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## Physicians' Knowledge and Perceptions of Occupational Therapy Practice

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# Physicians' Knowledge and Perceptions of Occupational Therapy Practice

## Abstract

*Background:* Occupational therapy (OT) is a client-centered profession vital to an interdisciplinary team. Despite its importance, medical providers have limited knowledge and understanding of OT's scope of practice. This can lead to limited referrals, ineffective teamwork, inefficient therapeutic outcomes, limited OT practice scope, and consumer access to OT services. This study explored physicians' knowledge and understanding of OT to find opportunities and strategies for education and knowledge sharing to improve awareness of OT practice and interdisciplinary collaboration.

*Method:* A descriptive online survey was conducted for physicians in a Virginia suburban hospital to obtain knowledge and perception about OT via 10 multiple-choice questions.

*Results:* The study summarized the results of a survey with 63 respondents. Of the 63 respondents, 49.2% were confident in their referral process for OT, 72.6% reported that OT is essential for improving rehabilitation outcomes, 34.3% of the respondents favored a presentation about OT, and 19.2% preferred reading literature to learn about OT.

*Conclusion:* Most participating physicians in the study perceived OT as an essential health care profession; however, they were unaware of its scope of practice. There is a critical need for awareness about OT to improve referrals, foster collaboration, improve therapeutic outcomes, and enhance the value of occupational therapists in an interdisciplinary team.

## Comments

The author declares that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

## Keywords

collaboration, interdisciplinary, occupational therapy, physicians, perception, knowledge

## Cover Page Footnote

First, I would like to express my sincere gratitude to Valley Health Home Health and Valley Health Winchester Medical Center for letting me participate in this incredible journey toward completing this research study. Further, I thank my fellow occupational therapists and supervisors for their thoughtful comments and recommendations. I am also highly thankful to Dr. Kenneth Janowski for lending great support in rolling out the survey to the physicians. To conclude, I cannot forget to thank my family and friends for all their unconditional support in this process. Most importantly, I am grateful to my loving and supportive husband, Pratik Vij, who provided constant support for completing this manuscript.

## Credentials Display

Shivani B. Vij, OTD, OTR/L

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Occupational therapy (OT) is a holistic health care profession focusing on unique client-centered interventions for promoting health, well-being, and quality of life (American Occupational Therapy Association [AOTA], 2014). OT helps people of different ages and various diagnoses participate in favorable occupations and life roles. Occupational therapists are an integral part of an interdisciplinary team that brings a unique perspective to client care (Alotaibi et al., 2019; Fossey, 2001). Occupational therapists' scope of practice is vast and may include interventions in areas of basic activities of daily living (BADLs), such as bathing, dressing, grooming, toileting, rest, sleep, leisure, social participation, and play, and instrumental activities of daily living (IADLs), such as shopping, meal preparation, housekeeping, medication management, finance, and transportation (AOTA, 2014; Vij, 2021). However, other health professionals do not widely understand this concept, which limits effective interdisciplinary teamwork and collaboration (Bonsall et al., 2016; Fossey, 2001; Jamnadas et al., 2002; Sarsak, 2022; Tariah et al., 2012).

Efficient interdisciplinary teamwork requires a high level of communication and a clear understanding of roles and responsibilities (Fossey, 2001). It promotes quality care and patient satisfaction and reduces health care costs (Fossey, 2001; Sarsak, 2019; Singh et al., 2018). Interprofessional education and collaboration-driven practice in an interdisciplinary team are also essential to mitigate several critical challenges health care systems face worldwide (Gilbert et al., 2010; Loh et al., 2021; Singh et al., 2018).

A significant factor that improves interdisciplinary collaboration is the knowledge and understanding of the specific roles of each professional on the team. As per the World Health Organization (WHO) framework for Action on Interprofessional Education and Collaborative Practice, learning about different professional backgrounds is essential for health care workers to collaborate effectively and improve health outcomes (Gilbert et al., 2010). The lack of understanding of occupational therapists' role on a rehabilitation team has been observed globally, as reported by several studies (Bonsall et al., 2016; Fossey, 2001; Jamnadas et al., 2002; Sarsak, 2022; Tariah et al., 2012). Although OT is perceived as an essential profession, the specific role OT can fill on a team and the OT scope of practice across settings is poorly understood, leaving occupational therapists underused (Alotaibi et al., 2019; Patel & Schriber, 2001; Pottebaum & Svinarich, 2005; Sarsak, 2022; Tariah et al., 2012; Yunus et al., 2022).

