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AWARENESS OF OCCUPATIONAL THERAPY AMONG MEDICAL PHYSICIANS

¹ Raghuram.P, MOT (Paediatric), ² Loganathan. S, MOT (Neuro) ³ Sundaresan. T, MOT (Rehab)
¹ Asso. Prof. & HOD, Dept. of O.T, SRIHER, Chennai, ²Asst. Prof, Dept. of O.T, SRIHER, Chennai,
³Asst. Prof, Dept. of O.T, SRIHER, Chennai

Abstract: This study has been undertaken to investigate awareness of occupational therapy among medical physicians with objective of evaluating the awareness of occupational therapy among the medical physicians. The study was conducted over a period of 4 months. Totally 75 samples were selected for this study. This study was conducted among the medical practitioners to evaluate awareness about occupational therapy. For this study we used a questionnaire which expose occupational therapy awareness among physicians, This questionnaire contains 20 questions .in which 18 questions have the optional choice of right, wrong and no idea respectively. 2 questions are based on the general experience. According to this study what we realize is, there is less awareness about occupational therapy among general physicians. Even famous physicians who are all working in multi specialty hospitals do not know the role of occupational therapy in rehabilitation field. This shows lack of awareness about occupational therapy among physicians.

I. INTRODUCTION

Occupational Therapists are health professionals who are trained to assist people to overcome limitations caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of aging. Their goal is to assist each individual to move from dependence to independence, maximizing personal productivity, well being and quality of life.

1.1.Definitions:

Occupational therapy is the art and science of directing man's participation in selected tasks to restore, reinforce, and enhance performance; facility learning of those skills and functions essential for adaptation and productivity; diminish or correct pathology; and to promote and maintain health. Its fundamental concern is the capacity, throughout the life span, to perform with satisfaction to self and others those tasks and roles essential to productive living and to the mastery of self and the environment."

1.2.Why do some people need Occupational Therapists?

Infants and Children.

Occupational Therapy promotes normal development and stimulates learning in children with specific learning difficulties, physical disabilities, **delayed development**, or those recovering from illness or injury. Occupational Therapists work with children and their families to improve their quality of life by helping them to participate in play, preschool, school and home activities.

Adolescents.

Occupational Therapy can help young people by facilitating personal growth to improve self-esteem and develop independent social and communication skills. Teenagers with social and lifestyle problems, or disabilities resulting from an accident or disease can maximize their independence and quality of life into adulthood with the help of Occupational Therapy.

Adults and the Elder.

When an adult or elderly person is affected by an illness, accident in work place injury, an Occupational Therapist can help on the road to recovery. They may assist with return to home and work life through the development of new skills for normal daily living such as household tasks and personal care, return to work or leisure programs. They may also make changes to the work or home environment to make life easier and safer.

1.3. How do Occupational Therapists work?

Occupational Therapists take an holistic approach to the needs of their clients which usually involves three stages of care.

Evaluation:

The abilities of the client are assessed in the context of work, school, home, leisure, general lifestyle and family situation.

Consultation:

Having made an assessment, the Occupational Therapist then talks with the client, other professionals and family members who may be closely involved, in developing a treatment programme.

Treatment:

Depending on the nature and length of the programme, it may place in a clinic, hospital ward, and residential care center or at the client's home, school or workplace. The goal is to maximize the client's skills for living.

1.4. Who Benefits from Occupational Therapy?

- A wide variety of people can benefit from occupational therapy, including those with
- Work-related injuries including lower back problems or repetitive stress injuries
- Limitations following a stroke or heart attack
- Arthritis, multiple sclerosis, or other serious chronic conditions
- Birth injuries, learning problems, or developmental disabilities
- Mental health or behavioural problems including Alzheimer's, schizophrenia, and post-traumatic stress
- Problems with substance use or eating disorders
- Burns, spinal cord injuries, or amputations
- Broken bones or other injuries from falls, sports injuries, or accidents
- Vision or cognitive problems that threaten their ability to drive

The occupational therapy is still in its infancy in countries like India. When compared with other foreign countries, Occupational Therapy in India has a long way to go.

When compared with other therapies, knowledge about occupational therapy is very low not only among the general public but also among general physicians. The general physicians, who most commonly deal with the patients, should know about occupational therapy role in the rehabilitation of physical and mental illnesses in the medical field. So that influenced us to start evaluating the awareness of occupational therapy among general physicians.

II. OBJECTIVE OF THE STUDY

To evaluate the awareness of occupational therapy among the medical physicians

III. REVIEW OF LITERATURE

3.1. Takahashi MA, Canesqui AM.

Department de Medicina Preventiva e Social, Faculdade de Ciencias Mcdicas, Universidade Estadual de Campinas, Campinas, SP, 13084-971, Brasil.

In 1995 to 1997 by an innovative occupational rehabilitation model for individuals with repetitive strain injury/work related musculoskeletal disorder (RSI/WRMD), developed by the Campinas Occupational Rehabilitation Center under the Brazilian National Institute for Social Security. The study had two objectives: 1) to reconstruct the program as a precondition for evaluation and 2) to evaluate the model's effectiveness in reestablishing the autonomy of individuals with RSI/WRMD.

3.2. Simo-Algado S, Mehta N, Kronenberg F, Cockburn L, Kirsh B. Universitat de Vic, Spain, salvador.simo@uvic.es

The Model of Human Occupational and the Occupational Performance Process Model were utilized to guide the identification and intervention of occupational performance issues. The children's return from a land of war to a land of children demonstrates the potential of occupational therapy intervention in this field. With increasing awareness of populations facing social and political challenges, there is a growing importance of the concept of occupational justice and the need to work against occupational apartheid.

