

**Work-Related Quality of Life and Associated Factors:
A Cross-Sectional Study involving Occupational
Therapists Working in Bangladesh.**



By
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Statement of Authorship

This is an affirmation that I, Fahad Bin Riadul, with Roll No. 20, have completed the thesis project titled “Work-Related Quality of Life and Associated Factors: A Cross-Sectional Study involving Occupational Therapists Working in Bangladesh.” in order to fulfil the requirements for earning a B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute, Savar, Dhaka, Bangladesh. There is no prior submission of this study for the award of any other degree or certificate.

I certify that nothing in this thesis has been published elsewhere or is being utilized to satisfy the criteria of any other academic program, with the exception of the instances where it is specifically recognized in the text. This work does not contain any content that has been taken from a thesis given by me or anybody else for any academic reason.

I further declare that this study has been conducted with due diligence and that ethical considerations have been protected. Any future dissemination of the research findings will include proper acknowledgement of its origins as an undergraduate thesis. I acknowledge that my research supervisor has a strong interest in ensuring the responsible dissemination of the project's findings.

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Dedication

I would like to dedicate this work to my beloved and respected parents and my sister.

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List of Abbreviations

| | |
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| BHPI | Bangladesh Health Professions Institute |
| BIS | Biographical Information Scale |
| CAW | Control at Work |
| CFs | Cognitive Failures |
| CRP | Centre for the Rehabilitation of the Paralysed |
| GWB | General Well-Being |
| HCP's | Health Care Professionals |
| HCWs | Health Care Workers |
| HOs | House Officers |
| HWI | Home-Work Interface |
| INGO | International non-governmental organisation |
| JCS | Job and Career Satisfaction |
| NGO | Non-governmental Organisation |
| QoL | Quality of Life |
| QoWL | Quality of Work Life |
| SAW | Stress at Work |
| SPSS | Statistical Packages of Social Sciences |
| WCS | Working Conditions |
| WRQoL | Work-Related Quality of Life |

Abstract

Background: Work-Related Quality of Life (WRQoL) refers to the workers' perception of their workplace and employee-employer relationship that affects both their personal and work life. Ensuring better WRQoL of occupational therapists will enhance their motivation and performance, which will improve their quality of patient care. But no research was found related to the WRQoL of occupational therapists in Bangladesh. Therefore, this study will provide an insight about the WRQoL of occupational therapists working in Bangladesh.

Aim: The aim of this study is to examine the Work-Related QoL of occupational therapists working in Bangladesh and the associated factors to it.

Methods: The study followed a cross-sectional quantitative study design. Data was collected through a face-to-face survey among 157 participants including occupational therapy clinicians, academics, and community occupational therapists through WRQoL scale and Biographical Information Scale (BIS). Participants were recruited from Occupational Therapy academic institutes, non-governmental organizations (NGO) and international non-governmental organizations (INGO) as well as hospitals, rehabilitation centers, and special schools around Bangladesh. SPSS 26 version was used to conduct the descriptive analysis, Cross tab, Fisher's exact test and Chi-Square test.

Results: The findings showed that the overall WRQoL of occupational therapists working in Bangladesh was at a higher level (36.9%). Regarding the six domains of WRQoL, lower WRQoL was reported in General Well-Being (GWB) (47.8%), Home-Work Interface (HWI) (46.5%), and Stress at Work (SAW) (43.3%). In contrast, Job and Career

Satisfaction (JCS) (51.6%), Control at Work (CAW) (52.9%), and Working Conditions (WCS) (41.4%) had higher WRQoL. Some occupational therapists experienced lower WRQoL, including women, experienced therapists, those with permanent full-time jobs, those working 41-50 hours per week, academics, clinicians in adult neurology, and those with caring responsibilities for children and relatives with disabilities. On the other hand, some occupational therapists reported higher WRQoL, including male, less experienced therapists, those with non-permanent part-time jobs, those working less than 40 hours and 51-60 hours per week, occupational therapy clinicians, those primarily working in Paediatrics and Special Needs School and those with caring responsibilities for elderly.

Conclusion: This study showed that occupational therapists working in Bangladesh had higher overall WRQoL. The study reflected that the WRQoL and its associated factors will make aware both employers and occupational therapists and help to take necessary measures. For example, introducing work-life policy, reducing working hour, and increasing more weekends could possibly help to increase the WRQoL of the employees. If the employees have better WRQoL, they will be more productive, which will consequently help the organisation to achieve more.

Keywords: Work-Related Quality of Life, Occupational Therapy, Quality of Life

CHAPTER I: INTRODUCTION

1.1 Background

The work-related quality of life (WRQoL) is a wide notion that examines the advantages and disadvantages of the workplace from the employee's perspective which can broadly affect their personal and work life (Abbasi et al., 2017; Gaffar et al., 2021; Pereira et al., 2021; Rostami et al., 2021; Van Laar et al., 2007). Quality of work life may be described as a way in which an employee meets their personal needs by the knowledge and expertise, they acquire from their work environment and working policy (Jahanbani et al., 2018).

WRQoL is generally related to job motivation, job satisfaction, work involvement, life satisfaction, happiness, and self-rated anxiety (Zubair et al., 2017). Improvement in these factors will surely help healthcare professionals to improve their job performance and provide better care for the patient. Additionally, WRQoL can affect occupational therapists' health and quality of life, which can, therefore, influence their quality of services. So, it is necessary to identify their WRQoL (Rostami et al., 2021).

Associated demographic factors can significantly affect the WRQoL of employees within an organisation. A previous study reported that nurses who had more experience, worked in rotational shifts, and were female showed better quality of work life in Western Iran (Lebni et al., 2021). Occupational therapists who were female and had more than 5 years of experience showed comparatively better WRQoL than male and those with 1-4 years of experience (Rostami et al., 2021).

Around the whole world, research on WRQoL among occupational therapists have been found to be conducted in Iran, and Ireland (Hogan et al., 2023; Rostami et al., 2021). Until now, no evidence has been found that supports that a study has been conducted on occupational therapists WRQoL in Bangladesh. As occupational therapy is an intricate profession, the measurement of WRQoL and its associated factors will consider the need for proper workplace management and raise awareness.

The growth and prosperity of an organisation depend heavily on the performance of the employees within the organisation. Therefore, ensuring a higher quality of work life will improve the productivity of employees within an organisation. A well-adapted work environment that provides a good level of happiness, confidence, control, and satisfaction to the employee, is very crucial for the success of the organisation (Sultan, 2023).

Measuring employee perception of WRQoL is essential to develop proper workplace interventions (Opollo et al., 2014). This study will provide an overview of WRQoL and associated factors among occupational therapists working in Bangladesh. The findings of this study will be helpful for occupational therapists, related organisations as well as other related professionals and stakeholders to ensure successful workplace interventions.

Therefore, the aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it.

1.2 Justification of the study

WRQoL is heavily culturally based. It means rules and regulations, goals and visions, payment system, economic conditions, leadership style, criteria for organisation, social norms, working environments, employer-employee interaction, and interaction among co-

workers. These factors can vary from country to country. So, findings from one study cannot be universally applied because of the differences in cultures in different countries. This study will find out the level of WRQoL and its associated factors among occupational therapists working in Bangladesh. It will help them to be aware of their quality of work life and help them to identify appropriate management strategies to maintain a higher quality of life. This will improve the occupational therapist's ability to provide better quality of care to the patients.

There are a variety of employer organisations for occupational therapists in Bangladesh and they have different rules and regulations. Although, there is no government organisation and policies to follow for these organisations, there is the association called Bangladesh Occupational Therapy Association (BOTA) which received registration from the government. As the mission of BOTA is to promote and create job opportunities for Occupational Therapy, these employer organisations try to follow BOTA. This study will provide information about occupational therapists' quality of work life, their well-being, working conditions, control and stress at work, home-work interface, and job satisfaction and what are the demographic factors related to them. It will help BOTA to identify the current conditions of occupational therapists in Bangladesh and take necessary steps if needed for the promotion of the profession.

Organisations will also know the quality of work life of their employees and the associated factors. As the growth and success of an organisation depends on the productivity of its employees, the organisations will also take necessary steps and design working environments and working regulations in such a way that will improve occupational therapists' quality of work life. Improving the occupational therapists quality

of life will help to improve the quality of care provided to the patient and ensure better health outcomes.

Moreover, currently no study was found related to the WRQoL and associated demographic factors with each of its domain for occupational therapists working in Bangladesh. So, this research will work as a base and give an understanding of quality of work life to other related health professionals and provide evidence for future researchers in this field.

1.3 Operational Definition

1.3.1 Occupational Therapy

“Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement” (WFOT, 2012).

1.3.2 Quality of Life

Quality of Life (QoL) refers to a person's view of their place in life in relation to their objectives, standards, expectations, and concerns, as well as the culture and value systems in which they live in (Karimi & Brazier, 2016).

1.3.3 Work-Related Quality of Life

Work-related quality of life means the standard of living and human experience that individuals have when engaging in the employee-employer relationship (Rostami et al., 2021).

1.4 Aim of the study

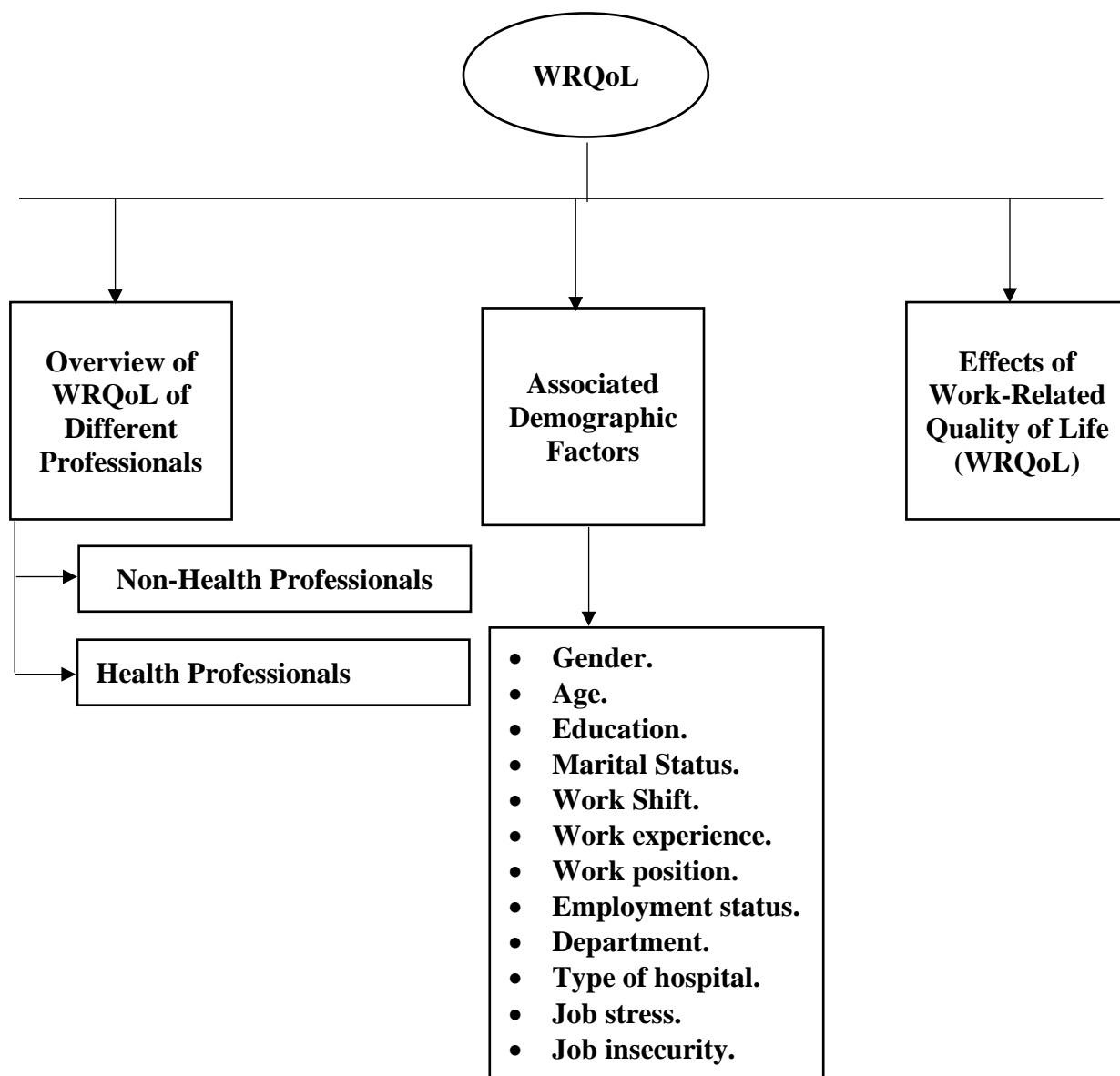
The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it.

CHAPTER II: LITERATURE REVIEW

This chapter includes literature about WRQoL on both non-health professionals and health professionals including occupational therapists. It also demonstrates articles that showed significant associated factors of WRQoL.

Figure 2.1

Literature review



2.1 Overview of WRQoL of Different Professionals

2.1.1 Non-Health Professionals

A cross-sectional study was conducted in Iran with the aim of examining the relationship between quality of work life and academic staff member's job advancement in Hamadan, Iran. This study recruited 307 randomly selected academic employees in Hamadan. The findings of this study confirmed the notion that greater professional development is correlated with a higher quality of work life. Therefore, enhancing the academic staff's quality of life at work could have a significant impact on national educational and communal growth (Parsa et al., 2014). Another cross-sectional study was conducted in Pakistan with the aim of determining the effect of polychronicity and time management on the work-related quality of life of bank employers. 300 participants were recruited between the ages of 27 and 52 years. The findings of this study revealed that while time management and work-related quality of life were favourably correlated with one another, polychronicity was negatively associated with both (Sehrish & Zubair, 2020).

2.1.2 Health Professionals

A cross-sectional study was conducted with Malaysian House Officers aiming at determining the mean score of quality of work life (QOWL) and its predictors. The total participants were 263 House Officers, and they were recruited from two tertiary government-funded hospitals in two central districts, namely Gombak and Petaling of Selangor, Malaysia. According to this study, the HOs' total mean QOWL score was 3.05 ± 0.48 . Despite working at busy tertiary hospitals in Malaysia, the score reflects the HOs' perception of QOWL as being close to neutral or average (Gaffar et al., 21). Another cross-

sectional study was conducted among young medical doctors working in Poland. The aim of this study was to measure the quality of work life among Polish medical residents. Data was gathered from 243 participants with a mean age of 34 ± 4.73 years. The result of the study showed that Polish medical residents had a low quality of work life. They were dissatisfied with their working conditions, remuneration, and other benefits (Storman et al., 2022).

