Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study.

By
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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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Statement of Authorship

This is an affirmation that I, Md. Mahamudul Hasan Sajib, with Dhaka University Roll No. 405, have completed the thesis project titled "Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study." 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, except the instances where it is recognized explicitly 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

In the name of Allah, the Most Beloved, the Most Merciful

I dedicate this research to Allah, the Creator of all things, the Knower of the Seen and the Unseen, the Source of all knowledge and wisdom, Whose guidance has been my guide through the journey.

In addition, I dedicate my work to my family, supervisor, and friends, whose love and support have always been there for me and have never lost faith in my abilities. Your encouragement has kept me going through the challenges of this journey.

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List of Abbreviations

BHPI: Bangladesh Health Professions Institute.

CRP: Centre for the Rehabilitation of the Paralysed

OT: Occupational Therapy

Abstract

Background: Culture plays a significant role in occupational therapy. Therefore, it affects the success of occupational therapy on a local, regional, and national level. Occupational therapy is practiced in most Western countries as a leading discipline in rehabilitation. Utilizing Western concepts in occupational therapy without considering the cultural context of non-western countries can significantly lead to a power imbalance that undermines. Therefore, it is important to understand how culture plays a role in designing occupational therapy intervention in different countries and cultural settings.

Aim: This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh.

Methods: For this study, a qualitative research method using the grounded theory approach was selected. Purposive sampling was used by including nine clinical occupational therapists (3 female, 6 male) who had at least five and up to sixteen years of experience. The data saturation process was utilized to reach this particular number of participants. Data was collected through face-to-face, in-depth, semi-structured interviews using a self-developed interview guide. The data was then analyzed using the grounded theory method.

Results: The findings indicate that various cultural factors have an impact on occupational therapy interventions in Bangladesh. Factors such as patients' personal interests, values, beliefs, and educational levels can affect the intervention. Additionally, local cultures, traditional and religious beliefs, and the patient's local dialect can also create difficulties for therapists in understanding their language. Demographic factors also play a role in the intervention, including gender, religion, geographical background, and socioeconomic status. Furthermore, a patient's physical and psychological environments can also influence

occupational therapy interventions.

Conclusions: The study shows the complexity of cultural factors and their influence on occupational therapy interventions in Bangladesh. It highlights the importance for occupational therapists to adopt a culturally responsive approach, engage in continuous dialogue, and sometimes modify interventions to successfully handle a diverse cultural context. By identifying and understanding the cultural factors, therapists may promote holistic care for patients and well-being by improving the relevance and efficacy of occupational therapy interventions.

Keywords: Occupational therapy, Cultural factors, Personal factors, Socio-cultural factors, Demographic factors.

CHAPTER I: INTRODUCTION

1.1 Background

Culture is a flexible framework that is created and shaped by individuals, locations, and activities (Causadias, 2020). Culture is adaptable and taught to us in our homes and communities through media broadcasting (Black Roxie, 2011). Language, rules, values, ideas and beliefs, social groups, laws and roles, and cultural integration are all fundamental components of culture (Language et al., 2005).

Culture is seen as a fundamental factor in occupational therapy because of its direct link to occupation. There is disagreement on definitions, applicability, and extent, which contributes to the complexity of both phenomena (Castro et al., 2014). In occupational therapy, culture is described as a learned and shared experience that supports effective communication between people and groups and with the outside world. This is visible in the dynamics of the group as a whole and the differences between each employee's behaviour at work (Bonder et al., 2004). Cultural factors hindered or hampered the acquisition of healthcare services. For example, cultural, religious, and gender-related factors are the most significant barriers to using healthcare services (Tanrıverdi et al., 2011). Culture plays a significant role in occupational therapy, but it is almost hidden by its magnificence (Iwama, 2007). Occupational therapy deals directly with delicate topics like purpose, meaning, and what human beings do. Ignoring the connections between culture and these factors might result in immoral or even harmful behaviour on a local, national, and international scale for denying the diversity and depth of local practices (Castro et al., 2014). Different cultures have different challenges and identities that affect

occupational therapy (Rubaiya, 2014). Over time, the field of occupational therapy has experienced significant transformations. These include acknowledging the individuality of every person, adopting a multifaceted perspective on individuals, and comprehending the social and cultural contexts in which their clients form their habits, beliefs, and values before determining their career aspirations (Black, 2002). It influences the success of occupational therapy at the local, regional, and national levels and is not very simple to maintain (Iwama, 2007).