Physicians are the primary referral sources for OT care in different work settings; however, in the United States (US), there are only a few studies that explore the understanding of physicians' knowledge of OT (Bonsall et al., 2016; Dahl-Popolizio et al., 2017). These studies concluded that although occupational therapists have a good reputation in the health care community, other medical professionals do not understand the full scope of OT practice. Also, there is a need for knowledge sharing, networking, and targeted advocacy efforts to improve health care providers' perception of OT (Bonsall et al., 2016; Dahl-Popolizio et al., 2017). Therefore, the current study explored physicians' perceptions and knowledge of the scope of OT practice in a multispecialty hospital, Valley Health Winchester Medical Center (VH), in suburban Virginia.

## **Method**

### **Design**

A quantitative descriptive research study was conducted by administering a survey titled "Physicians' Knowledge and Perception of Occupational Therapy Practice." The lead researcher created the survey, and three experienced occupational therapists established the face and content validity of the survey instrument. These experienced therapists concluded that the survey was appropriate for collecting data on the knowledge and perception of OT practice from physicians. The content of the survey included

a mix of multiple choice and open-ended questions that sought to gather data on different areas, such as a physician's years of experience, formal training in OT, understanding OT domains, the role of occupational therapists as unique rehabilitation professionals in an interdisciplinary team, and gaps in knowledge. The author also identified methods of improving their understanding of OT practice to enhance interdisciplinary teamwork, professional collaboration, and patient outcomes.

### **Participants and Ethics**

The study participants were Valley Health (VH) physicians with a Doctor of Medicine (MD) degree eligible to refer patients to OT services. The online survey link via Survey Planet was sent to physicians' work emails with a 3-week deadline for completion of the survey. The data were collected from October 7 to October 21, 2022. The VH/WMC Institutional Review Board (IRB) approved the study before its commencement. Each participant received and accepted the informed consent before commencing the survey. Only the researcher had access to survey data, and data were treated with accuracy, integrity, and confidentiality.

### **Survey Instrument**

The author developed a 10-question questionnaire to assess physicians' knowledge and perception of OT (see Appendix). The questions were multiple choice questions with the possibility to add additional comments. Participation in the survey was voluntary, and the participants' anonymity was maintained. The survey focused on three broad research questions:

1. How many years of experience in their field and how many hours of formal training in OT practice do they have? What was the physician's primary knowledge source of the OT practice scope, and what methods do physicians prefer to learn more about OT?
2. How frequently do physicians refer to OT? How confident are they in their referral process, and do they think OT is vital to an interdisciplinary rehab team?
3. What are OT practice domains, what conditions do occupational therapists treat, and do physicians understand the difference between physical therapy (PT) and OT?

### **Data Analysis**

The dataset was analyzed through descriptive statistics such as mean, standard deviation, and relative frequency via Microsoft Excel Worksheet. The Survey Planet website collected the survey responses.

### **Results**

One-hundred-sixty surveys were distributed to the participants via work email. Each participant was asked to read the consent form before completing the survey. The survey took 5–10 min to complete. Sixty-three responses were received, with a response rate of 39.3%. The respondents answered only multiple-choice questions; none of the respondents provided narrative comments. The following descriptive tables and figures report the responses.

Table 1 presents the demographic characteristics of the physicians who participated in the survey. Table 2 demonstrates the referral process for OT in an interdisciplinary team. Of the physicians, 75.5% made referrals to OT services less than 50% of the time during the rehabilitation care episode. Only 8.2% of the physicians referred to OT services 100% of the time for a client with rehabilitation needs ( $M = 15.25$ ,  $SD = 20.64$ ).

Although the majority of the participants (49.2%) were confident in their referral guidelines for OT, there was a high number (26.2%) of physicians who were unsure about their referral process to OT ( $M = 15.25$ ,  $SD = 10.62$ ).