A cross-sectional study was conducted on nurses in Western Iran aiming to investigate the quality of work life and the impact of demographic variables. 271 nurses were recruited for this study from Imam Reza Hospital, Kermanshah, Western Iran. The findings of this study showed that nurse's quality of work life was higher than average standards (Lebni et al., 2021). Another cross-sectional study conducted on nurses of 85 public hospitals in Iran showed that nurses had a low level of quality of work life (Raeissi et al., 2019). A similar study was conducted in Ghana with same participant group. The aim of this study was to find out the quality of work life and the influence of QoWL on turnover intention among nurses of public healthcare facilities in the Kumasi Metropolis, Ghana. Data was collected from 348 participants. The findings of this study showed that the overall quality of work life (QoWL) was low. Most of the participants rated low QoWL on the domains of QoWL such as general well-being (64.4%), home-work interface (63.8%), control at work (69.8%), working conditions (82.5%), stress at work (67.8%), and job career satisfaction (45.1%). Also, a majority of the participants reported their tendency to leave the job within the following years (Poku et al., 2022).

A descriptive cross-sectional study was conducted on Ugandan healthcare workers. This study aimed to describe the perceived work-related quality of life of Ugandan

healthcare workers. Seeking participant's input on improving the work environment was a secondary aim of this study. According to participant responses on the work conditions, control at work, and home-work interface subscales, there was a lower quality of work life. Participants also reported lower levels of workplace stress and better levels of career satisfaction. There was a substantial correlation between hours worked, gender, and work-related quality of life (Opollo et al., 2014). Another cross-sectional study was conducted in the UK with health and social care workers. The aim of this study was to examine the relationship between coping strategies, well-being, and the WRQoL among nurses, midwives, allied health professionals, and social care workers. The participants on average of this study reported that they have average WRQoL. They also reported that positive coping techniques, in particular, active coping and asking for help, were linked to greater well-being and improved working conditions, and avoidance and other negative coping mechanisms were risk factors for poor well-being and a lower work-related quality of life (McFadden et al., 2021). Another cross-sectional study was conducted in the same location with the aim of identifying the difference in well-being and WRQoL and how coping strategies varied across five health and social care occupations over the course of the first 12 months of the COVID-19 pandemic. The five occupations involved nurses, midwives, allied health professions, social care, and social work occupations. 4803 respondents participated in this study. The research found that all five vocations saw significant declines in psychological well-being and WRQoL over the course of the pandemic, with midwives consistently scoring the lowest in both categories. Moreover, it was discovered that respondents significantly used unhealthy coping mechanisms such substance use and behavioural disengagement (Neill et al., 2022).

A cross-sectional analytical-descriptive study involving occupational therapists was conducted in Iran. Data was gathered from 322 participants for the study by using a convenience sampling method. This study aimed at measuring the connection between WRQoL and satisfaction at job among occupational therapists working in Iran. The result of the study demonstrated that occupational therapists' WRQoL was at a moderate level and had moderate satisfaction at the job. Female occupational therapists who had worked for over five years had better WRQoL. As WRQoL and its associated factors are heavily influenced by culture, the study's findings cannot be universally applied (Rostami et al., 2021).

2.2 Associated Demographic Factors

A cross-sectional study was conducted with 841 participants in Portugal. Data was gathered from Portuguese active workers aged between 18 and 67 years. The aim of this study was to examine how burnout mediated the association between WRQoL and mental health symptoms. The findings of this study showed that participants who were female received lower overall WRQoL scores and greater scores for exhaustion and mental health problems. Additionally, those who work in shift showed higher prevalence of burnout and mental health symptoms, and lower WRQoL (Pereira et al., 2021).

There was a mentionable association between WRQoL among nurses and each of age, marital status, education, work experience, position, department, shift, employment status, and gender in Western Iran. The findings of this study showed that there was a significant association between gender and the quality of nurses' work lives, giving women a better status than men. It also showed that individuals' skills improve as they become older, enhancing the quality of their job and personal lives. Additionally, nurses who have

15 years of work experience and above, work in outpatient department, and the nursing apprentices had higher WRQoL. Moreover, this study reported that there was a significant correlation between work shift and quality of life, and nurses' quality of life scores were greater when they worked rotational shifts (Lebni et al., 2021). Another study was conducted with 200 Iranian nurses in 2012 with the purpose of investigating the quality of work life of nurses and its affecting factors. The findings showed that they had moderate level of quality of work life. Additionally, this research reported that the QWL of nurses with lower education levels was better than those with higher education. Nurses with higher education had more expectations and felt more emotional exhaustion when their expectations were unmet. Also, this study found a significant relationship between nurses' QWL and the type of hospital. Nurses in special settings such as ENT hospitals had better QWL than those in general hospitals. It may be because of the variations in the hospital environment. Moreover, nurses with permanent employment status compared to temporary and those with more experience had better QWL. However, this study found no significant relationship between QWL with age and marital status (Moradi et al., 2014). A similar study was conducted in the same country with 2391 nurses from 85 public hospitals. The findings of this study demonstrated that being young, single, working in a teaching hospital, job stress, and job insecurity were related to low quality of work life. This study also revealed that nurses with lower educational levels had lower QWL, which did not favour the previous study on Iranian nurses (Raeissi et al., 2019). Lower QOWL was discovered to be related to depression and feminine gender (Gaffar et al., 2021).

A study conducted in Iran in 2021, reported that occupational therapists who were female and those having experience of more than 5 years had better WRQoL (Rostami et al., 2021).

2.3 Effects of Work-Related Quality of Life (WRQoL)

A cross-sectional study was conducted in Saudi Arabia with 284 pharmacists. The study aimed to determine the relationship between the quality of work life and the intention to leave work of Saudi pharmacists. The findings of this study were consistent with earlier research conducted on healthcare and nonhealthcare professionals, which showed that a lower or worse QWL was linked to a larger intention to leave (Algazlan et al., 2022). Another cross-sectional study was conducted in Iran aiming at studying the effect of work-related quality of life and associated factors on cognitive failures of nurses. For this study 750 nurses were recruited from Tehran University of Medical Sciences of Iran. The findings of this study showed that failures in cognition were significantly inversely correlated with the interface between home and work. Increased job stress may cause problems with the ties between work and home. Dissatisfaction with life occurs as a result of this. On the other hand, one of the most important factors in raising the risk of CFs is dissatisfaction with life and work. Additionally, a substantial negative relationship between CFs and job satisfaction was also noted. This can be explained by the fact that CFs and mental effort increased because of stress at work. An important positive association of job satisfaction and stress was found to exist among nurses and other healthcare workers, according to research by Bartram et al. and Sirgy et al. Moreover, the results of this experiment supported Elfeing et al.'s conclusions that there is an inverse relationship between CFs and workplace control, with CFs decreasing as workplace control increases.

Control at work can influence the avoidance or mitigation of workplace stress (Abbasi et al., 2017). Another cross-sectional study was conducted in Nigeria with 1600 health care professionals from four tertiary hospitals of Nigeria. The aim of the study was to determine how the well-being and quality of work life of health care professionals affect the quality of patients care. Results of this study showed that patient-centred care was delivered by those with good personal wellbeing and work-related quality of life. Findings of this study on well-being were consistent with those of previous researchers who found that HCPs' ability to provide high-quality care will increase when they have good quality of work life. Moreover, the results of this study were in line with those of earlier research that found a connection between HCPs' well-being and the standard and safety of patient care (Odole et al., 2023).

2.4 Key Gaps of the Study

- Around the world, most of the study was conducted among nurses.
- Only two published study was found involving WRQoL of occupational therapists conducted in Iran and Ireland.
- No evidence of conducting a study regarding occupational therapists' WRQoL was found in Bangladesh.
- The WRQoL and its associated factors such as gender, age, education, marital status, education, work experience, work position, employment status, department, type of hospital, job stress, job security are heavily culture-based. So, the findings of one study cannot be generalized in another region with different circumstances.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objectives

3.1.1 Study Question

How is the work-related QoL of occupational therapists in Bangladesh and what are the factors associated with it?

3.1.2 Aim of the Study

The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it.

3.1.3 Objectives

- To examine the overall WRQoL of occupational therapists working in Bangladesh.
- To identify the General Well-Being (GWB) and Home-Work Interface (HWI) of OTs working in Bangladesh.
- To examine the Job and Career Satisfaction (JCS) and Working Conditions (WCS) of occupational therapists working in Bangladesh.
- To examine the Control at Work (CAW) and Stress at Work (SAW) of occupational therapists working in Bangladesh.
- To identify the factors associated with WRQoL of occupational therapists in Bangladesh.

3.2 Study Design

3.2.1 Study Method

Quantitative research design has been followed to conduct this study. The quantitative

design uses statistics to answer questions about who, what, when, where, how much, how many, and how to explain events through the collection of numerical, static, and detailed data. It uses facts, reasoning, and an unbiased perspective. It includes observing systematically and describing characteristics of objects or events to find out the association between independent and dependent variables within a population. It is an original study in which the researcher selects the topic to investigate, formulates focused research questions, solicits data from participants that can be quantified, compiles the data using statistical methods, and conducts the study in a neutral, unbiased manner (Mohajan, 2020).

3.2.2 Study Approach

A cross-sectional study approach has been utilised for this study. It is a type of observational study that analyses data from a population at a single point in time. They are often used to measure the prevalence of health outcomes, understand determinants of health, and describe features of a population (Wang & Cheng, 2020). In this study, the student researcher selected a specific population and gathered data at a single point in time and tried to find out and analyse the possible association between the WRQoL of occupational therapists working in Bangladesh and their demographic factors. This study focuses on the exposure of quality of life of occupational therapists working in Bangladesh related to their work and the outcome was their quality of life and associated factors which were measured at the same time.

3.3 Study Setting and Period

3.3.1 Study Setting

The student researcher gathered data from Occupational Therapy academic institutes, non-governmental organizations (NGO) and international non-governmental organizations

(INGO) as well as hospitals, rehabilitation centers, and special schools around Bangladesh.

3.3.2 Study Period

The study period was between May 2023 to February 2024 and data were collected between 1 December to 31 December 2023.

3.4 Study Participants

3.4.1 Study Population

The participants of this study were qualified occupational therapists who are working at different settings in Bangladesh.

3.4.2 Sampling Techniques

The student researcher chose the participants for the study using a purposive sampling technique based on some inclusion and exclusion criteria. Purposive sampling procedures steer clear of any sort of random sampling and work to ensure that types of cases of people who might be included are represented in the research study's final sample. Purposive sampling is used because it better matches the sample to the aim and objectives of the research, enhancing the study's rigour and the reliability of the data and findings (Campbell et al., 2020).

3.4.3 Inclusion Criteria

- Therapists who were working as an occupational therapist in academic, clinical practice and community-based settings in Bangladesh.
- Participants who had graduated from the Bangladesh Health Professions Institute (BHPI), the academic institute of CRP with a B.Sc. in Occupational Therapy.

3.4.4 Exclusion Criteria

- Occupational therapists who were working as manager or other technical position that are not considered as occupational therapy practice.
- Occupational therapists who had a B.Sc. in Occupational Therapy degree but stopped Occupational Therapy practice.
- Occupational therapists who had a B.Sc. in Occupational Therapy degree but continuing internship at present.
- Occupational therapists who were working abroad and long-term leave from their position in Bangladesh, such as work break, parental leave, long vacation etc.

3.4.5 Sample Size

The total number of Occupational therapists, N = 363

$$\text{Sample size, } n = \frac{Z^2 \times pq}{d^2}$$

Here,

Z= the standard normal deviate usually set at 1.96

P= 0.5; as the prevalence of work-related quality of life of occupational therapists is unknown.

Q= (1-0.5) = 0.5; proportion in the target population not having the characteristics.

Confidence Interval= 95%

d= 0.05; degree of accuracy required (level of significance/margin of error)

$$\text{Sample size, } n = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$= 384.16$$

According to the equation shown above, the sample size should be 384 participants. After

applying inclusion and exclusion criteria, the number of participants was 209.

3.5 Ethical Consideration

3.5.1 Ethical Clearance

The ethical clearance was received from the Institutional Review Board (IRB) through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) with a brief description of the aim and objectives. The IRB number is: CRP-BHPI/TRB/10/2023/756. Besides, permission was taken from the Head of the Department of Occupational Therapy of BHPI (see Appendix A for more details) in order to collect data from Centre for the Rehabilitation of the Paralysed (CRP)-Savar (head office) and all branches of CRP, and also other organisations where occupational therapists are working. All ethics were followed by the ethical principles, World Medical Association (WMA) created for medical research (World Medical Association et al., 2022).

3.5.2 Informed Consent

The student researcher interpreted the aim and objective of the study to the participants with an informed consent sheet (see Appendix B for more details). The student researcher gathered data from any participants wanting to take part in the study. The student researcher conducted a face-to-face survey through written consent from the participants.

3.5.3 Unequal Relationship

Data was collected with standardised scale. Although the student researcher knew some of the participants, but as standardised scale was used so, there was no scope of bias.

3.5.4 Risk and Beneficence

The student researcher made sure that participants had no risk, and they did not suffer any negative effects for their participation in this study. Participants did not gain any monetary

or any other benefits for participating in this study.