Occupational therapy is spreading internationally, including service delivery to remote regions and nations where occupational therapy services were previously unavailable (Bourke-Taylor & Hudson, 2005). Western viewpoints have a tremendous effect on the principles that are taught to students in occupational therapy courses. The downside of studying occupational therapy from a Western viewpoint is that both professionals and learners may perpetuate social inequalities via their practices and may not be sufficiently equipped to satisfy the occupational requirements of individuals and communities globally (Mahoney & Kiraly-Alvarez, 2019). These cultural differences have been investigated, assessed, and addressed by researchers in occupational therapy across the world (Bourke-Taylor & Hudson, 2005; Santos & Spesny, 2016). In her study, Somaya H. Malkawi (2020) underlines the growing necessity to modify and enhance occupational therapy's primary objectives to meet the cultures of nations that are not Western (Malkawi et al., 2020).

Bangladesh is the least developed country (Byron & Mirdha, 2021). The cultural legacy of Bangladesh is vast and diverse. This culture is a peaceful combination of religious practices and beliefs that influence its art, rituals, and historical narratives (Azad et al.,

2017). Bangladeshi society has seen significant changes in a number of areas, such as social values, family norms, customs, occupations, belief systems, and lifestyles. These developments have resulted in a wide spectrum of issues across economic, social, cultural, psychological, and spiritual areas (Azam M, 2020). In a previous thesis done at Bangladesh Health Professions Institute (BHPI), it was highlighted that many occupational therapists said that without understanding the different cultures in Bangladesh, they would be unable to treat the people accurately (Rubaiya, 2014).

Accordingly, It is essential to understand the cultural reasons behind health behaviours in order to increase acceptance of services and improve service quality (Latif, 2020). Within the occupational therapy literature, there is a recognized need for more research on different cultural contexts around the world (Castro et al., 2014). By this study, the student researcher wants to understand and describe how cultural factors influence occupational therapy intervention in Bangladesh.

1.2 Justification of the Research

Occupational therapists ensure that patients regain their functional lives as much as possible. Cultural factors have a significant role in occupational therapy. The different challenges and identities of different cultures influence occupational therapy. In Bangladesh, a country rich in cultural variety and diverse societal conventions, the effect of culture on occupational therapy techniques is especially visible. Understanding how various cultural factors influence occupational therapy practices can help to promote fairness and inclusion in the field. Occupational therapists can help eliminate inequities in healthcare access and outcomes by recognizing and appreciating varied cultural views. Suppose occupational therapists do not understand the effect of cultural factors in

occupational therapy. In that case, they may decline in the quality of patient care. Also, an organization can understand how cultural factors influence occupational therapy intervention and its effect on service quality. Organizations can run training programs with occupational therapists to improve their learning and deal with patients from different cultural values and beliefs to improve service quality. As I look at how cultural factors influence occupational therapy intervention in Bangladesh, the results of this research can be used by occupational therapists worldwide to comprehend better the impact of cultural influences on occupational therapy practices in a non-western and less-developed nation.

1.3 Operational Definition

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).

Cultural: "Culture is a set of attitudes, behaviours, and symbols shared by a large group of people and usually communicated from one generation to the next. Culture can refer to racial, ethnic, religious, or national groups" (Ferguson & Fakelmann, 2005).