3.3. Phillips I.

Department of Occupational Therapy, Winston-Salem State University, 'it liool of Health Sciences, Winston-Salem, North Carolina 27110, USA. pPhillipsi@wssu.edu

The students efforts culminate in an HIV/AIDS Rally. Student learning is grouped into categories of planning, implementation, and follow up. This experience resulted in students working as volunteers for HOPE; students collaborating together on a research project to determine the extent University students understand how to prevent the spread of HIV; and students considering a WSSU campus-based HIV/AIDS awareness activity during October 2001 AIDS Awareness Month.

IV. METHODOLOGY

This study was conducted among the medical practitioners to evaluate awareness about occupational therapy. For this study we used a questionnaire which expose occupational therapy awareness among physicians, This questionnaire contains 20 questions in which 18 questions have the optional choice of right, wrong and no idea respectively. 2 questions are based on the general experience.

The scoring pattern is based on the scores induced for the right, wrong and no idea which are right equal to 1, wrong equal to 0, no idea equal to 0 respectively.

This study was conducted among 100 medical physicians who are generally busy practitioners. The questionnaire was issued to them and made a way to expose their knowledge about occupational therapy by mention their choices for appropriate questions. This study questioner is issued in separately not in a group.

Tools used

Questionnaire which expose awareness of occupational therapy.

V. DATA ANALYSIS

The study was conducted among 100 physicians to find the awareness of occupational therapy; the results are calculated as follows.

SI. No.	Score	Percentage	SI. No.	Score	PERCENTAGE
1	18	90	26	9	45
2	16	80	27	9	45
3	16	80	28	9	45
4	16	80	29	9	45
5	16	80	30	9	45
6	15	75	31	9	45
7	15	75	32	9	45
8	15	75	33	9	45
9	13	65	34	8	40
10	13	65	35	8	40
11	13	65	36	8	40
12	12	60	37	8	40
13	12	60	38	8	40
14	12	60	39	8	40
15	12	60	40	8	40
16	12	60	41	8	40
17	10	50	42	8	40
18	10	50	43	7	35
19	10	50	44	7	35
20	10	50	45	7	35
21	10	50	46	7	35
22	10	50	47	7	35
23	10	50	48	7	35
24	10	50	49	7	35
25	10	50	50	7	35
51	7	35	76	6	30
52	7	35	77	6	30
53	7	35	78	5	25
54	7	35	79	5	25
55	7	35	80	5	25
56	7	35	81	5	25
57	6	30	82	5	25
58	6	30	83	5	25
59	6	30	84	5	25
60	6	30	85	5	25
61	6	30	86	5	25
62	6	30	87	5	25
63	6	30	88	5	25
64	6	30	89	5	25
65	6	30	90	5	25
66	6	30	91	5	25
67	6	30	92	5	25

68	6	30	93	5	25
69	6	30	94	5	25
70	6	30	95	5	25
71	6	30	96	5	25
72	6	30	97	5	25
73	6	30	98	5	25
74	6	30	99	5	25
75	6	30	100	5	25

FORMULA

$$\text{PERCENTAGE} = \frac{n}{\text{Total}} \times 100$$

n = Separate Score

Total = 20

$$\text{Mean} = \frac{\sum x}{n}$$

$\sum x$ = Sum of Percentage

n = No. of Observation

CALCULATIONS

(Taking one Sample)

$$\begin{aligned} \text{PERCENTAGE} &= \frac{n}{\text{Total}} \times 100 \\ &= \frac{18}{20} \times 100 \\ &= 90\% \end{aligned}$$

$$\begin{aligned} \text{Mean} &= \frac{\sum x}{n} \\ \text{Mean} &= \frac{3995}{100} \\ &= 39.95 \end{aligned}$$

The average awareness of the whole study is 39.95

Table 1

KNOWLEDGE-DISTRIBUTION

Knowledge	Frequency	Percent
In adequate (<50)	84	84.0
Moderate (51-75)	11	11.0
Adequate (>76)	5	5.0
Total	100	100.0

VI. RESULT AND DISCUSSION

This study was conducted among 100 medical physicians. Initially the physicians are asked to tick the appropriate choices of the questionnaire. Finally all the questionnaire forms are screened out, and took the knowledge of occupational therapy.

The results are shown in the table-1

From the results of table-1 we can observe that the

Adequate knowledge (above 75%) = 5%

Moderate knowledge (50%-75%) = 11%

Inadequate knowledge (below 50%)= 84%

This shows the awareness of occupational therapy among physician is inadequate

The average awareness of the whole study is 39.95

VII. SUGGESTIONS

- ❖ This study would create more awareness if conducted among medical students.
- ❖ Study should be conducted to all medical related professionals and even normal population to establish awareness.
- ❖ CMS programmes should be conducted in all hospitals which of free cost

VIII. CONCLUSION

According to this study what we realize is, there is less awareness about occupational therapy among general physicians. Even famous physicians who are all working in multi specialty hospitals do not know the role of occupational therapy in rehabilitation field. This shows lack of awareness about occupational therapy among physicians.

During my screening programme some physicians were eager to know about objectives and implementation techniques of occupational therapy. Here we would like to conclude that our association should conduct general awareness program among general physicians and also among the general population.

This would be beneficial for both physicians and occupational therapists and the ultimate benefit for the patient who requires the occupational Therapy Intervention.

IX. LIMITATIONS

- ❖ Time limit is very less.
- ❖ Study was conducted in a particular area.
- ❖ Most physicians are running short of time.
- ❖ It was only conducted among general practitioner not among other medical field professionals

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