3.5.5 Confidentiality

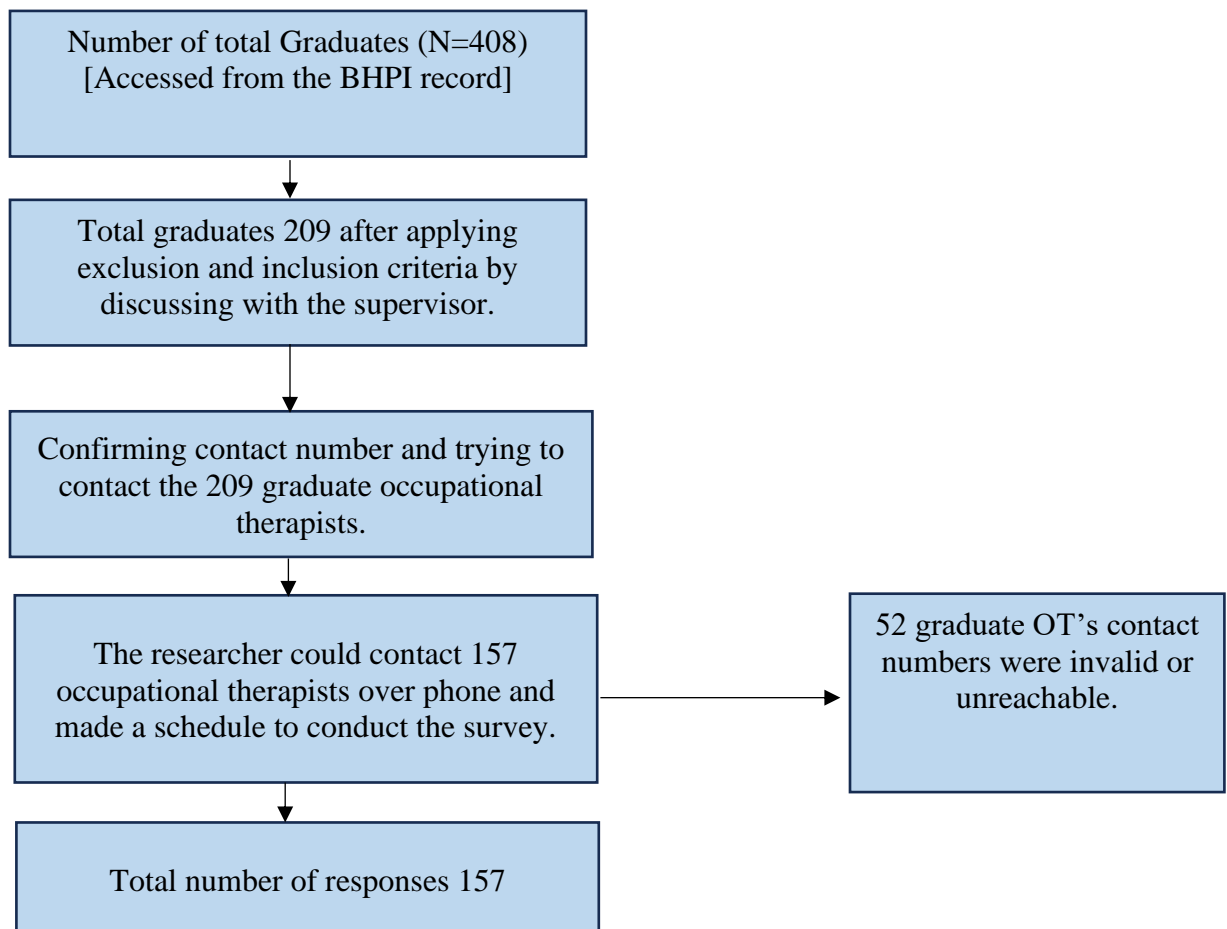
The student researcher was cautious about the participant's confidentiality. The student researcher provided an information sheet to the participants where it was explained that their information will not be revealed to others except the supervisor. Moreover, any participants individual data will not be exposed for any future conference, publications, reports, media, or any discussion.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.6.1

Participant recruitment process.



There are 408 qualified occupational therapists who have graduated from Bangladesh Health Professions Institute (BHPI), the academic institute of CRP in Bangladesh. The student researcher collected the list of Bangladeshi Occupational Therapists from the Occupational Therapy department of BHPI, CRP, Savar. After applying exclusion and inclusion criteria by discussing with the supervisor 209 participants were listed for data collection.

3.6.2 Data Collection Method

The student researcher collected data through a face-to-face survey. Face-to-face surveys are distinguished by the fact that the survey is conducted by a person who meets with the respondent in person. The surveyor can provide more explanations, check to see if the respondent's response corresponds with the question, and encourage the respondent to answer all the questions. Face-to-face surveys are recommended as the strategy for obtaining the highest response rates in survey literature (Schroder, 2016).

3.6.3 Data Collection Instrument

The Work-Related Quality of Life (WRQoL) Scale

The student researcher used the Work-Related Quality of Life (WRQoL) Scale for measuring the quality of work life of occupational therapists (see Appendix C for more details). WRQoL scale is designed to measure the quality of work life and provide crucial information for gauging employee satisfaction for use in intervention planning, monitoring workforce experience, and assessing the impact of organisational change. The WRQoL Scale has been proven a valid and reliable scale for measuring quality of work life a broader

category. This scale has six sub-factors which is measured by 23 items. These six sub-factors are: Job and Career Satisfaction (JCS), General Well-Being (GWB), Stress at Work (SAW), Control at Work (CAW), Home-Work Interface (HWI) and Working Conditions (WCS). The “General Well-Being” seeks to assess both the employee's physical and mental well-being around their workplace. The “Job and Career Satisfaction” assesses the level of fulfilments and achievement an individual feels about his job and job condition. The "Home-Work Interface" assesses how well an organisation understands and attempts to assist employees with stress outside of work and provides flexibility within the organisation to help them maintain work and family life properly. The “Control at Work” assesses how much the employees feel that they have influence in their workplace and have the access to make important decisions. The “Working Conditions” refers to the physical environment, that an employee thinks, is suitable and meets the basic requirements for productive working. The “Stress at Work” measures the level of pressure and stress the employees perceive within the workplace which is detrimental for them. Participants are asked to answer the questions based on a 5 point Likert scale consisting of: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree (Van Laar et al., 2007). Please see Appendix for the details. This scale has been used on Occupational Therapists in Iran before (Rostami et al., 2021).

Biographical Information Scale (BIS)

It was used by the student researcher to collect demographic information (see Appendix C for more details). The BIS contains questions about age, gender, weekly hours worked, and one open-ended question aiming at identifying strategies to improve WRQoL at participants' workplaces (Opollo et al., 2014).

3.6.4 Field Test

The student researcher translated the 2 scales to the native language which was Bangla. As the native language was Bangla, so the translation of the scales was done for the participants to understand the questions and give proper answer. After the translation the student researcher was conducted field test with 2 senior occupational therapists in Bangladesh to find out the usability of the scale. After the field test some modifications were needed with two questions of the BIS scale. The student researcher modified the two questions by discussing with the supervisor.

3.7 Data Management and Analysis

Statistical Packages for Social Sciences (SPSS version 26.0) was used to calculate and report. Descriptive statistics was used to analyse and report the demographic variables, overall WRQoL and each of the six subscales of WRQoL. The chi-square test and fisher's exact test was used to analyse the association between the demographic factors, overall WRQoL and each of the six domains. The fisher's exact test results were used when less than 20% cells had expected count less than 5.

3.8 Quality Control and Quality Assurance

The student researcher followed the five stages of data management cycle to ensure the quality of the data. 157 occupational therapists participated in this study. The student researcher provided them with a set of questionnaires in paper format and collected their data. To ensure security all the documents were photocopied and kept soft copies of documents. After that the participants data were translated from Bangla to formal English. All the data were entered without any kind of bias and preserved in SPSS for use in analysis. Moreover, these were also stored in Google Drive where the security level is

extremely high with strong passwords. There was no chance for unauthorized access. The student researcher safely used every data for analysis and was not influenced by any type of biasness. All these data were archived in Google Drive in case they are needed again. The student researcher and supervisor give importance to the archival process of data for further use. The student researcher and responsible supervisor concluded destroying the data after every five years. Those data might not be usable after that and to ensure the data safety, every piece of the data used in this study will be destroyed (IBM, 2023).

CHAPTER IV: RESULTS

This chapter describes the findings of this study. The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it. The results of the demographic status and WRQoL are shown in the table here.

Table 4.1

Overview of demographic status of occupational therapists working in Bangladesh

[Table 4.1 extends from page 24-25]

| | Category | n= 157 | Percentage |
|--|---------------------------|---------------|-------------------|
| Gender | Female | 99 | 63.1% |
| | Male | 58 | 36.9% |
| Age in years | Under 25 | 2 | 1.3% |
| | 25 to 44 | 155 | 98.7% |
| | 45 to 59 | 0 | 0% |
| | 60 or over | 0 | 0% |
| Work experience in the organisation | Less than 1 | 28 | 17.8% |
| | 1 to 5 | 70 | 44.6% |
| | 6 to 10 | 50 | 31.8% |
| | 11 to 20 | 9 | 5.7% |
| | More than 20 | 0 | 0% |
| Ethnic minority | Yes | 1 | 0.6% |
| | No | 153 | 99.4% |
| Type of appointment | Permanent / open ended | 138 | 87.9% |
| | Non-permanent / temporary | 19 | 12.1% |
| Hours of work | Full time | 147 | 93.6% |
| | Part time / fractional | 7 | 4.5% |
| | Part time hourly paid | 3 | 1.9% |
| Total working hours in a typical week | Less than 20 | 6 | 3.8% |
| | 20 to 40 | 26 | 16.6% |
| | 41 to 50 | 76 | 48.4% |
| | 51 to 60 | 30 | 19.1% |
| | More than 60 | 6 | 3.8% |
| Disability | No | 157 | 100.0% |
| | Yes | 0 | 0% |
| Sick leave | None | 26 | 16.6% |
| | 1 to 5 | 62 | 39.5% |
| | 6 to 10 | 38 | 24.2% |

| | | | |
|--------------------------------|---|-----|-------|
| | 11 to 15 | 18 | 11.5% |
| | More than 15 | 13 | 8.3% |
| Main occupation | Occupational Therapy Clinician | 147 | 93.6% |
| | Academic | 9 | 5.7% |
| | Occupational Therapy Researcher | 0 | 0% |
| | Community Occupational Therapy | 1 | .6% |
| Caring responsibilities | No | 88 | 47.6% |
| | Babies or young children under school age | 41 | 22.2% |
| | School age children | 30 | 16.2% |
| | Disabled relatives | 5 | 2.7% |
| | Elderly relatives or friends | 21 | 11.4% |
| | Other | 0 | 0% |
| Department | Adult neurology | 37 | 16.2% |
| | Spinal Cord Injury (SCI) | 14 | 6.1% |
| | Hand therapy | 14 | 6.1% |
| | Paediatrics | 110 | 48.0% |
| | Mental health | 15 | 6.6% |
| | Special needs school | 24 | 10.5% |
| | Community | 4 | 1.7% |
| | Academic institution | 11 | 4.8% |

Table 4.1 represents the demographic status of occupational therapists working in Bangladesh that includes gender, age, working experience, ethnicity, type of appointment, hours of work, working hour in a week, disability, sick leave, occupation, caring responsibilities, and department of work. Most of the participants were female (63.1%). Maximum participants were aged between 25 to 44 years (98.7%) and only a few reported to be under 25 years of age (1.3%). The duration of work experience ranged from less than one year to up to 20 years with the most participants (44.6%) having between 1 to 5 years. Only a few (0.6%) considered themselves an ethnic minority group. Nearly all participants had a permanent (87.9%), full-time (93.6%) job and 48.4% reported working between 41 to 50 hours in a typical week. Many of them (39.5%) reported to be off work due to illness for 1 to 5 days in the last year. Participants reported significant caregiving responsibilities for dependents including 41 (22.2%) having babies or young children under school age but

the majority participants (47.6%) reported having no caregiving responsibilities. Almost all participants were occupational therapy clinicians (93.6%) and worked primarily in the Paediatrics department (48.0%).

Table 4.2

Overview of Work-Related Quality of Life of Occupational Therapists in Bangladesh

| Variable | Category | N=157 | Percent |
|--|-----------------|--------------|----------------|
| General Well-Being (GWB) | Lower QoWL | 75 | 47.8% |
| | Average QoWL | 40 | 25.5% |
| | Higher QoWL | 42 | 26.8% |
| Home-Work Interface (HWI) | Lower QoWL | 73 | 46.5% |
| | Average QoWL | 39 | 24.8% |
| | Higher QoWL | 45 | 28.7% |
| Job and Career Satisfaction (JCS) | Lower QoWL | 37 | 23.6% |
| | Average QoWL | 39 | 24.8% |
| | Higher QoWL | 81 | 51.6% |
| Control at Work (CAW) | Lower QoWL | 23 | 14.6% |
| | Average QoWL | 51 | 32.5% |
| | Higher QoWL | 83 | 52.9% |
| Working Conditions (WCS) | Lower QoWL | 44 | 28.0% |
| | Average QoWL | 48 | 30.6% |
| | Higher QoWL | 65 | 41.4% |
| Stress at Work (SAW) | Lower QoWL | 68 | 43.3% |
| | Average QoWL | 54 | 34.4% |
| | Higher QoWL | 35 | 22.3% |
| Full Scale WRQoL | Lower QoWL | 54 | 34.4% |
| | Average QoWL | 45 | 28.7% |
| | Higher QoWL | 58 | 36.9% |

Table 4.2 shows the level of WRQoL among Bangladeshi occupational therapists. The result shows the overview of WRQoL across its six domains and the overall WRQoL from the sum of these six domains.

Occupational therapists have a lower Quality of Work Life (QoWL) at a rate of 47.8% in the General Well-Being (GWB) field. They face difficulties in maintaining a

balance between their work and personal life, with 46% reporting a lower QoWL in the Home-Work Interface (HWI) domain. However, more than half of the occupational therapists (51.6%) reported a higher QoWL in the Job and Career Satisfaction (JCS) domain, and 52.9% of them have good control in their workplace. Although many occupational therapists (41.4%) reported having good working conditions, 43.3% of them reported experiencing a great deal of stress at work.

The WRQoL is determined by six domains. Of the occupational therapists surveyed, 36.9% had a higher score, 34.4% had a lower score, and 28.7% had an average score for overall QoWL.

Table 4.3

The association of General Well-Being (GWB) with demographic factors.

| Domains | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P-value |
|--------------------------|--|----------------|---------------|--------------|-------------------------|--------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| General Well-Being (GWB) | Hours of work in a typical week | | | | 0.037 | 0.028 |
| | Less than 20 | 50% | 0% | 50% | | |
| | 20 to 40 | 34.6% | 19.2% | 46.2% | | |
| | 41 to 50 | 55.3% | 21.1% | 23.7% | | |
| | 51 to 60 | 40.0% | 46.7% | 13.3% | | |
| | More than 60 | 47.4% | 26.3% | 26.3% | | |
| | Department | | | | | |
| | Adult Neurology | 67.6% | 18.9% | 13.5% | 0.019 | 0.019 |
| | Spinal Cord Injury (SCI) | 64.3% | 14.3% | 21.4% | 0.479 | 0.407 |
| | Hand Therapy | 64.3% | 14.3% | 21.4% | 0.479 | 0.407 |
| Paediatric | 40.0% | 26.4% | 33.6% | 0.003 | 0.004 | |
| Mental Health | 53.3% | 20.0% | 26.7% | 0.860 | 0.939 | |
| Special Needs School | 33.3% | 33.3% | 33.3% | 0.301 | 0.304 | |
| Community | 50% | 0% | 50% | 0.374 | 0.391 | |
| Academic Institution | 45.5% | 27.3% | 27.3% | 1.000 | 0.985 | |

An analysis was conducted in the domain of General Well-Being (GWB) to determine whether there was an association between the number of hours worked per week and the level of WRQoL. Fisher's exact test was used, and the result showed a significant association between the two variables with a $P < 0.05$. Furthermore, a chi-square test was performed to examine the relationship between WRQoL and each of the primary work departments. The results showed a statistically significant association between working in the Adult Neurology department and WRQoL, $P < 0.05$. The calculated effect size using Cramer's V was 0.225, indicating a moderate relationship. Similarly, a significant association was also observed between the Paediatric department and WRQoL, $P < 0.005$, with Cramer's V coefficient of 0.268, suggesting a moderate association.

Table 4.3 also shows that those who work for 20-40 hours in a typical week reported mostly higher WRQoL (46.2%) while most of those who work for 41 to 50 hours in a typical week reported a lower WRQoL (55.3%). Moreover, most participants (67.6%) who do most of their work in the Adult Neurology department reported lower WRQoL.