Cultural Factors: Cultural factors refer to the various elements of culture that influence an individual's behaviour, beliefs, values, and social norms within a specific society or community. These factors include language, religion, customs, traditions, family structure, education, socioeconomic status, and political systems. Cultural factors shape individuals'

identities and worldviews, influencing how they perceive themselves and others and interact with different social groups (Arrindell, 2003).

1.4 Aim of the Study

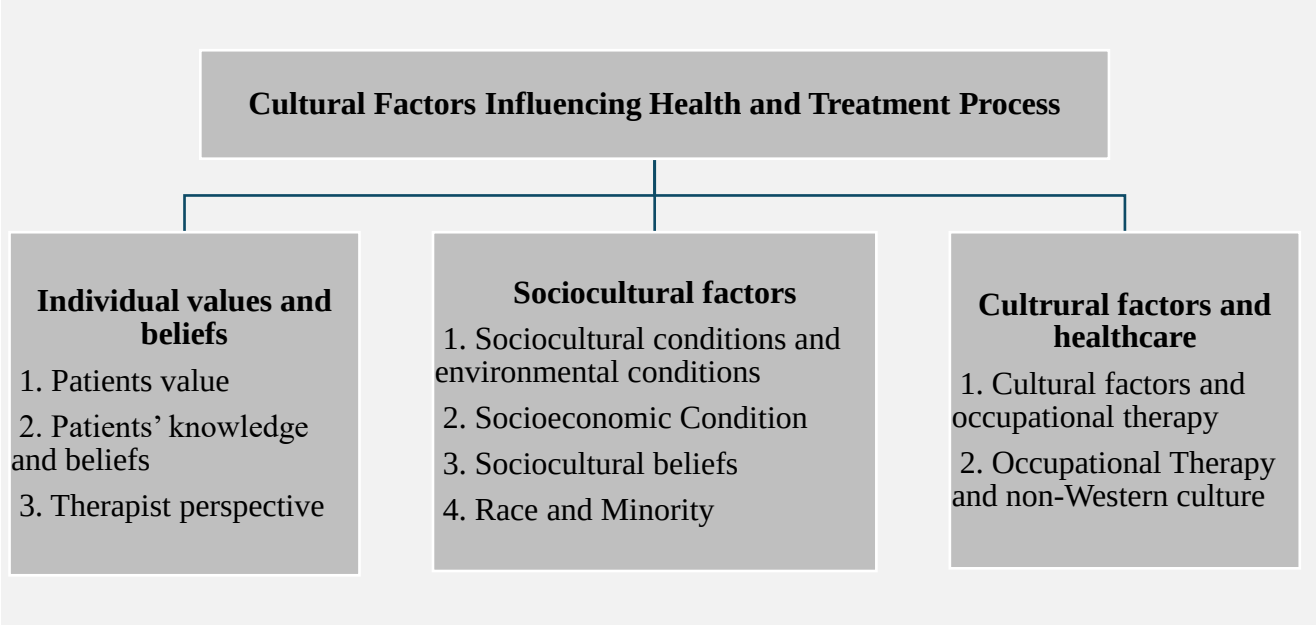
This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh.

CHAPTER II: LITERATURE REVIEW

Using search engines and databases like PubMed, Google Scholar, ResearchGate, and Google, the researcher has reviewed some of the literature related to this study. In this part, the researcher gives a concise summary of this literature. In this literature review chapter, we look at articles focusing on cultural influences on health and treatment.

Figure 2.1

Overview of literature review findings



2.1 Individual Values and Beliefs

"Occupation" should be defined depending on an individual's culture and beliefs. It is essential since culture influences many other ideas and values besides attitudes toward independence. These include pain, health, and sickness perspectives, attitudes about disability and ageing, and social norms around family relationships (Black Roxie M., 2019).

This review section discussed how different people have different values and opinions regarding health and treatments.

