.^{2,4} Occupational therapy professionals must participate actively in multidisciplinary

meetings held at hospitals and clinics that provide occupational therapy services. Occupational therapy practitioners may utilise social networking platforms such as Facebook, Twitter, and others to raise awareness about their profession. Adding pages and links on these websites that are exclusive to the profession, where people can find information about occupational therapy and links to related information, with the option to ask questions and where the administrators of the pages can respond to such inquiries, is one of the best options.

Strengths

This is the first study in which HP were taken from pan India and therefore, this study presents a wider perspective, that has not been addressed in previous studies.

Limitations

The major limitations of this study were the unequal number of responses to each question that may have created some confusion for HP in finalizing the one answer.

Future Scope

This study can be repeated by focusing on the delphi model where certain expert domains can be examined such as paediatrician, neurologist, orthopedician, psychiatrist.

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Conflict of Interest: None

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