Table 4.4

The association of Home-Work Interface (HWI) with demographic factors.

| Domains | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P-value |
|----------------------------------|--|-----------------------|----------------------|---------------------|--------------------------------|----------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| Home-Work Interface (HWI) | Experience in the organisation | | | | 0.013 | 0.015 |
| | Less than 1 | 42.9% | 32.1% | 25.0% | | |
| | 1 to 5 | 32.9% | 32.9% | 34.3% | | |
| | 6 to 10 | 62.0% | 12.0% | 26.0% | | |
| | 11 to 20 | 77.8% | 11.1% | 11.1% | | |
| | More than 20 | 0% | 0% | 0% | | |
| | Type of appointment | | | | 0.038 | 0.049 |
| | permanent / open ended | 50.0% | 23.9% | 26.1% | | |
| | non-permanent / temporary | 21.1% | 31.6% | 47.4% | | |
| | What are your hours of work? | | | | 0.016 | 0.020 |
| | Full time | 49.0% | 25.2% | 25.9% | | |
| | Part time/ Fractional | 14.3% | 28.6% | 57.1% | | |
| | Part time hourly paid | 0.0% | 0.0% | 100.0% | | |
| | Hours of work in a typical week | | | | 0.010 | 0.014 |
| | Less than 20 | 16.7% | 16.7% | 66.7% | | |
| | 20 to 40 | 19.2% | 30.8% | 50.0% | | |
| | 41 to 50 | 59.2% | 22.4% | 18.4% | | |
| | 51 to 60 | 43.3% | 30.0% | 26.7% | | |
| | More than 60 | 47.4% | 21.1% | 31.6% | | |
| | Department | | | | | |
| | Adult Neurology | 67.6% | 16.2% | 16.2% | 0.015 | 0.013 |
| Spinal Cord Injury (SCI) | 42.9% | 35.7% | 21.4% | 0.590 | 0.590 | |
| Hand Therapy | 50.0% | 21.4% | 28.6% | 1.000 | 0.945 | |
| Paediatric | 38.2% | 26.4% | 35.5% | 0.003 | 0.003 | |
| Mental Health | 53.3% | 20.0% | 26.7% | 0.940 | 0.841 | |
| Special Needs School | 33.3% | 16.7% | 50.0% | 0.056 | 0.042 | |
| Community | 50.0% | 25.0% | 25.0% | 1.000 | 0.985 | |
| Academic Institution | 45.5% | 36.4% | 18.2% | 0.613 | 0.580 | |

In the context of the Home-Work Interface (HWI) domain, Fisher's exact test was used to investigate the association between WRQoL and certain demographic factors such as experience within the organization, hours of work, and hours of work per week. The results showed a statistically significant association between experience in the organization and WRQoL, $P < 0.05$. Similarly, there was a significant association between hours of work and WRQoL, $P < 0.05$. Additionally, there was a significant association between WRQoL and hours of work per week, $P < 0.05$.

The Chi-Square test was also used to explore the association between WRQoL and the type of appointment, as well as each of the primary work departments. The results showed that there was a significant association between WRQoL and the type of appointment, $P < 0.05$. The effect size calculated using Cramer's V was found to be 0.196, which indicates a small relationship.

Furthermore, a significant association was also found between WRQoL and occupational therapists working primarily in the Adult Neurology department, $P < 0.05$. The effect size calculated using Cramer's V was 0.235, indicating a moderate relationship.

Similarly, a significant association was found between WRQoL and the Paediatric department, $P < 0.005$. The effect size calculated using Cramer's V was 0.273, indicating a moderate relationship.

Finally, WRQoL was also significantly associated with those mainly working at Special Needs Schools, $P < 0.05$, and a Cramer's V coefficient of 0.201, indicating a moderate association.

Table 4.4 also shows that occupational therapists with 1 to 5 years of experience in their organisation mostly reported higher WRQoL (34.3%) in the HWI domain. Surprisingly, maximum occupational therapists with 6 to 10 years of experience (62.0%) and 11 to 20 years of experience (77.8%) reported having a lower WRQoL. Nearly all occupational therapists with non-permanent (47.4%) and part-time (57.1%) work reported higher WRQoL, while those with permanent (50.0%) and full-time (49.0%) work reported lower WRQoL. Most Occupational therapists who do most of their work in Adult Neurology reported lower WRQoL (67.6%), while those who work in Special Needs Schools reported higher WRQoL (50.0%) in the HWI domain.

Table 4.5

The association of Job and Career Satisfaction (JCS) with demographic factors.

| Domains | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P-value |
|--|--------------------------------|-----------------------|---------------|--------------|--------------------------------|----------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| Job and Career Satisfaction (JCS) | Department | | | | | |
| | Adult Neurology | 35.1% | 27.0% | 37.8% | 0.104 | 0.099 |
| | Spinal Cord Injury (SCI) | 14.3% | 50.0% | 35.7% | 0.093 | 0.073 |
| | Hand Therapy | 21.4% | 28.6% | 50.0% | 0.935 | 0.940 |
| | Paediatric | 18.2% | 22.7% | 59.1% | 0.010 | 0.010 |
| | Mental Health | 20.0% | 20.0% | 60.0% | 0.823 | 0.789 |
| | Special Needs School | 8.3% | 25.0% | 66.7% | 0.128 | 0.133 |
| | Community | 50% | 0% | 50% | 0.352 | 0.327 |
| | Academic Institution | 9.1% | 45.5% | 45.5% | 0.260 | 0.206 |

In the domain of Job and Career Satisfaction (JCS), the Chi-Square test resulted in a significant association between WRQoL and the paediatric department, $P < 0.05$. The

calculated effect size using Cramer's V was found to be 0.242, indicating a moderate relationship.

Table 4.5 also shows that the majority occupational therapists in almost every department reported higher WRQoL in the JCS domain, with Special Needs Schools representing the highest percentages (66.7%).

Table 4.6

The association of Control at Work (CAW) with demographic factors.

| Domains | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P-value |
|------------------------------|--------------------------------|-----------------------|---------------|--------------|--------------------------------|----------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| Control at Work (CAW) | Department | | | | | |
| | Adult Neurology | 27.0% | 24.3% | 48.6% | 0.060 | 0.045 |
| | Spinal Cord Injury (SCI) | 21.4% | 14.3% | 64.3% | 0.252 | 0.297 |
| | Hand Therapy | 21.4% | 7.1% | 71.4% | 0.064 | 0.104 |
| | Paediatric | 10.9% | 33.6% | 55.5% | 0.144 | 0.127 |
| | Mental Health | 26.7% | 6.7% | 66.7% | 0.031 | 0.060 |
| | Special Needs School | 4.2% | 25.0% | 70.8% | 0.123 | 0.114 |
| | Community | 25.0% | 50.0% | 25.0% | 0.466 | 0.524 |
| | Academic Institution | 27.3% | 54.5% | 18.2% | 0.040 | 0.056 |

In the domain of Control at Work (CAW), the Chi-Square and Fisher's exact test was used to find out association between WRQoL and each of the primary work departments. The result of the Chi-Square test found a significant association between WRQoL and

occupational therapists working primarily in Adult Neurology department, $P < 0.05$. The calculated effect size using Cramer's V was found to be 0.199, indicating a small relationship.

In addition, the Fisher's exact test results showed a statistically significant association between occupational therapists working mainly in Mental Health department and WRQoL, $P < 0.05$. Similarly, there was a significant association between occupational therapists working in Academic Institutions and WRQoL, $P < 0.05$.

Table 4.6 shows that maximum occupational therapists reported higher WRQoL in almost every department. Surprisingly, more than half of occupational therapists who work in Academic Institutions reported an average WRQoL (54.5%) in the CAW domain.

Table 4.7

The association of Stress at Work (SAW) with demographic factors [Table 4.7 extends from page 33-34]

| Domains | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P- value |
|----------------------|-------------------------------------|----------------|---------------|--------------|-------------------------|--------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| Stress at Work (SAW) | Type of appointment | | | | 0.035 | 0.019 |
| | permanent / open ended | 44.9% | 36.2% | 18.8% | | |
| | non-permanent / temporary | 31.6% | 21.1% | 47.4% | | |
| | What are your hours of work? | | | | 0.001 | 0.004 |
| | Full time | 45.6% | 35.4% | 19.0% | | |
| | Part time/ Fractional | 0.0% | 28.6% | 71.4% | | |

| | | | | | |
|--------------------------|-------|-------|-------|-------|--------------|
| Part time hourly paid | 33.3% | 0.0% | 66.7% | | |
| Department | | | | | |
| Adult Neurology | 59.5% | 21.6% | 18.9% | 0.074 | 0.065 |
| Spinal Cord Injury (SCI) | 50.0% | 35.7% | 14.3% | 0.878 | 0.738 |
| Hand Therapy | 57.1% | 28.6% | 14.3% | 0.625 | 0.529 |
| Paediatric | 36.4% | 39.1% | 24.5% | 0.031 | 0.026 |
| Mental Health | 53.3% | 13.3% | 33.3% | 0.154 | 0.180 |
| Special Needs School | 41.7% | 29.2% | 29.2% | 0.657 | 0.656 |
| Community | 50.0% | 25.0% | 25.0% | 1.000 | 0.923 |
| Academic Institution | 27.3% | 54.5% | 18.2% | 0.310 | 0.335 |

In the context of Stress at Work (SAW) domain, the Fisher's exact test was used to find out if there was a significant association between hours of work and the level of WRQoL. The result showed a significant association between hours of work and WRQoL, $P < 0.05$.

Furthermore, the Chi-Square test was used to investigate the association between WRQoL, type of appointment, and each of the main work departments. The result indicates a significant association between WRQoL and the type of appointment, $P < 0.05$. Also, the calculated effect size using Cramer's V was found to be 0.224, which indicates a moderate relationship. Similarly, a significant association was found between those working mainly in the Paediatric department and WRQoL, $P < 0.05$. Additionally, the effect size was calculated using Cramer's V, which was found to be 0.215, indicating a moderate relationship.

Table 4.7 also shows that occupational therapists who have permanent (44.9%) and full-time (45.6%) work reported lower WRQoL, while those who have a non-permanent (47.4%) and part-time (71.4%) work reported higher WRQoL in the SAW domain.

Moreover, the greater portion of occupational therapists in almost every department reported lower WRQoL in the SAW domain, with Adult Neurology representing the highest percentage (59.5%).

Table 4.8

The association of Working Conditions (WCS) with demographic factors.

| Domains Working Conditions (WCS) | Demographical variables | Level of WRQoL | | | Fisher Exact Sig. Value | P- value |
|---|---|-----------------------|------------------|-----------------|--|---------------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL | | |
| | Type of appointment | | | | 0.052 | 0.039 |
| | permanent / open ended | 29.7% | 32.6% | 37.7% | | |
| | non-permanent / temporary | 15.8% | 15.8% | 68.4% | | |
| | What are your hours of work? | | | | 0.023 | 0.028 |
| | Full time | 29.3% | 32.7% | 38.1% | | |
| | Part time/ Fractional | 14.3% | 0.0% | 85.7% | | |
| | Part time hourly paid | 0.0% | 0.0% | 100.0% | | |
| | Department | | | | | |
| | Adult Neurology | 43.2% | 37.8% | 18.9% | 0.003 | 0.005 |
| | Spinal Cord Injury (SCI) | 14.3% | 57.1% | 28.6% | 0.103 | 0.074 |
| | Hand Therapy | 21.4% | 57.1% | 21.4% | 0.090 | 0.072 |
| | Paediatric | 23.6% | 30.0% | 46.4% | 0.090 | 0.093 |
| | Mental Health | 20.0% | 46.7% | 33.3% | 0.380 | 0.359 |
| | Special Needs School | 16.7% | 20.8% | 62.5% | 0.093 | 0.073 |
| | Community | 25.0% | 50.0% | 25.0% | 0.820 | 0.675 |
| | Academic Institution | 18.2% | 27.3% | 54.5% | 0.730 | 0.624 |

In the domain of Working Conditions (WCS), the Fisher's exact test was used to find out if there was a significant association between hours of work and the level of WRQoL. The result showed a significant association between hours of and WRQoL, $P < 0.05$.

Furthermore, the Chi-Square test was used to investigate the association between the type of appointment and each of the primary working departments. The result found a significant association between WRQoL and the type of appointment, $P < 0.05$. The calculated effect size using Cramer's V was 0.204, indicating a moderate relationship. Similarly, a significant association was found between occupational therapists working mainly in the Adult Neurology department and WRQoL, $P < 0.05$. Additionally, the calculated effect size using Cramer's V was found to be 0.262, indicating a moderate relationship.

Table 4.8 also shows that Occupational Therapists with both permanent (37.7%) and non-permanent (68.4%) and full-time (38.1%) and part-time (85.7%) reported higher WRQoL in the WCS domain. Additionally, occupational therapists who work primarily in Adult Neurology reported lower WRQoL (43.2%). In comparison, many of those who work in Paediatric (46.4%), Special Needs School (62.5%), and Academic Institution (54.5%) reported higher WRQoL in the WCS domain.

Table 4.9

The association of Overall WRQoL with demographic factors.

| Domains | Demographical variables | Fisher Exact Sig. Value | P-value |
|--------------------------|---------------------------------------|--------------------------------|----------------|
| Overall WRQoL | Experience in the organisation | 0.026 | 0.035 |
| | Less than 1 | | |
| | 1 to 5 | | |
| | 6 to 10 | | |
| | 11 to 20 | | |
| | More than 20 | | |
| | Type of appointment | 0.047 | 0.036 |
| | permanent / open ended | | |
| | non-permanent / temporary | | |
| | What are your hours of work? | 0.005 | 0.010 |
| | Full time | | |
| | Part time/ Fractional | | |
| | Part time hourly paid | | |
| | Department | | |
| | Adult Neurology | 0.006 | 0.005 |
| Spinal Cord Injury (SCI) | 0.686 | 0.737 | |
| Hand Therapy | 0.337 | 0.332 | |
| Paediatric | 0.002 | 0.002 | |
| Mental Health | 0.943 | 0.909 | |
| Special Needs School | 0.038 | 0.049 | |
| Community | 0.554 | 0.437 | |
| Academic Institution | 1.000 | 0.989 | |

Concerning the overall WRQoL, the Fisher's exact test was used to find out if there was an association between WRQoL and certain demographic factors like experience within the organisation, and hours of work. The result showed a significant association between experience within the organisation and WRQoL, $P < 0.05$. Similarly, a significant association was found between hours of work and WRQoL, $P < 0.05$.

In addition, the Chi-Square test was used to find out the association between WRQoL, type of appointment, and each of the main working departments. The results showed a statistically significant association between WRQoL and the type of appointment, $P < 0.05$. Additionally, the calculated effect size using Cramer's V was found to be 0.206, which indicates a moderate relationship. Furthermore, there was a statistically significant association between WRQoL and occupational therapists who work mainly in the Adult Neurology department, $P < 0.05$. Also, the effect size was calculated using Cramer's V, which was found to be 0.261, indicating a moderate relationship.