2.1.1 Patient's Value

In 2006, research was conducted on the application and usefulness of occupational therapy frameworks in Singapore. Nine highly skilled occupational therapists provided the data. Data were gathered through audio-recorded semi-structured interviews. Five themes - independence, the applicability of client-centred practice, concepts of occupation/activity, client concerns, and the implementation of occupational therapy models during practice were explored by applying qualitative techniques. One significant finding from the study was that, in Singaporean culture, patients typically did not value independence and expected to be looked for by their relatives (Su et al., 2006).

Westernized cultures typically prioritize independence, productivity, and success. As the occupational therapy profession was created in a Westernized world, it tends to focus on the same things. Generally, occupational therapy aims to help people get as much independence and involvement as possible. It can cause problems for people in different cultures who do not share the same values. For example, in other cultures, their value may be placed on rest and self-care rather than independence and productivity. Occupational therapy practitioners must ask about the role of individual and societal modules to understand their clients better and plan their treatment accordingly (Awaad, 2003).

2.1.2 Patient's Knowledge and Beliefs

In 2018, a study was conducted on the impact of culture on health. He found that some patients think that if a doctor does not give them an injection, they do not think their symptoms are being taken seriously. It is about how much they understand and agree with

the treatment options suggested by healthcare providers who do not agree with their culture (Tukuitonga, 2018).

2.1.3 Therapist Perspectives

Numerous research studies have demonstrated that a patient's race and ethnicity can significantly impact the healthcare provider's perceptions and expectations of them (Hall et al., 2015).

Certain behaviours of healthcare professionals directly influence these patients' experiences while receiving care. When people have inadequate health care experiences, it can cause them to be afraid of going to the doctor, less likely to seek treatment and worry about going to the next appointment. For that, ethnic minority patients report less involvement in medical decisions, less collaborative relationships with their therapist, and overall lower levels of satisfaction with care. (Abrishami, 2018).

2.2 Sociocultural Factors

Evidence suggested that there are some socio-cultural factors that play a role in designing occupational therapy intervention, such as sociocultural and environmental conditions, socioeconomic conditions, sociocultural beliefs and race and minorities.

2.2.1 Sociocultural and Environmental Conditions

A study was conducted in Iran, and they discussed the factors affecting occupational therapists' clinical reasoning. They collected data from 12 occupational therapists through interviews in Iran. After analyzing the data through qualitative content analysis, they discovered three main themes: sociocultural conditions, individual attributions, and environmental conditions. The primary topic of sociocultural conditions comprised three sub-sectors: client beliefs, therapist values and beliefs, and social attitudes toward

disability. The second sub-sectors were client attributions, therapist attributions, and the workplace environment. The workplace sub-sectors included knowledge of managing rehabilitation services, working in an interprofessional team, and the constraints of clinical facilities and resources. These factors, particularly the foundation of sociocultural beliefs, may significantly impact how well occupational therapy treatments are provided (Shafaroodi et al., 2014).

2.2.2 Socioeconomic Condition

Poor living conditions cause poor health, and health outcomes can be affected by a few things, but one of the biggest ones is socioeconomic conditions (Galobardes et al., 2007).

A mini review was conducted on Socioeconomic Status and Access to Healthcare and found a relation between socioeconomic status, healthcare access, and healthy ageing. Universally, most research shows that a lower socioeconomic condition leads to more barriers to entry into the healthcare system. The consequences are related to poor health outcomes and a higher chance of death (McMaughan et al., 2020).

Income is a significant determinant of health, as it is closely linked to educational attainment and social standing or class. Individuals who are lower on the socioeconomic ladder tend to have poorer health outcomes (Tukuitonga, 2018).

2.2.3 Sociocultural Beliefs

A study explained how cultural factors influence the outcomes of health promotion studies, either purposefully or accidentally. In Chinese culture, one's inner strength can be seen as a sign of virtue, while a person's ill health can be attributed to the sins of the sick person or their family. In some Muslim communities, men may prefer to consult with men and women with women. In Bedouin communities, women must cover their faces and not show

them to men, even if it is a photograph (Al-Bannay et al., 2014).