**Table 1**

*Participants' Demographics, Years of Training, Source of Knowledge, and Formal Coursework about Occupational Therapy*

		n (%)
<b>Years of experience in medical practice</b>	0-5	12 (19.4)
	5-10	8 (12.9)
	10-20	15 (24.2)
	20 or more	27 (43.5)
<b>Source of knowledge about OT</b>	Medical school curriculum	16 (16.7)
	Residency	21 (21.9)
	Clinical practice	46 (47.9)
	Worked closely with an occupational therapist	13 (13.5)
<b>Hours of formal training or coursework about OT</b>	None	45 (72.6)
	1-5 hr	10 (16.1)
	5-10 hr	1 (1.6)
	10 hr or more	6 (9.7)

Note. OT = occupational therapy.

**Table 2**

*Occupational Therapy Referral Process*

Frequency of referral to OT services	n (%)
Less than 50%	46 (75.4)
50%–75%	8 (13.1)
75%–90%	2 (3.3)
100%	5 (8.2)
Confidence in the referral process	n (%)
Confident	30 (49.2)
Not so confident	8 (13.1)
Limited confidence	7 (11.5)
Unsure	16 (26.2)

Note. OT = occupational therapy.

Figure 1 describes the physicians' perceived importance of OT services for improving health care outcomes. Most of the respondents (72.6%) agreed that OT is essential for improving rehabilitation outcomes. None of the respondents disagreed that the occupational therapist is a valuable team member in an interdisciplinary rehabilitation team ( $M = 15.50, SD = 20.98$ ).

**Figure 1**

*Perceived Importance of Occupational Therapy*

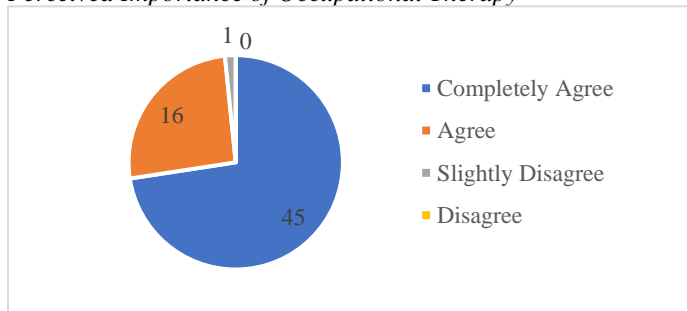


Table 3 discusses the physicians' knowledge and perception of OT. Most of the respondents (28.4%) stated that occupational therapists work with clients with upper extremity and neurological impairments. Regarding knowledge about practice areas, 16.2% reported OT's role in the improvement of ADLs functioning, closely followed by other areas, such as the role of OT in physical dysfunction

(15.9%), home assessment (14.9%), and adaptive equipment training (15.5%) ( $M = 46.85$ ,  $SD = 5.87$ ).

The survey also asked whether the physicians know the differences between OT and PT roles in a rehabilitation team. Around 62.9% of the physicians reported they were not entirely sure of the difference between the roles and functioning of these two professions (see Table 3).

**Table 3**

*Knowledge about Occupational Therapy Practice*

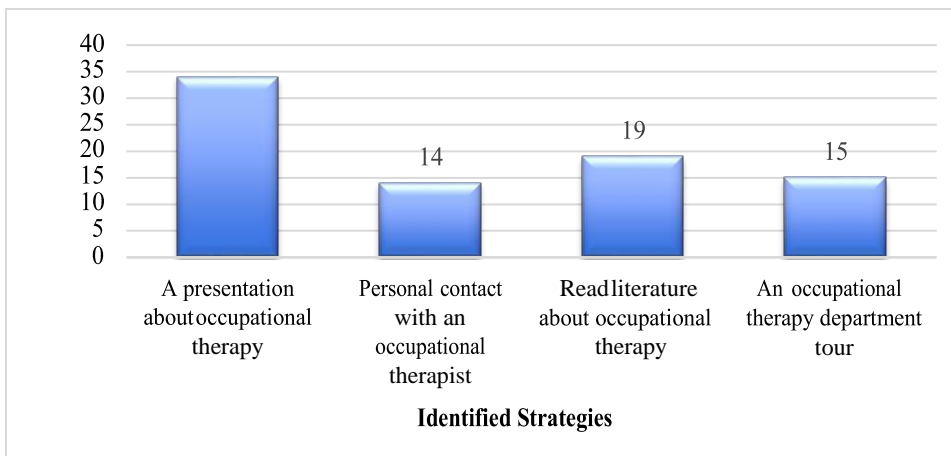
<b>Common diagnoses intervened by OT</b>	<b>n (%)</b>
Upper extremity impairments	58 (28.4)
Neurological impairments	58 (28.4)
Cognitive impairments	54 (26.5)
Chronic diseases	34 (16.7)
<b>Knowledge about OT practice areas</b>	<b>n (%)</b>
ADLs	53 (16.2)
Strength, ROM, fine motor, gross motor, etc.	52 (15.9)
Balance training	41 (12.5)
Home assessment	49 (14.9)
Cognitive retraining	38 (11.6)
Adaptive equipment training	51 (15.5)
Visual-perceptual training	44 (13.4)
<b>Knowledge about the difference between OT and PT</b>	<b>n (%)</b>
Yes	19 (30.6)
Not entirely	39 (62.9)
They do almost the same work	0 (0)
Not at all	4 (6.5)