Similarly, a significant association was found between WRQoL and those working in the Paediatric department $P < 0.05$. The calculated effect size using Cramer's V was 0.284, indicating a moderate relationship.

Finally, WRQoL was significantly associated with those working mainly at Special Needs Schools $P < 0.05$, with Cramer's V coefficient of 0.196, indicating a small association.

Table 4.10

The crosstab results of Overall WRQoL with demographic factors [Table 4.10 extends from page 38-40]

| Domains | Demographical variables | Level of WRQoL | | |
|---------------|-------------------------|-----------------|-----------------|-----------------|
| | | Lower WRQoL | Average WRQoL | Higher WRQoL |
| Overall WRQoL | Gender | | | |
| | Male | 29.3% (n=17) | 31.0% (n=18) | 39.7% (n=23) |
| | Female | 37.4% (n=37) | 27.3% (27) | 35.4% (35) |

| Experience in the organisation | | | |
|--|-----------------|-----------------|-----------------|
| Less than 1 | 35.7% (n=10) | 42.9% (n=12) | 21.4% (n=6) |
| 1 to 5 | 24.3% (n=17) | 30.0% (n=21) | 45.7% (n=32) |
| 6 to 10 | 44.0% (n=22) | 18.0% (n=9) | 38.0% (n=19) |
| 11 to 20 | 55.6% (n=5) | 33.3% (n=3) | 11.1% (n=1) |
| More than 20 | 0% (n=0) | 0% (n=0) | 0% (n=0) |
| Caring responsibilities | | | |
| No | 33.0% (n=29) | 31.8% (n=28) | 35.2% (n=31) |
| Babies/young children under school age | 36.6% (n=15) | 26.8% (n=11) | 36.6% (n=15) |
| School age children | 43.3% (n=13) | 26.7% (n=8) | 30.0% (n=9) |
| Disabled relatives | 60.0% (n=3) | 0.0% (n=0) | 40.0% (n=2) |
| Elderly relatives/ friends | 28.6% (n=6) | 23.8% (n=5) | 47.6% (n=10) |
| Other | 0% (n=0) | 0% (n=0) | 0% (n=0) |
| Type of appointment | | | |
| permanent / open ended | 37.0% (n=51) | 29.7% (n=41) | 33.3% (n=46) |
| non-permanent / temporary | 15.8% (n=3) | 21.1% (n=4) | 63.2% (n=12) |
| What are your hours of work? | | | |
| Full time | 36.1% (n=53) | 30.6% (n=45) | 33.3% (n=49) |
| Part time/ Fractional | 14.3% (n=1) | 0.0% (n=0) | 85.7% (n=6) |
| Part time hourly paid | 0.0% (n=0) | 0.0% (n=0) | 100.0% (n=3) |
| Hours of work in a typical week | | | |
| Less than 20 | 16.7% (n=1) | 16.7% (n=1) | 66.7% (n=4) |
| 20 to 40 | 23.1% (n=6) | 19.2% (n=5) | 57.7% (n=15) |
| 41 to 50 | 42.1% (n=32) | 32.9% (n=25) | 25.0% (n=19) |
| 51 to 60 | 33.3% (n=10) | 23.3% (n=7) | 43.3% (n=13) |

| | | | |
|------------------------------------|-----------------|-----------------|-----------------|
| More than 60 | 26.3% (n=5) | 36.8% (n=7) | 36.8% (n=7) |
| Main Occupation | | | |
| Occupational Therapy Clinician | 34.0% (n=50) | 29.3% (n=43) | 36.7% (n=54) |
| Academic | 44.4% (n=4) | 22.2% (n=2) | 33.3% (n=3) |
| Occupational Therapy researcher | 0.0% (n=0) | 0.0% (n=0) | 0.0% (n=0) |
| Community Occupational Therapy | 0.0% (n=0) | 0.0% (n=0) | 100.0% (n=1) |
| Department | | | |
| Adult neurology | 56.8% (n=21) | 18.9% (n=7) | 24.3% (n=9) |
| Spinal Cord Injury (SCI) | 42.9% (n=6) | 28.6% (n=4) | 28.6% (n=4) |
| Hand Therapy | 50.0% (n=7) | 14.3% (n=2) | 35.7% (n=5) |
| Paediatric | 26.4% (n=29) | 29.1% (n=32) | 44.5% (n=49) |
| Mental Health | 33.3% (n=5) | 33.3% (n=5) | 33.3% (n=5) |
| Special Needs School | 12.5% (n=3) | 37.5% (n=9) | 50.0% (n=12) |
| Community | 50.0% (n=2) | 0.0% (n=0) | 50.0% (n=2) |
| Academic Institution | 36.4% (n=4) | 27.3% (n=3) | 36.4% (n=4) |

Table 4.10 shows that males mainly reported higher WRQoL (39.7%), while females reported lower WRQoL (37.4%).

Moreover, occupational therapists with 6 to 10 (44.0%) and 11 to 20 (55.6%) years of experience in their organisation, and those with caring responsibilities for school-age children (43.3%) and disabled relatives (60.0%) reported lower WRQoL, while those with 1 to 5 years of experience (45.7%), and caring responsibility for elderly (47.6%) reported higher WRQoL.

Additionally, occupational therapists with permanent (37.0%) and full-time (36.1%) work had lower WRQoL, and those with non-permanent (63.2%) and part-time (85.7%) work had higher WRQoL.

In addition, occupational therapists who are in the groups of total work hours of less than 20 (66.7%) in a typical week showed higher WRQoL, while those who work for 41 to 50 hours (42.1%) in a typical week reported lower WRQoL. Most Occupational Therapists work as clinicians, and they had higher WRQoL (36.7%). Surprisingly, Occupational Therapists who work as academics mainly reported lower WRQoL (44.4%).

Concerning the department of work, most Occupational Therapists reported lower WRQoL, with those who work in the Adult Neurology department representing the highest percentages (56.8%). In comparison, those who work in Paediatrics (44.5%) and Special Needs School (50.0%) reported higher WRQoL.

Table 4.11

Overview of participants recommendation on how to improve WRQoL in their organisation.

| Variable | Category | N= 157 | Percentage |
|--|--|---------------|-------------------|
| Employees recommendation on how to improve the Work-related QoL in their organisation | No comment | 67 | 23.5% |
| | Reduce working hour | 42 | 14.7% |
| | Workload management and break time | 37 | 13.0% |
| | Two days weekend | 27 | 9.5% |
| | Training, workshop and learning through feedback | 21 | 7.4% |
| | Health, accommodation, and transport facilities | 22 | 7.7% |
| | Ontime promotion and salary increase | 23 | 8.1% |
| | Healthy social and physical environment | 37 | 13.0% |
| | Recreational activities | 9 | 3.2% |

This study also looked at occupational therapists' recommendations on how to improve the WRQoL in their organisations. 23.5% (n=67) of the participants had no comments. Among those who commented, the majority of participants (14.7%) recommended reducing the daily working hours might improve WRQoL. Both the recommendations for 'workload management and break time' and 'healthy social and physical environment' were second in line with similar percentages (13.0%) and the recreational activities was least recommended (3.2%).

CHAPTER V: DISCUSSION

The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it. A face-to-face survey was used to gather information, and it was challenging to reach the participants and collect their data because many needed more time to participate in this study. However, 157 occupational therapists participated in this study.

In this study, the participants demographic status demonstrated that most of them are female (63.1%), which is in line with a previous study conducted in Iran with occupational therapists and another study conducted with Health Care Workers (HCWs) in Uganda (Opollo et al., 2014; Rostami et al., 2021). Moreover, most of the participants were aged between 25 and 44 (98.7%), had a full-time job (93.6%), and most of them worked for 41 to 50 hours in a typical week (48.4%), which is consistent with the results of a previous study conducted on HCWs in Uganda (Opollo et al., 2014). In this study, the majority of participants reported having 1 to 5 years of work experience (44.6%). However, this finding contrasts with the results of a previous study conducted with Iranian occupational therapists, where the majority of participants had 1 to 4 years of work experience (Rostami et al., 2021). 47.6% of current study participants reported having no caregiving responsibilities, whereas in a previous study conducted on Ugandan HCWs, most of the participants had significant caregiving responsibilities (Opollo et al., 2014).

There has been no study conducted on the WRQoL of occupational therapists in Bangladesh. Therefore, the results of this study were compared with a similar study conducted in Iran that measured the WRQoL of Iranian occupational therapists. The

findings of the current study assert that occupational therapists in Bangladesh mostly had higher WRQoL (36.9%). The percentage of lower WRQoL was second in line (34.4%), and only 28.7% reported having average WRQoL. These results clearly indicate a significant difference from the previous study conducted with occupational therapists in Iran, which showed that occupational therapists in Iran had a moderate WRQoL (Rostami et al., 2021).

The study found that occupational therapists in Bangladesh had higher job and career satisfaction (51.5%) in the six domains of WRQoL, as compared to the previous study conducted in Iran, where occupational therapists were moderately satisfied with their job (Rostami et al., 2021). Occupational therapists in Norway have a job satisfaction level in the middle range compared to other professionals. Their job satisfaction level is higher than that of nurses, but lower than that of physiotherapists and physicians in Norway (Bonsaksen et al., 2023). According to the findings of this study, 41.4% of occupational therapists reported having a better quality of work life in their current working conditions. This result differs from a previous study conducted with Jordanian occupational therapists, where the working conditions were found to be unsatisfactory (Abu Tariah et al., 2011). This study showed that most occupational therapists (52.9%) in Bangladesh had good control at their workplace, which is supported by another study conducted in Finland that reported that occupational therapists had higher job control (Ruokangas et al., 2022). The study revealed that occupational therapists in Bangladesh face high levels of stress while working. A majority of them scored low (43.3%) in the SAW domain of their Quality of Work Life, while 34.4% scored average, and only 22.3% scored higher. This result aligns with a previous study conducted in Sweden, where occupational therapists reported a heavy

workloads (Lexén et al., 2020).

Concerning the GWB domain of WRQoL, the present study found that most occupational therapists working in Bangladesh had lower QoWL (47.8%) in General Well-Being (GWB). This result refers to the fact that occupational therapists in Bangladesh often feel psychologically and physically unwell. The result of this study is in line with other studies that showed occupational therapists reported more risks of mental health problems (Lexén et al., 2020; Torp & Bergheim, 2023). The current study reported that most occupational therapists in Bangladesh had lower QoWL in the HWI domain (46.5%). Occupational therapists in Bangladesh often face difficulties maintaining their home and work lives, and they do not get support from their employers in this regard. Only a few (28.7%) reported higher QoWL in HWI, and 24.8% had average QoWL.

The study found significant associations between several WRQoL domains and factors such as the number of hours worked in Adult Neurology and Pediatric departments. These factors were found to be associated with the WRQoL of General Well-Being (GWB) and Home-Work Interface (HWI). Experience in the current organization, appointment type, hours of work, and working in special needs schools were also significantly associated with HWI. However, only working in the Pediatric department was found to be associated with Job and Career Satisfaction (JCS).

Regarding Control at Work (CAW), there was a significant association between WRQoL and working in Adult Neurology, Academic Institutions, and Mental Health. Additionally, appointment type and hours of work were significantly associated with the WRQoL of Stress at Work (SAW) and Working Conditions (WCS). The WRQoL of SAW was associated with the Pediatric department, while the WCS was associated with the Adult

Neurology department.

Interestingly, no association was observed between gender, age, caring responsibilities, and main occupation with each domain. The study's authors could not compare these results with previous data from the literature because no such data was found.

The present study investigated the WRQoL of occupational therapists in Bangladesh. The findings revealed that 39.7% of male occupational therapists had higher WRQoL, while 35.4% of female occupational therapists reported the same. Surprisingly, the majority of female occupational therapists (37.4%) reported lower WRQoL, which contrasts with a previous study conducted in Iran (Rostami et al., 2021). However, this study found no significant association between WRQoL and gender, which is not in line with a previous study conducted in Uganda (Opollo et al., 2014). Furthermore, this study did not find any association between age and WRQoL.

One interesting finding of this study demonstrated that occupational therapists with 6 to 10 (44.0%) and 11 to 20 (55.6%) years of experience in their organisation had lower WRQoL, while most occupational therapists with 1 to 5 years of experience (45.7%) had higher WRQoL. This finding is contrary to a previous study conducted in Iran (Rostami et al., 2021). A possible explanation for this might be the lack of manpower for occupational therapists in Bangladesh. Another possible explanation is that when occupational therapists gain more experience in their organization, they gain more workload and expectations, but do not get promotions on time, which might decrease their WRQoL.

Participants with caring responsibilities reported lower WRQoL, except for those caring for elderly relatives/friends. The study showed that occupational therapists with

non-permanent and part-time jobs had higher WRQoL. It may be that they benefited from having lower working hours in a part-time job and the freedom to choose. Occupational Therapists who are in the groups of total work hours of less than 20 (66.7%), and 20 to 40 (57.7%) in a typical week showed higher WRQoL, while those who work for 41 to 50 hours (42.1%) in a typical week reported lower WRQoL. Moreover, occupational therapy clinicians had better WRQoL compared to occupational therapy academics. In relation to the department of work, occupational therapists who worked primarily in Adult Neurology had the lowest WRQoL, while those in Paediatrics and Special Needs School had higher WRQoL.

In this study most participants (14.7%) recommended reducing the working hours might improve their Work-related quality of life (WRQoL). It seems possible that these results are due to the stress that comes from long time working. Long time working hours may also have a negative impact on both physical and psychological health of employees. Additionally, many participants (13.0%) also recommended that managing the workload might improve WRQoL which is similar to the number of comments for ensuring healthy social and physical environment.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

- Data was gathered through a face-to-face survey method with standardised scale and so, there was no scope of bias.
- The five stages of data life cycle management were followed to maintain the quality of the data.
- There was not any unauthorised access and data was used as it was without any modification.
- Data was saved in google drive with a strong password.
- To ensure the validity of data all data used in this study will be destroyed.
- As there was no previous study regarding WRQoL of occupational therapists in Bangladesh, this study will give a basic understanding of Bangladeshi occupational therapists WRQoL and associated factors to it.

6.1.2 Limitations

- The gold standard of translation process, i.e., backward to forward translation of the measurement tools were not done as stated in the International Test Commission (ITC) guidelines.
- The BIS scale was used to take demographic information of occupational therapists and there was no option for private chamber. So, question number 8, 13, and 14 of the WRQoL scale involving line manager was not suited in cases who had private chamber of their own and changes in those questions is recommended. Occupational therapists

who had their own organisation usually had advisory boards to run their organisation and data was collected from that perspective. But who did not have any advisory board data were collected from the most suitable perspective.