Another qualitative ethnographic research was conducted and found that in North-Eastern Ethiopia communities, illness is associated with supernatural elements, such as the omnipotent God/Almighty Allah, spiritual entities, and human agents of the supernatural (Kahissay et al., 2017).

2.2.4 Race and Minority

Over the past decades, society has worked to correct and eliminate the inequalities that existed and still exist among ethnic and racial minority groups. Health inequalities in the healthcare system are a significant factor that affects the quality of outcomes and patient satisfaction. The health inequalities and workplace injustices for ethnic and racial minorities significantly impact occupational therapy practice. The practices of occupational science and occupational therapy are heavily affected by societal prejudices and beliefs of society. The authors also note the great responsibility of recognizing the role of occupational therapy practitioners in understanding the impact of racism and health disparities on the lives of those they care for. These biases and inequalities affect a person's ability to allocate resources, access job opportunities, and overall job performance (Lavalley & Johnson, 2020).

2.3 Cultural Factors and Healthcare

A study found out patients' perspectives on cultural issues influence the quality of their medical experiences. Nineteen focus group discussions were used to elicit the cultural factors that affect the quality of medical encounters. The most common factors that affected the quality of medical care for all ethnic groups were their sensitivity to alternative medicine (17%), discrimination based on health insurance (12%), discrimination based on

class (9%), discrimination based on doctor-patient match (8%), and discrimination based on age (4%). Doctors were more likely to acknowledge the importance of spirituality and family (2%) than discrimination based on race (11%), with cultural factors being the most common discrimination against non-white people. Latin Americans were the most affected by language problems (21%), followed by immigration (5%) (Nápoles-Springer et al., 2005).

Evidence suggested that different cultural factors, such as non-western culture, influence the healthcare system and occupational therapy.

2.3.1 Cultural Factors and Occupational Therapy

A qualitative research was conducted in the Netherlands to examine an occupational therapist's work with clients from different cultural backgrounds. Through the series of observations and interviews, the researcher shared her thoughts on providing occupational therapy to clients from different cultural backgrounds. Cultural variations were visible during the assessment process and impacted treatment outcomes. She discussed how cultural variations influenced occupational therapy in building a therapeutic relationship, communication, evaluation, treatment planning, and treatment results. She also discussed that a lack of cultural similarities makes it hard to build interaction, especially in informal chat, which builds rapport (Sandra, 1997).

Another qualitative research was conducted, and it explored the importance of culture in occupational therapy; individuals evaluate the quality of their therapy via a filter that includes prior learning and emotions and is based on three levels. 1) the patient's perception of illness and health, 2) the patient's perception of therapy, and 3) the patient's belief in the meaning of his life and activities. The founders of occupational therapy

highlighted the need to consider the patient's interest in treatment and cultural aspects in evaluation and treatment (Levine, 1987).

2.3.2 Occupational Therapy and Non-Western Culture

In a study, the researcher explored how Jordanian occupational therapists support occupational therapy practice within Islamic Eastern culture. They used a phenomenological approach and semi-structured interviews to gather data, which they then analyzed using thematic analysis techniques. Through analysis, they uncovered three significant topics about cultural factors influencing occupational therapy practice in Jordan: (1) the influence of Jordanian culture on occupational therapy practice, (2) ideal occupational therapy vs. reality, and (3) workplace difficulties. They also draw attention to the rising necessity to develop and translate occupational therapy's fundamental principles to make them compatible with non-Western nations and cultures (Malkawi et al., 2020).

A previous research described the subjective experience of an occupational therapist with Western training as she started a service in a community expanding its healthcare access. Ethnographic interviews were conducted to record the activities and occurrences during this six-month experiment. Part of the difficulty was that the therapist and the locals had very different beliefs, values, and cultural norms. This study found that when Western occupational therapy services are exported without any changes, it creates much tension between the professionals and the clients. This research highlights the significance of comprehending cultural distinctions between therapist and client and the necessity of occupational therapy services in communities that focus on enhancing the health and capabilities of individuals needing rehabilitation (Bourke-Taylor & Hudson, 2005).