*Note:* ADLs = Activities of Daily Living; PT = Physical Therapy; ROM = Range of Motion; OT = Occupational Therapy.

Figure 2 discusses the different strategies and activities the physicians identified for improving their knowledge and perception of OT.

**Figure 2**

*Strategies to Improve Awareness of OT*



## Discussion

This study aimed to identify physicians' knowledge and perception of OT practice in a multispecialty hospital in a suburban Virginia area. The results are consistent with the outcomes reported in several other similar studies worldwide (Bonsall et al., 2016; Jamnadas et al., 2002; Olaoye et al., 2016; Sarsak, 2022; Tariah et al., 2012; Yunus et al., 2022). The current study's findings suggest that most physicians identified OT as an essential health care profession important for improving health outcomes

for clients with rehabilitation needs. However, they did not have a clear understanding of OT practice.

Limited knowledge about OT practice can hamper the referral process (Fossey, 2001). It can negatively affect a holistic treatment approach in an interdisciplinary team (Olaoye et al., 2016), which is evident from the current study's results, in which around 75% of the respondents reported referring to OT services less than 50% of the time, and only 49% reported confidence in the referral process for OT. This exemplifies the need for better role clarity and understanding of OT in an interdisciplinary team.

Regarding intervention areas and practice domains, most of the respondents identified upper extremity and neurological conditions as the primary practice areas. In contrast, less importance was given to cognitive impairments and chronic diseases, which account for a substantial number of referrals for occupational therapists, especially in a hospital-based and home health setting where this study's participants usually made referrals.

Only 30% of the physicians understand the difference between PT and OT services in a rehabilitation team. These two professions often get confused in an interdisciplinary rehabilitation setting. While they often complement each other, they provide various services to clients in a rehabilitation setting (Sarsak, 2022). These findings are similar to a previous study with Arab health care professionals, in which around 44% of health care professionals have role confusion for physical and occupational therapists (Sarsak, 2022).

It is not surprising to see limited OT in a respondent pool in which the majority (43%) have more than 20 years of experience in their clinical practice. It may be due to limited exposure and formal coursework about OT for these physicians. Around 72% of the physicians have no formal coursework or training in their medical curricula, and approximately 47% were exposed to OT during their clinical practice. Also, regarding their knowledge base for OT, the physicians identified several strategies, such as doing an OT department tour, reading literature about OT, and working closely with an occupational therapist. Still, the majority (34.3%) favored a presentation about OT. The results are consistent with another study by Sarsak (2022), in which other health care providers identified presentations, printed materials, and literature about OT as preferred sources to improve their knowledge.

This study identified the need for action plans to promote referring physicians' awareness of OT. A few suggestions may include integrating OT education into the medical university curriculum, learning opportunities in clinical practice through collaboration, and establishing specific OT roles and practice domains in interdisciplinary teamwork. The WHO laid a framework to reduce the fragmentation of the health care system and the resulting unmet health care needs of patients and communities worldwide (Gilbert et al., 2010). The framework identified interprofessional education in which students from different professions learn about each other to enable collaboration and promote health outcomes. These students then become part of a collaborative, practice-ready workforce, which can ultimately strengthen the health system. Also, understanding each other's roles in an interdisciplinary team promotes innovation, mutual support, and mentoring. It can promote profession-specific roles to improve the range and quality of services for consumers (Brewer & Rosenwax, 2016). To further solidify the occupational therapist's position in an interdisciplinary team, such as in primary care settings, strategies for funding and reimbursement need to improve (Dahl-Popolizio et al., 2017). Other methods identified were improved networking, formal guidelines, and active development of roles and responsibilities in an interdisciplinary team (AOTA, 2020; Donnelly et al., 2013; Muir, 2012).