- The salary of occupational therapists might be an important associated factor but there was no option for the salary in the BIS scale.
- As a face-to-face survey was used, it was difficult to reach the participants and some of them could not give time and so the sample size could not be met.
- Some of the contact numbers of the occupational therapists were invalid.

6.2 Practice Implication

6.2.1 Recommendation for Future Practice

WRQoL is an important aspect that maintains productivity and well-being of employees. This study demonstrated that the overall WRQoL of occupational therapists in Bangladesh was on higher level. However, it was also shown that occupational therapists had lower QoWL in General Well-Being, they had more stress at work, and they had low QoWL in Home-Work Interface. This is a concerning issue for occupational therapists in Bangladesh. The findings of this study will:

- Help organisations to develop appropriate strategies to improve the quality of life of their employees.
- Help to improve the service quality.
- Reduce sick leave and improve employee productivity.

6.2.2 Recommendation for Future Research

Some research recommendations are as follows:

- A study can be conducted by exploring some more sociodemographic aspects (such as

work shift, type of hospital, salary, marital status) and their relationship with work-related quality of life of occupational therapists in Bangladesh.

- A qualitative study can be conducted to address the variations due to different factors and how they affect WRQoL of occupational therapists.
- A study can be conducted with the aim of finding out the possible solutions for those who have lower WRQoL.
- A study can be carried out to explore the cultural factor that may influence the WRQoL of occupational therapists in Bangladesh.

6.3 Conclusion

The purpose of this study was to examine the quality of work life of occupational therapists, along with the factors that influence it. The study sheds light on occupational therapists' work-related quality of life, encompassing various domains such as general well-being, home-work interface, control at work, stress at work, working conditions, and job and career satisfaction. While most occupational therapists reported higher overall WRQoL, the study found that they had lower quality of work life in general well-being, stress at work, and home-work interface, and higher quality of work life in job and career satisfaction, working conditions, and control at work. Additionally, some demographic factors, such as experience in the organization, type of appointment, hours of work, and department of work, i.e., Adult Neurology, Pediatrics, and Special Needs School, were found to be associated with the overall WRQoL. While most participants did not have any recommendation on improving WRQoL, reducing working hours was most recommended by those who commented. Workload management, and good physical and social environment were second in line for recommendations to improve WRQoL.

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APPENDICES

Appendix A

Permission Letter

Date: 18.10.23

The Head of the Department
Dept. of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka

Subject: Request for permission to collect data from the occupational therapists

Sir,

I beg most respectfully to state that I am a student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), which is an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP), affiliated with the Faculty of Medicine, University of Dhaka. I am interested in conducting a quantitative study on occupational therapists. My research title is Work-related quality of life and associated factors: A cross-sectional study involving occupational therapists working in Bangladesh. The purpose of this study is to examine the work-related quality of life of occupational therapists working in Bangladesh and the associated factors to it. I am using The Work-Related Quality of Life (WRQoL) Scale and the Biographical Information Scale (BIS). Now, I am looking for your kind approval to start my data collection from Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP)- Savar (head office) and all Branches of CRP (Mirpur, Ganakbari, Manikganj, Mymensingh, Sylhet, Moulvibazer, Gobindopur, Chattagram, Barisal, Rajshahi, Nawabganj), Hospital and special school.

So, I therefore pray and hope that you would be kind enough to grant me permission to collect the data and oblige thereby.

Sincerely,

Fahad Bin Riadul

Fahad Bin Riadul

4th year B.Sc. in Occupational Therapy

Session: 2018-19; Student ID: 122180333

Department of Occupational Therapy,

BHPI, CRP, Savar, Dhaka:1343

Signature and comments of the head of the department



Sk. Moniruzzaman

Associate Professor & Head of the Department

Department of Occupational Therapy

Bangladesh Health Profession Institute (BHPI)

CRP, Savar, Dhaka: 1343

IRB Approval

বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref: **CRP-BHPI/IRB/10/2023/756**

Date: **18.10.2023**

To
 Fahad Bin Riadul
 4th Year B.Sc. in Occupational Therapy
 Session: 2018-2019; Student ID: 122180333
 Department of Occupational Therapy
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal “Work-related quality of life and associated factors: A cross-sectional study involving occupational therapists working in Bangladesh” by ethics committee.

Dear Fahad Bin Riadul,
 Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Arifa Jahan Ema as thesis supervisor. The following documents have been reviewed and approved:

| Sr. No. | Name of the Documents |
|---------|--|
| 1 | Dissertation/thesis/research Proposal |
| 2 | Questionnaire (English & / or Bengali version) |
| 3 | Information sheet and consent form |

The purpose of the study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it. The study involves the use of Standardized scales (The Work-Related Quality of Life (WRQoL) Scale, Biographical Information Scale (BIS)) to measure the work-related quality of life (WRQoL) and it's associated factors that may take about 20 to 25 minutes to fill in the questionnaire for collection of specimen and there is no likelihood of any harm to the participants and no economic benefits for the participants. The members of the Ethics Committee have approved the study to be conducted in the presented form at 8.30 AM on 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol, and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working in accordance with the Nuremberg Code 1947, the World Medical Association Declaration of Helsinki, 1964 - 2013, and other applicable regulations.

Best regards,

Muhammad Millat Hossain
 Associate Professor
 Project & Course Coordinator
 Dept. of Rehabilitation Science
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Member Secretary
 Institutional Review Board
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

Appendix B

Information Sheet, Consent Form and Withdrawal Form (English version)

Information Sheet

Research Title: Work-related quality of life and associated factors: A cross-sectional Study involving occupational therapists working in Bangladesh.

Name of researcher: Fahad Bin Riadul, 4th year, B.Sc. in Occupational Therapy, Roll: 20

Supervisor: Arifa Jahan Ema, Assistant Professor, Department of Occupational Therapy, Course Coordinator, M.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka.

I am Fahad Bin Riadul, want to invite you to take part in the research. Before making the decision, you must know why this research is being done and how you relate to it. Please take time to read the given information. If you face any problem after reading or need to know more information, you can ask me.

Background and Aim of this research.

I am Fahad Bin Riadul, studying B.Sc. in Occupational Therapy in Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of Centre for The Rehabilitation of Paralysed. As a part of the B.Sc. course curriculum, I am going to conduct a research activity under the lecture of occupational therapy Arifa Jahan Ema. The topic of the research is Work-related quality of life and associated factors: A cross-sectional Study involving occupational therapists working in Bangladesh. The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it.

What to do to participate in the study?

As I will find out the Work-related quality of life and associated factors among occupational therapy practitioners in Bangladesh, I will use the Work-Related Quality of Life (WRQoL) Scale to find out the work-related quality of life of occupational therapists and the Biographical Information Scale to find out the associated factors. All the questions included in the scales of participants should be answered. Time will be taken for 20-25 minutes.

Why are you invited to participate?

As my research topic is Work-related quality of life and associated factors: A cross-sectional Study involving occupational therapists working in Bangladesh, I will invite all the occupational therapists of Bangladesh who have completed B.Sc. in occupational therapy from Bangladesh Health Professions Institute (BHPI) and working in Bangladesh as an occupational therapist (clinical/non-clinical/community) and worked as a teacher. But those occupational therapists who are interns/managers or not working in Bangladesh are not included in the research.

Will you have to participate?

Participation in the research is completely voluntary. Before participation consent should be taken from participation. After the participants participate, they will be accounted for answering all the questions. Participants will be given a consent withdrawal paper so that they can cancel their participation according to their wishes within two weeks after conducting the survey.

What are the possible risks and opportunities of participation?

There is no direct opportunity for this participation which means participation will not get any financial opportunity. Apart from this, there is no negative question in the two scales. Therefore, there is no physical or mental risk to the participants. If any problem is seen after participation, then a doctor will advise. Furthermore, by participating in this study I will know the level of work-related quality of life and its associated factors among Bangladeshi occupational therapists which will increase awareness about the quality of work life and requirements of improving work-related quality of life among the occupational therapists.

Will the participation be confidential?

The researcher will strictly maintain the secrecy of the research. Name of the participants will be cited only in the consent paper. To maintain the secrecy of the participants code will be maintained in the question paper of participants. Only the related researcher and supervisor will be able to know about it directly. The information paper will be locked in a drawer and the preservation of electronics will be in the occultation therapist unit of BHPI and the personal laptop of the researcher.

What will be the result of the research?

Through this research, we can find the work-related quality of life of occupational therapists and its associated factors which will help the employer to make work policies

and environment in a way that will improve occupational therapists' quality of work life. If the result shows lower work-related quality of life, then we will count it as a concerning issue. To ensure higher work-related quality of life authority and policymakers should take necessary steps. Ensuring a higher quality of work life for occupational therapists will ensure a better quality of care for the patients. This research can make an ideal proof which can provide concepts to other researchers. They can use this proof for their study.

Promotional results

Result of this research will be published and presented through print media, electronic/social media, conferences, and criticism.

If you have any questions you can contact through the given address

Researcher: Fahad Bin Riadul

Bangladesh Health Professions Institute (BHPI)

B.Sc. in Occupational Therapy

Session: 2018-19, Roll: 20

Savar, Dhaka

E-mail: fahadbinriadul@gmail.com

Contact number:01315065963

Supervisor: Arifa Jahan Ema

Assistant Professor and Course Coordinator of M.Sc. in Occupational Therapy

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Savar, Dhaka

E-mail: arifajemaotbhpi@gmail.com

Contact number: 01753979041

Consent Form (English Version)

I am Fahad Bin Riadul, studying B.Sc. in occupational therapy at Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of Centre for the Rehabilitation of Paralysed. As a part of B.Sc. course curriculum, I am going to conduct a research activity under the Assistant Professor of occupational therapy Arifa Jahan Ema. The topic of the research is **Work-related quality of life and associated factors: A cross-sectional Study involving occupational therapists working in Bangladesh**. The aim of this study is to examine the work-related QoL of occupational therapists working in Bangladesh and the associated factors to it.

Please read the following statement and put tik (✓) on yes or no to say that you understand the content of the information sheet, your involvement and that you agree to take part in the abovenamed study.

I confirm that I have read and understood the participant information sheet for the study or that it has been explained to me and I have had the opportunity to ask questions.

_____ Yes/No

I have satisfactory answers to my questions regarding this study.

_____ Yes/No

I understand that participation in the study is voluntary and that I am free to end my involvement till January, or request that the data collected in the study be destroyed without giving a reason.

_____ Yes/No

However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information.

_____ Yes/No

I have sufficient time to come to my decision about participation.

_____ Yes/No

I agree to take part in the above study _____ Yes/No

Participant's signature _____ Date _____

Withdrawal form (English Version)

Research Title: Work-related quality of life and associated factors: A cross-sectional Study involving occupational therapists working in Bangladesh.

Name of the Researcher: Fahad Bin Riadul, 4th year, Occupational Therapy, Roll:20

I _____, confirm that I wish to withdraw all my data from the study before the data analysis has been completed and that none of my data will be included in the study.

Name of the participant _____

Signature of the participant _____ Date _____

Name of the Researcher _____ Date _____

Information Sheet, Consent Form and Withdrawal Form (Bangla Version)

তথ্যপত্র

শিরোনাম: বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ সম্পর্কিত গবেষণা।

গবেষকের নামঃ ফাহাদ বিন রিয়াদুল, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ, রোল- ২০

তত্ত্বাবধায়কঃ আরিফা জাহান ইমা, সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, কোর্স কোর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই), সাতার, ঢাকা।

আমি ফাহাদ বিন রিয়াদুল, আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে চাই। আপনি সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি আপনার সাথে কীভাবে সম্পর্কিত। নিম্নলিখিত তথ্য পড়ার জন্য দয়া করে সময় নিন। আপনার পড়ার পর বুঝতে কোনো প্রকার সমস্যা হলে বা আপনি আরও তথ্য চাইলে প্রশ্ন করতে পারেন।

আমার পরিচয় এবং এই গবেষণার উদ্দেশ্য

আমি ফাহাদ বিন রিয়াদুল, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই) বি.এস.সি ইন অকুপেশনাল থেরাপিতে অধ্যয়নরত, যা ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের সাথে অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের (সিআরপি) এর একটি একাডেমিক ইনস্টিটিউট। আমি বর্তমানে অকুপেশনাল থেরাপির উপর আমার স্নাতক অধ্যয়ন করছি। বি.এস.সি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপি বিভাগের প্রভাষক আরিফা জাহান ইমা এর তত্ত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয়-

বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ পরীক্ষা করা।

গবেষণায় অংশগ্রহণ করতে হলে কী কী করতে হবে?

যেহেতু আমি বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ খুঁজে বের করবো সেহেতু আমি যথাক্রমে কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং বায়োগ্রাফিকাল তথ্য পরিমাপের স্কেল ব্যবহার করব। অংশগ্রহণকারীদের প্রশ্নাবলীতে অন্তর্ভুক্ত সমস্ত প্রশ্নের উত্তর দিতে হবে। প্রশ্নের উত্তর দিতে ২০-২৫ মিনিট সময় লাগবে।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আমার গবেষণার বিষয় হল বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ পরীক্ষা করা, তাই আমি এখানে বাংলাদেশের সকল অকুপেশনাল থেরাপিস্ট যারা বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) থেকে বিএসসি ইন অকুপেশনাল থেরাপিতে স্নাতক শেষ করেছেন এবং বাংলাদেশে একজন অকুপেশনাল থেরাপিস্ট- ক্লিনিকাল / নন ক্লিনিকাল/ কমিউনিটি এবং শিক্ষক হিসেবে কাজ করছেন, তাদের আমন্ত্রণ জানাচ্ছি। কিন্তু যারা অকুপেশনাল থেরাপিস্ট হিসেবে ইন্টার্ন/ ম্যানেজার বা বাংলাদেশে কাজ করছেন না, তারা এই গবেষণার আওতাভুক্ত হবেন না।

আপনাকে কি অংশগ্রহণ করতে হবে?

গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বৈচ্ছাধর্মী। অংশগ্রহণের আগে অংশগ্রহণকারীর কাছ থেকে সম্মতি নেওয়া হবে। অংশগ্রহণকারী সম্মতি দেওয়ার পর প্রশ্নপত্রের সকল প্রশ্নের উত্তর দিতে বাধ্য থাকবেন। অংশগ্রহণকারীদের সম্মতি প্রত্যাহার ফর্ম দেওয়া হবে যাতে অংশগ্রহণকারী জরিপ পরিচালনার পর দুই সপ্তাহের মধ্যে তাদের ইচ্ছা অনুযায়ী তাদের অংশগ্রহণ বাতিল করতে পারে।

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

এই গবেষণায় অংশগ্রহণের জন্য সরাসরি কোনো সুবিধা নেই অর্থাৎ অংশগ্রহণকারী কোনো আর্থিক সুবিধা পাবেন না। এছাড়াও, জরিপ প্রশ্নাবলী ফর্মে কোন নেতিবাচক প্রশ্ন নেই। সুতরাং, অংশগ্রহণকারীদের কোন শারীরিক বা মানসিক ঝুঁকি নেই। অধিকন্তু, এই গবেষণায় আপনার অংশগ্রহণের মাধ্যমে এটা জানা যাবে বাংলাদেশের অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ যা অকুপেশনাল থেরাপিস্টদের মধ্যে কাজের সাথে সম্পর্কিত জীবনযাত্রার মান সম্পর্কে সচেতনতা বাড়াবে।

অংশগ্রহণ কি গোপনীয় হবে?