2.4 Summary of the Literature Review

The impact of cultural factors on treatment choices, health perceptions, and occupational therapy practices is investigated in the literature review. For example, different cultures could place more value on relaxation and self-care than do Western societies, which value independence and productivity. Health outcomes are further influenced by sociocultural variables. Furthermore, cultural practices and beliefs affect how people view sickness. The review also emphasizes how important it is for occupational therapists to take cultural factors into consideration, especially when working with clients from varied cultural backgrounds who may have different needs and expectations. So, it is crucial to explore how cultural factors affect how we do occupational therapy in Bangladesh.

2.5 Key Gap of The Study

- There has been little research on how culture affects occupational therapy interventions, especially in non-Western settings.
- There is lack of evidence on how cultural diversity can be addressed in healthcare delivery.
- It is imperative to conduct comprehensive research on the discrepancy between theoretical knowledge and practical application in the healthcare sector with regard to comprehending and responding to cultural influences.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objectives

3.1.1 Study Question

How do cultural factors influence the occupational therapy in designing and implementing occupational therapy intervention in Bangladesh?

3.1.2 Aim of the Study

This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh.

3.1.3 Objectives

- To understand how socio-demographic status, ethnicity, race, and minority factors influence designing and implementing occupational therapy intervention.
- To understand how personal interests, values, and attitudes influence designing and implementing occupational therapy intervention.
- To explore how language factors influence designing and implementing occupational therapy intervention.
- To understand how religious factors influence designing and implementing occupational therapy intervention.
- To understand how environmental and demographic factors influence designing and implementing occupational therapy intervention.

3.2 Study Design

3.2.1 Study Method

The student researcher used the qualitative research methodology in this study, as it aims

to understand, rather than erase, the influence of context, culture, and perspective (Cristancho et al., 2018) and explore how individuals interpret the world, as opposed to trying to establish a correlation or verify a hypothesis (Braun & Clarke, 2013). "Qualitative research is an umbrella term for an array of attitudes and strategies for conducting an inquiry that is aimed at discovering how human beings understand, experience, interpret, and produce the social world" (Mukrimaa et al., 2016). Qualitative methods also provide access to people's subjective worlds and meanings, as well as to marginalized groups that are frequently invisible in Western psychology due to factors like gender, sexual orientation, race, or culture (Braun & Clarke, 2013). In this study, the student researcher tried to understand and describe how cultural factors influence the occupational therapy intervention in Bangladesh, as qualitative research examines how things unfold in real-world settings (Cristancho et al., 2018).

3.2.2 Study Approach

A grounded theory approach of qualitative research methods was used in this study. Grounded theory is a qualitative research design in which the researcher provides a general explanation of a process, an action, or an interaction based on the opinions of many participants (John, 2017). While grounded theory can be used to answer a wide range of research questions due to its focus on social and psychological phenomena within specific social contexts, it is likely best suited for questions about influencing factors and social processes underlying a particular phenomenon (Braun & Clarke, 2013). Participants in the study would all have experience with the process, and the development of the theory could help explain practice or provide a framework for further research (John, 2017). So, by using the approach, the student researcher understood and described how cultural factors

influence designing and implementing occupational therapy intervention in Bangladesh.

3.3 Study Setting and Period

3.3.1 Study Setting

The study setting is an essential component of a research study. The participant and the student researcher decided on an ideal location for data collection as the study setting's nature, context, environment, and logistics may influence how the research study is carried out (Majid & Board Member, 2018). Data were collected from different hospitals, rehabilitation centres, special schools, and non-governmental organizations (NGOs) in developmental and humanitarian settings. The student researcher conducted every interview in a setting that was calm and welcoming to participants.

3.3.2 Study Period

The study period was from April 2023 to February 2024, and the data collection period was between 1 December 2023 to 31 December 2023.

3.4 Study Participants

3.4.1 Study Population

The study population was nine experienced occupational therapists from Bangladesh.