### **Limitations**

The study's limitations include a small sample size and the fact that the survey was conducted in

just one VH facility, which may limit the generalizability of the results. Also, the participants' demographics were limited as they were exclusively MDs. Another limitation was that the lead researcher developed the survey tool and validated it by two fellow occupational therapists; because of this, the survey can have bias, and the content may not be generalizable. However, the results are relevant and vital as they shed light on the limited visibility of occupational therapists by medical providers and explore the opportunities for growth in interprofessional education and collaborative practice. Future studies may include large sample sizes, varied practice settings, and variety in participant demography that can improve the scope and generalizability of the study.

## Conclusion

Health care providers, especially physicians who refer clients for OT services, perceive occupational therapists as vital rehabilitation team members; however, they are unsure of the specific role, practice domains, and scope of OT practice. Limited knowledge about OT can lead to ineffective collaboration and reduced referrals, thereby undermining the clients' access to OT services (Bonsall et al., 2016; Olaoye et al., 2016; Sarsak, 2022; Tariah et al., 2012; Yunus et al., 2022).

There is a significant need for awareness campaigns to establish an accurate and thorough image of the OT profession (Sarsak, 2022). With a better understanding of OT practice, health care providers will work more effectively in partnership with occupational therapists, improving the profession's standing as a unique health care profession in an interdisciplinary team. A priority should be given to interdisciplinary team education to create a collaborative, practice-ready workforce to strengthen health systems and improve health outcomes (Gilbert et al., 2010).

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**Appendix**

*Survey: Physicians' Knowledge and Perception of Occupational Therapy Practice*

1. How many years of experience do you have in your field?
  - a. 0–5 years
  - b. 5–10 years
  - c. 10–20 years
  - d. 20 years and more
2. What is your source of knowledge about occupational therapy?
  - a. Medical school curriculum
  - b. Residency
  - c. Clinical practice
  - d. Worked closely with an OT
3. How many hours of formal training or coursework have you had for occupational therapy practice?
  - a. None
  - b. 1–5 hr
  - c. 5–10 hr
  - d. 10 hr and more
4. How frequently do you refer patients for occupational therapy?
  - a. Less than 50% of the time
  - b. 50%–75% of the time
  - c. 75%–90% of the time
  - d. 100%
5. How confident are you in your referral process for occupational therapy?
  - a. Confident
  - b. Not so confident
  - c. Limited confidence
  - d. Unsure
6. What conditions do you think occupational therapists treat? Mark all that apply.
  - a. UE conditions, including shoulder replacement, fractures, paralysis, and weakness
  - b. Neurological conditions, like CVA, brain injury, etc.
  - c. Cognitive deficits, like dementia, CVA, TBI, etc
  - d. Cardio-respiratory illnesses, such as CHF, COPD, etc.
7. Would you refer a patient for occupational therapy in the following practice domains? Check all that apply.
  - a. ADLS
  - b. Strength, ROM, fine motor, and gross motor coordination
  - c. Balance training
  - d. Home Assessment
  - e. Cognitive Retraining
  - f. Adaptive equipment and DME training
  - g. Visual-perceptual training
8. Do you clearly understand the difference between occupational therapy and physical therapy?
  - a. Yes
  - b. Not entirely
  - c. They are almost the same
  - d. Not at all
9. If you have answered b, c, or d in the above question, what would help increase your knowledge and perception of occupational therapy? Mark all that apply.
  - a. A presentation about occupational therapy
  - b. Personal contact with an occupational therapist
  - c. Read literature about occupational therapy
  - d. An occupational therapy department tour
  - e. None of the above
10. Do you feel occupational therapy is essential for rehabilitating patients in an interdisciplinary team?
  - a. Completely Agree
  - b. Agree
  - c. Slightly disagree
  - d. Disagree