গবেষক কঠোরভাবে সমস্ত তথ্যের গোপনীয়তা বজায় রাখবেন। অংশগ্রহণকারীদের নাম শুধু মাত্র সম্মতি পত্রে উল্লেখ্য করা থাকবে। অংশগ্রহণকারীদের গোপনীয়তা বজায় রাখতে স্কেলে সমস্ত অংশগ্রহণকারীদের জন্য কোড নম্বর ব্যবহার করা হবে। শুধু মাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। তথ্য পত্র একটি লক করা ড্রয়ারে রাখা হবে এবং তথ্যের ইলেক্ট্রনিকস সংরক্ষণ বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংগ্রহ করা হবে।

গবেষণার ফলাফল কী হতে পারে?

এই গবেষণার মাধ্যমে বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ খুঁজে বের করবো, যা তাদের কর্মক্ষমতা এবং রোগির যথাযথ যত্ন নিতে সাহায্য করবে। যদি ফলাফল দেখায় যে, অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান অনেক কম, তাহলে আমরা এটিকে একটি গুরুতর সমস্যা হিসাবে বিবেচনা করতে পারব। কর্মক্ষেত্রে একটি ভাল কর্মদক্ষতার পরিবেশ নিশ্চিত করা সম্পর্কে প্রতিষ্ঠান কর্তৃপক্ষ সচেতন হবে। এই গবেষণাটি একটি আদর্শ প্রমাণ তৈরি করতে পারে বা কিছু সীমাবদ্ধতা পেতে পারে যা অন্যান্য গবেষকদের আরও ধারণা দিতে পারে। অন্যান্য গবেষকরা তাদের আরও গবেষণার জন্য এই প্রমাণ বা সীমাবদ্ধতা ব্যবহার করতে পারে।

ফলাফল

এই গবেষণা প্রকল্পের ফলাফলগুলো প্রিন্ট মিডিয়া, ইলেকট্রিক/সামাজিক যোগাযোগ মাধ্যম, সম্মেলন, আলোচনা ও সমালোচনার মাধ্যমে জার্নাল এর মতো ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

আপনার যদি কোন প্রশ্ন থাকে তাহলে আপনি নিম্নলিখিত ঠিকানায় যোগাযোগ করতে

পারেনঃ

গবেষকঃ

ফাহাদ বিন রিয়াদুল

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

বিএসসি ইন অকুপেশনাল থেরাপি

সেশনঃ ২০১৮-১৯, রোল-২০

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যোগাযোগের নম্বরঃ 01315065963

তত্ত্বাবধায়কঃ

আরিফা জাহান ইমা,

সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ,

কোর্স কোর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস

ইনস্টিটিউটে (বিএইচপিআই) সাভার, ঢাকা।

ইমেইলঃ arifajemaotbhpi@gmail.com

যোগাযোগের নম্বরঃ ০১৭৫৩৯৭৯০৪১

সম্মতি পত্র

(অংশগ্রহণকারীর কপি)

আমি ফাহাদ বিন রিয়াদুল, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসনকেন্দ্র (সিআরপি), সাভার, ঢাকা, এর একাডেমিক ইনস্টিটিউট বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এ অধ্যয়নরত ৪র্থ বর্ষের ছাত্র। বি.এস.সি ইন অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপির একজন সহকারী অধ্যাপক আরিফা জাহান ইমা ম্যাডাম এর অধীনে একটি গবেষণা পরিচালনা করতে যাচ্ছি। গবেষণার বিষয়- **বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ সম্পর্কিত গবেষণা।** গবেষণার উদ্দেশ্য হলো বাংলাদেশের অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত জীবনযাত্রার মান এর মাত্রা পরিমাপ করা এবং সংশ্লিষ্ট কারণ বের করা।

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলো পড়ুন এবং হ্যাঁ বা না-তে টিক দিন যাতে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পারেন এবং আপনি উপরোক্ত গবেষণায় অংশ নিতে সম্মত হন।

আমি নিশ্চিত করছি যে, আমি গবেষণায় অংশগ্রহণকারীদের তথ্য পত্রটি পড়েছি এবং এর লক্ষ্য ও উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবগত। এটি আমাকে ব্যাখ্যা করা হয়েছে এবং আমি প্রশ্ন করার সুযোগ পেয়েছি।

_____ হ্যাঁ/না।

এই গবেষণার সাথে সম্পর্কিত প্রশ্নের আমার সন্তোষজনক উত্তর আছে।

_____হ্যাঁ/না।

আমি বুঝতে পেরেছি যে, গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বৈচ্ছাকৃত এবং আমি জানুয়ারি পর্যন্ত আমার সম্পৃক্ততা বাতিল করতে পারব, অথবা অনুরোধ করছি যে অধ্যয়নে সংগৃহীত ডেটা কোনো কারণ না জানিয়ে বাতিল করা যাবে।

_____হ্যাঁ/না।

তবে, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি গবেষক এবং সুপারভাইজারকে আমার তথ্য ব্যবহার করার অনুমতি দিচ্ছি।

_____হ্যাঁ/না।

অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য যথেষ্ট সময় পেয়েছি

_____হ্যাঁ/না।

আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মত

_____হ্যাঁ/না।

অংশগ্রহণকারীর নামঃ _____

অংশগ্রহণকারীর স্বাক্ষর _____ তারিখ _____

গবেষকের স্বাক্ষর _____ তারিখ _____

প্রত্যাহার পত্র

(শুধুমাত্র স্বৈচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

গবেষনার শিরনামঃ বাংলাদেশে কর্মরত অকুপেশনাল থেরাপিস্টদের কাজের সাথে সম্পর্কিত
জীবনযাত্রার মান এবং এর সাথে সংশ্লিষ্ট কারণ সম্পর্কিত গবেষণা।

গবেষক: ফাহাদ বিন রিয়াদুল, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ

আমি _____ (অংশগ্রহণকারী), আমার অংশগ্রহণ থেকে
উদ্ভূত ডেটা ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে চাই।

প্রত্যাহারের কারণ _____

অংশগ্রহণকারীর নাম _____

অংশগ্রহণকারীর স্বাক্ষর _____ তারিখ _____

গবেষকের স্বাক্ষর _____ তারিখ _____

Appendix C

Questionnaire English version: Biographical Information Scale

STRICTLY CONFIDENTIAL

Your response is very important to us! Please note that no one from your organisation will see your questionnaire. A summary may be provided to your employer, but no information will be released that might identify any individual. Please do not take too long over each question; we want your first reaction not a long drawn out thought process. Please do not omit any questions. This isn't a test, simply a measure of your attitudes to the factors that influence your experience at work.

Please indicate your answers by filling in the circles like this: ● if you make a mistake do this: ✘

| BIOGRAPHICAL DETAILS Please remember that we will not identify you and that only summary values from 10 or more individuals will be reported to ensure confidentiality. | |
|--|--|
| <p style="text-align: center;">Your Gender</p> <p style="text-align: center;">Male <input type="radio"/></p> <p style="text-align: center;">Female <input type="radio"/></p> <p style="text-align: center;">Your age in years</p> <p style="text-align: center;">Under 25 <input type="radio"/></p> <p style="text-align: center;">25 to 44 <input type="radio"/></p> <p style="text-align: center;">45 to 59 <input type="radio"/></p> <p style="text-align: center;">60 or over <input type="radio"/></p> <p style="text-align: center;">How many years have you continuously worked at your organisation?</p> <p style="text-align: center;">Less than 1 <input type="radio"/></p> <p style="text-align: center;">1 to 5 <input type="radio"/></p> <p style="text-align: center;">6 to 10 <input type="radio"/></p> | <p style="text-align: center;">What type of appointment is your current post?</p> <p style="text-align: center;">Permanent / Open ended <input type="radio"/></p> <p style="text-align: center;">Non-permanent / Temporary <input type="radio"/></p> <p style="text-align: center;">What are your hours of work?</p> <p style="text-align: center;">Full time <input type="radio"/></p> <p style="text-align: center;">Part time / Fractional <input type="radio"/></p> <p style="text-align: center;">Part time hourly paid <input type="radio"/></p> <p style="text-align: center;">Approximately how many hours do you work in a typical week?</p> <p style="text-align: center;">Less than 20 <input type="radio"/></p> <p style="text-align: center;">20 to 40 <input type="radio"/></p> <p style="text-align: center;">41 to 50 <input type="radio"/></p> |

| | |
|---|---|
| 11 to 20 <input type="radio"/> | 51 to 60 <input type="radio"/> |
| More than 20 <input type="radio"/> | More than 60 <input type="radio"/> |
| Do you consider yourself to belong to an ethnic minority group? | Do you have a disability? |
| Yes <input type="radio"/> | Yes <input type="radio"/> |
| No <input type="radio"/> | No <input type="radio"/> |
| Do you have caring responsibilities for dependents in the following categories? Tick all that apply. | Approximately how many days have you been off work due to ill health in the last year? |
| No <input type="radio"/> | None <input type="radio"/> |
| Babies / young children under school age <input type="radio"/> | 1 to 5 <input type="radio"/> |
| School age children <input type="radio"/> | 6 to 10 <input type="radio"/> |
| Disabled relatives <input type="radio"/> | 11 to 15 <input type="radio"/> |
| Elderly relatives / friends <input type="radio"/> | More than 15 <input type="radio"/> |
| Other <input type="radio"/> | |

YOUR WORK SITUATION

Your occupation and department allow the researcher to determine how answers to other questions are distributed across the organisation.

What is your main occupation at work?

- A. Occupational Therapy Clinician
- B. Academic
- C. Occupational Therapy researcher
- D. Community Occupational Therapy

In which department or area of the organisation do you do most of your work?

- A. Adult Neurology
- B. Spinal Cord Injury (SCI)
- C. Hand Therapy
- D. Paediatric
- E. Mental Health
- F. Special Needs School
- G. Community
- H. Academic Institution

YOUR CHANCE TO COMMENT

Please note that if you have a specific concern that requires action by your organisation, then you should communicate directly with them.

How could the quality of working life be improved in your organisation?



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Questionnaire Bangla version: ব্যক্তিগত ও সামাজিক অবস্থা সম্পর্কিত সাধারণ প্রশ্নপত্র

অত্যন্ত গোপনীয়

আপনার উত্তর আমাদের কাছে অনেক গুরুত্বপূর্ণ। অনুগ্রহ করে লক্ষ্য রাখবেন যে আপনার প্রতিষ্ঠানের কেউ আপনার প্রশ্নাবলী দেখবে না। আপনার নিয়োগকর্তার নিকট একটি সারসংক্ষেপ পাঠানো হতে পারে কিন্তু ব্যক্তিপরিচয় সম্পর্কিত কোনো তথ্য প্রকাশ করা হবে না। অনুগ্রহ করে প্রশ্নগুলিতে খুব বেশি সময় দিবেন না; আমরা আপনার প্রাথমিক প্রতিক্রিয়া সম্পর্কে জানতে চাই, দীর্ঘ চিন্তা সম্পর্কে নয়। অনুগ্রহ করে কোনো প্রশ্ন বাদ দিবেন না। এটা কোনো পরীক্ষা না, সংশ্লিষ্ট যে বিষয় বা কারণগুলো আপনার কর্মক্ষেত্রের অভিজ্ঞতাকে প্রভাবিত করে সেগুলো সম্পর্কে আপনার মনোভাবের পরিমাপ মাত্র।

অনুগ্রহ করে এভাবে বৃত্তপূরণের মাধ্যমে আপনার উত্তর দিনঃ ●, যদি কোনো ভুল হয় তাহলে এমন করুনঃ ✖

| ব্যক্তিগত ও সামাজিক অবস্থা সম্পর্কিত সাধারণ প্রশ্নপত্র | |
|--|--|
| <p>অনুগ্রহ করে মনে রাখবেন যে আমরা আপনার পরিচয় প্রকাশ করব না এবং গোপনীয়তা রক্ষার জন্য শুধুমাত্র ১০ জন অথবা তার অধিক ব্যক্তির তথ্যের সারসংক্ষেপ প্রদান করা হবে।</p> <p>অনুগ্রহ করে সঠিক উত্তরের বৃত্ত পূরণ করুন</p> | |
| <p>লিঙ্গ</p> <p>পুরুষ <input type="radio"/></p> <p>মহিলা <input type="radio"/></p> <p>বয়স (বছর)</p> <p>২৫ এর নিচে <input type="radio"/></p> <p>২৫-৪৪ <input type="radio"/></p> <p>৪৫-৫৯ <input type="radio"/></p> <p>৬০ এর উপরে <input type="radio"/></p> <p>আপনি একটানা কত বছর ধরে আপনার প্রতিষ্ঠানে কাজ করছেন?</p> <p>১ বছরের কম <input type="radio"/></p> <p>১ থেকে ৫ বছর <input type="radio"/></p> | <p>আপনি বর্তমানে কোন ধরনের পোস্ট এ নিয়োগপ্রাপ্ত?</p> <p>স্থায়ী/ নির্দিষ্ট <input type="radio"/></p> <p>অস্থায়ী/ সাময়িক <input type="radio"/></p> <p>আপনার কাজের ধরন কেমন?</p> <p>পূর্ণকাল <input type="radio"/></p> <p>খন্ডকালীন <input type="radio"/></p> <p>খন্ডকালীন এবং ঘন্টা অনুযায়ী বেতন <input type="radio"/></p> <p>সপ্তাহে আপনি প্রায় কত ঘন্টা কাজ করেন?</p> <p>২০ ঘন্টার কম <input type="radio"/></p> <p>২০ থেকে ৪০ ঘন্টা <input type="radio"/></p> <p>৪১ থেকে ৫০ ঘন্টা <input type="radio"/></p> |

| | |
|--|--|
| ৬ থেকে ১০ বছর <input type="radio"/> ১১ থেকে ২০ বছর <input type="radio"/> ২০ বছরের বেশি <input type="radio"/> আপনি কি ক্ষুদ্র জাতিগোষ্ঠীর/অধিবাসীর অন্তর্ভুক্ত? হ্যাঁ <input type="radio"/> না <input type="radio"/> নিম্নে বর্ণিত শ্রেণিবিন্যাস অনুযায়ী আপনি কি এমন কারো দায়িত্বে আছেন যারা আপনার উপর নির্ভরশীল? (প্রযোজ্য সব টিক দিন) না <input type="radio"/> শিশু/ স্কুল বয়সের নিচের শিশু <input type="radio"/> স্কুল বয়সী শিশু <input type="radio"/> প্রতিবন্ধী আত্মীয় <input type="radio"/> বয়স্ক আত্মীয় অথবা বন্ধু <input type="radio"/> অন্যান্য <input type="radio"/> | ৫১ থেকে ৬০ ঘন্টা <input type="radio"/> ৬০ ঘন্টার বেশি <input type="radio"/> আপনার কি কোনো ধরনের প্রতিবন্ধীতা আছে? হ্যাঁ <input type="radio"/> না <input type="radio"/> গত বছর অসুস্থতার কারণে আপনি প্রায় কতদিন ছুটিতে ছিলেন? একদিনও না <input type="radio"/> ১ থেকে ৫ দিন <input type="radio"/> ৬ থেকে ১০ দিন <input type="radio"/> ১১ থেকে ১৫ দিন <input type="radio"/> ১৫ দিন এর বেশি <input type="radio"/> |
|--|--|

| | |
|---|--|
| আপনার কর্মক্ষেত্রের পরিবেশ আপনার পেশা এবং কাজের বিভাগ জানার মাধ্যমে গবেষক আপনার প্রতিষ্ঠানে অন্য প্রশ্নগুলির উত্তর সম্পর্কে ধারণা পাবে। | |
| কর্মক্ষেত্রে আপনার প্রধান পেশা কী? A. অকুপেশনাল থেরাপি চিকিৎসক <input type="radio"/> B. শিক্ষকতা <input type="radio"/> C. অকুপেশনাল থেরাপি গবেষক <input type="radio"/> D. গ্রামভিত্তিক অকুপেশনাল থেরাপি <input type="radio"/> | |
| আপনি বেশিরভাগ কাজ আপনার প্রতিষ্ঠানের কোন বিভাগে করে থাকেন? I. স্নায়ু বিষয়ক <input type="radio"/> J. মেরুরডজুতে আঘাত বিষয়ক <input type="radio"/> K. হস্ত চিকিৎসা <input type="radio"/> L. শিশু বিষয়ক <input type="radio"/> M. মানসিক স্বাস্থ্য <input type="radio"/> | |

| | |
|--|-----------------------|
| N. বিশেষ চাহিদা সম্পন্ন শিশুদের জন্য স্কুল | <input type="radio"/> |
| O. গ্রামভিত্তিক | <input type="radio"/> |
| P. শিক্ষা প্রতিষ্ঠান | <input type="radio"/> |

আপনার মন্তব্য

অনুগ্রহ করে মনে রাখবেন যে আপনি যদি কোনো নির্দিষ্ট বিষয়ে পদক্ষেপ নেওয়ার প্রয়োজন বোধ করেন তাহলে সরাসরি আপনার প্রতিষ্ঠানের কতৃপক্ষের সাথে যোগাযোগ করতে হবে

আপনার প্রতিষ্ঠানে কর্মরত ব্যক্তিদের কর্মজীবনের মান কীভাবে উন্নয়ন করা যেতে পারে?



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Questionnaire English version: Work-Related Quality of Life Scale (WRQoL)

STRICTLY CONFIDENTIAL

Your response is very important to us! Please note that no one from your organisation will see your questionnaire. A summary may be provided to your employer, but no information will be released that might identify any individual. Please do not take too long over each question; we want your first reaction not a long drawn out thought process. Please do not omit any questions. This isn't a test, simply a measure of your attitudes to the factors that influence your experience at work.

Please indicate your answers by filling in the circles like this: ●, if you make a mistake do this: ✖

| | To what extent do you agree with the following? Please fill in the appropriate circle. | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | I have a clear set of goals and aims to enable me to do my job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | I feel able to voice opinions and influence changes in my area of work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | I have the opportunity to use my abilities at work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | I feel well at the moment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | My employer provides adequate facilities and flexibility for me to fit work in around my family life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | My current working hours / patterns suit my personal circumstances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | I often feel under pressure at work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | When I have done a good job it is acknowledged by my line manager | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | |
|----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ၁၈ | Recently, I have been feeling unhappy and depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၁၉ | I am satisfied with my life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၀ | I am encouraged to develop new skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၁ | I am involved in decisions that affect me in my own area of work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၂ | My employer provides me with what I need to do my job effectively | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၃ | My line manager actively promotes flexible working hours / patterns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၄ | In most ways my life is close to ideal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၅ | I work in a safe environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၆ | Generally things work out well for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၇ | I am satisfied with the career opportunities available for me here | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၈ | I often feel excessive levels of stress at work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၂၉ | I am satisfied with the training I receive in order to perform my present job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၃၀ | Recently, I have been feeling reasonably happy all things considered | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၃၁ | The working conditions are satisfactory | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၃၂ | I am involved in decisions that affect members of the public in my own area of work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ၃၃ | I am satisfied with the overall quality of my working life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Questionnaire Bangla version: কাজের সাথে সম্পর্কিত জীবনযাত্রার মান পরিমাপের স্কেল

অত্যন্ত গোপনীয়

আপনার উত্তর আমাদের কাছে অনেক গুরুত্বপূর্ণ। অনুগ্রহ করে লক্ষ্য রাখবেন যে আপনার প্রতিষ্ঠানের কেউ আপনার প্রশ্নাবলী দেখবে না। আপনার নিয়োগকর্তার নিকট একটি সারসংক্ষেপ পাঠানো হতে পারে কিন্তু ব্যক্তিপরিচয় সম্পর্কিত কোনো তথ্য প্রকাশ করা হবে না। অনুগ্রহ করে প্রশ্নগুলিতে খুব বেশি সময় দিবেন না; আমরা আপনার প্রাথমিক প্রতিক্রিয়া সম্পর্কে জানতে চাই, দীর্ঘ চিন্তা সম্পর্কে নয়। অনুগ্রহ করে কোনো প্রশ্ন বাদ দিবেন না। এটা কোনো পরীক্ষা না, সংশ্লিষ্ট যে বিষয় বা কারণগুলো আপনার কর্মক্ষেত্রের অভিজ্ঞতাকে প্রভাবিত করে সেগুলো সম্পর্কে আপনার মনোভাবের পরিমাপ মাত্র।

[অনুগ্রহ করে এভাবে বৃত্তপূরণের মাধ্যমে আপনার উত্তর দিন: ●, যদি কোনো ভুল হয় তাহলে

এমন করুন: ✖

| | নিম্নে বর্ণিত বাক্যের সাথে আপনি কতটুকু একমত? অনুগ্রহ করে সঠিক উত্তরের বৃত্ত পূরণ করুন | দৃঢ়ভাবে অসম্মত | অসম্মত | নিরপেক্ষ | সম্মত | দৃঢ়ভাবে সম্মত |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ১ | আমার কিছু সুনির্দিষ্ট লক্ষ্য ও উদ্দেশ্য আছে যা আমাকে আমার কাজ করতে সাহায্য করে। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ২ | আমি মতামত প্রকাশ করতে এবং আমার কাজের ক্ষেত্রে পরিবর্তনগুলিকে প্রভাবিত করতে সক্ষম বোধ করি। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ৩ | আমি কর্মক্ষেত্রে আমার দক্ষতাগুলো ব্যবহারের সুযোগ পেয়ে থাকি। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ৪ | এই মুহূর্তে আমি বেশ স্বাচ্ছন্দ্য বোধ করছি। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ৫ | আমার কাজ এবং পারিবারিক জীবনের সাথে মানিয়ে নেওয়ার | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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|----|--|---|---|---|---|---|
| | জন্য নিয়োগকর্তা আমাকে পর্যাপ্ত সুযোগ-সুবিধা প্রদান করেন। | | | | | |
| ৬ | আমার বর্তমান কাজের সময় এবং ধরণ আমার ব্যক্তিজীবনের সাথে মানানসই। | ○ | ○ | ○ | ○ | ○ |
| ৭ | আমি প্রায়ই কাজের চাপ অনুভব করি। | ○ | ○ | ○ | ○ | ○ |
| ৮ | যখন আমি কোনো ভালো কাজ করি তখন আমি আমার লাইন ম্যানেজার থেকে আমার কাজের স্বীকৃতি পাই। | ○ | ○ | ○ | ○ | ○ |
| ৯ | সম্প্রতি আমি অসুখী এবং হতাশা বোধ করছি। | ○ | ○ | ○ | ○ | ○ |
| ১০ | আমি আমার জীবন নিয়ে সন্তুষ্ট। | ○ | ○ | ○ | ○ | ○ |
| ১১ | আমি নতুন দক্ষতা বিকাশে উৎসাহী। | ○ | ○ | ○ | ○ | ○ |
| ১২ | আমাকে এমনও সিদ্ধান্ত নিতে হয় যা আমাকে আমার কাজকে প্রভাবিত করে। | ○ | ○ | ○ | ○ | ○ |
| ১৩ | যথোপযুক্তভাবে আমার কাজ সম্পন্ন করার জন্য যা যা দরকার আমার নিয়োগকর্তা আমাকে তা প্রদান করে। | ○ | ○ | ○ | ○ | ○ |
| ১৪ | আমার লাইন ম্যানেজার কাজের ক্ষেত্রে সক্রিয়ভাবে আমাকে সুযোগ-সুবিধা প্রদান করে। | ○ | ○ | ○ | ○ | ○ |
| ১৫ | বেশিরভাগ ক্ষেত্রেই আমার জীবন আদর্শের কাছাকাছি। | ○ | ○ | ○ | ○ | ○ |
| ১৬ | আমি একটি নিরাপদ পরিবেশে কাজ করি। | ○ | ○ | ○ | ○ | ○ |
| ১৭ | সাধারণত সবকিছুই আমার জন্য সঠিকভাবে হয়ে যায়। | ○ | ○ | ○ | ○ | ○ |
| ১৮ | এখানে আমি আমার কর্মজীবনের জন্য পর্যাপ্ত সুযোগ-সুবিধাগুলো নিয়ে সন্তুষ্ট। | ○ | ○ | ○ | ○ | ○ |
| ১৯ | আমি প্রায়ই কর্মক্ষেত্রে অতিমাত্রার চাপ অনুভব করি। | ○ | ○ | ○ | ○ | ○ |
| ২০ | আমার বর্তমান কাজ সম্পাদন করার জন্য যে প্রশিক্ষণ নিয়েছি তাতে আমি সন্তুষ্ট। | ○ | ○ | ○ | ○ | ○ |

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|----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ২১ | সম্প্রতি সবদিক বিবেচনা করে আমি যৌক্তিকভাবেই সন্তুষ্ট বোধ করছি। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ২২ | কাজের পরিস্থিতি সন্তোষজনক। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ২৩ | আমাকে এমনও কিছু সিদ্ধান্ত নিতে হয় যা আমার কর্মক্ষেত্রের অন্যান্য সদস্যদের প্রভাবিত করে। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ২৪ | আমি আমার কাজের সাথে সম্পর্কিত জীবনযাত্রার মান নিয়ে সামগ্রিকভাবে সন্তুষ্ট। | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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Appendix D

Supervision Contact Schedule




Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis:

Name of student:

Name and designation of thesis supervisor:

| Appointment No | Date | Place | Topic of discussion | Duration (Minutes/ Hours) | Comments of student | Student's signature | Thesis supervisor signature |
|----------------|----------|-------|---|---------------------------|---|---------------------|---|
| 1 | 08.08.23 | BHPI | Work related quality of life and work family conflict | 1 hour | Good. Got an idea of the title | Fahad |  |
| 2 | 09.08.23 | BHPI | Work-related quality of life scale | 1 hour | appreciated. Understood the use of WFAQOL scale | Fahad |  |
| 3 | 14.08.23 | BHPI | Literature matrix | 40 min | Understandable. Got a brief idea about related research | Fahad |  |

| | | | | | | | |
|----|----------|------|---|--------|---|-------|------|
| 4 | 09.09.23 | BHPI | Literature matrix title, objective. | 1 hour | Got quite a clear understanding | Fahad | Amna |
| 5 | 11.09.23 | BHPI | Feedback on research proposal and professional email writing. | 40 min | Got a clear concept on study design and professional email writing. | Fahad | Amna |
| 6 | 13.09.23 | BHPI | Discussion on literature review | 1 hour | Got clear concept on literature review | Fahad | Amna |
| 7 | 19.09.23 | BHPI | Literature review, Research proposal, Translation of scale, Proposal presentation | 1 hour | Understanding about scale translation and proposal presentation | Fahad | Amna |
| 8 | 21.09.23 | BHPI | Checked the research proposal | 30 min | Understood the corrections on research proposal | Fahad | Amna |
| 9 | 23.09.23 | BHPI | Discussed about research proposal presentation and connection | 1 hour | Need to correct some issues | Fahad | Amna |
| 10 | 15.10.23 | BHPI | Discussed on translation of scale | 1 hour | Got clear idea and feedback | Fahad | Amna |
| 11 | 21.10.23 | BHPI | Discussed about field test | 30 min | Needed to modify some questions | Fahad | Amna |
| 12 | 11.11.23 | BHPI | Discussed about OT working list | 1 hour | understood participants recruitment process | Fahad | Amna |
| 13 | 26.12.23 | BHPI | Discussed about data collection difficulties | 1 hour | solved some issues | Fahad | Amna |
| 14 | 19.01.24 | BHPI | Discussed about demographic factors analysis and will complete result in next 10 days | 1 hour | Need to change some variables and improve writing | Fahad | Amna |

| | | | | | | | |
|----|----------|------|--|---------------|---|-------|------|
| 15 | 17.01.24 | BHPI | Discussed about recommendation of participants and data analysis | 1 hour 30 min | Got a clear understanding of the process | Fahad | Amna |
| 16 | 19.01.24 | BHPI | Discussed about research draft | 1 hour | Got some feedback which need to correct | Fahad | Amna |
| 17 | 31.01.24 | BHPI | Discussed about first research draft | 1 hour | Got feedback on result and discussion | Fahad | Amna |
| 18 | 19.02.24 | BHPI | Discussed about overall research except discussion | 1 hour | Got feedback on overall first draft except result and discussion chapter | Fahad | Amna |
| 19 | 15.03.24 | BHPI | Discussed about 2nd draft of research | 1 hour | Got feedback on discussion, result and conclusion | Fahad | Amna |
| 20 | 31.03.24 | BHPI | Discussed about 2nd draft feedback | 40 min | Cleared some issues on result, discussion, conclusion, abstract and recommendation part | Fahad | Amna |

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.

| | | | | | | | |
|----|----------|--------|--|----------|---|-------|------|
| 21 | 02.04.21 | Online | Got feedback of the 2nd draft of my research | 12 hours | Need to correct some table and section | Fahad | Amna |
| 22 | 15.04.21 | BHPI | Got feedback on overall final draft | 1 hour | Need to correct some changes and APA style. | Fahad | Amna |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.