3.4.2 Sampling Techniques

In this study, the student researcher used purposive sampling to conduct the study. In purposive sampling, the researcher chooses subjects and study locations based on their ability to provide relevant information on the study's main phenomena and research challenge (Creswell & Poth, 2016), and also the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by

knowledge or experience (Tongco, 2007).

3.4.3 Inclusion Criteria

- Occupational therapists, both male and female.
- Occupational therapists work in different hospitals, rehabilitation centres, special schools, non-governmental organizations (NGOs), and international non-governmental organizations (INGO) in developmental and humanitarian settings.
- Occupational therapists who have been providing services regularly and have at least one year of experience.

3.4.4 Exclusion Criteria

- Occupational therapists working as managers and not involved in delivering hands-on occupational therapy programs in clinical or community occupational therapy programs were excluded.
- Occupational therapists who are working abroad

3.4.5 Participant Overview

Participant selection is one of qualitative research's most invisible and least critiqued methods. Researchers do not just collect and analyze neutral data; they decide who matters as data (Reybold et al., 2012). Nine experienced clinical occupational therapists with five years and up to sixteen years of experience responded to this study. All of them worked in urban areas of Bangladesh. Two were from the Hindu religion, and the rest belonged to the Islamic religion. The names of the participants were coded with pseudonyms to maintain confidentiality. An overview of the identified participants is provided in Table 3.1 below.

Table 3.1

Participants overview

Pseudo Name	Age (Years)	Gender	Educational Qualification	Area of Practice	Duration of Work Experience
Maya	32y	Female	Postgraduate	Specialized Hospital	11 years
Ayat	31y	Female	Undergraduate	Specialized Hospital	06 years
Afiyah	36y	Female	Postgraduate	Specialized Hospital	10 years
Karim	43y	Male	Postgraduate	Specialized Hospital	16 years
Riyad	31y	Male	Undergraduate	Specialized Hospital	07 years
Amir	32y	Male	Undergraduate	Specialized School	08 years
Faruk	31y	Male	Undergraduate	Mental Health Settings	06 years
Robin	29y	Male	Undergraduate	Specialized Hospital	6.5 years
Rahim	29y	Male	Postgraduate	Specialized Hospital	05 years

3.5 Ethical Considerations

The ethics were maintained by following ethical issues as stated by the World Medical Association (WMA) created for medical research involving human subjects (World Medical Association, 2022).

3.5.1 Ethical Clearance

The ethical clearance has been approved by the Institutional Review Board (IRB) to describe the aim and objective of the study through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB number: CRP-BHPI/IRB/10/2023/757.

3.5.2 Informed Consent

- **Information Sheet:** All participants received an information sheet from the student researcher covering all the study details such as the background of the researcher, aim of the research, participation details, eligibility, risks and benefits, confidentiality of participants and data, data collection method and storage, utilization of results and

promotional results.

- **Consent Form:** After providing study details and explaining the purpose of the study, participants chose to participate voluntarily. The consent was obtained by written consent from the participant after confirmation from the participant that data had been collected.
- **Withdrawal Form:** Participation was voluntary, so they had the right to withdraw their consent before data analysis. The withdrawal form has been attached with the information sheet and consent form.

3.5.3 Unequal Relationship

The student researcher may have some familiarity with the participants, as they all graduated from the BHPI. The researcher is a student, while the participants are all experienced professionals, so their viewpoints on the topic are different. As a result, the student researcher's opinion had no impact on the participants' answers.

3.5.4 Risk and Beneficence

There was no risk or benefit involved in this study.

3.5.5 Confidentiality

The student researcher ensured and maintained the confidentiality of the participants. Their name and identity were not disclosed to anyone except for the supervisor. The student researcher also got the volunteer to sign a transcription contract requesting that they not reveal any information. The participants were also informed that their identity would not be disclosed for any future purposes, including reports, publications, conferences, or any other written or oral discussion.

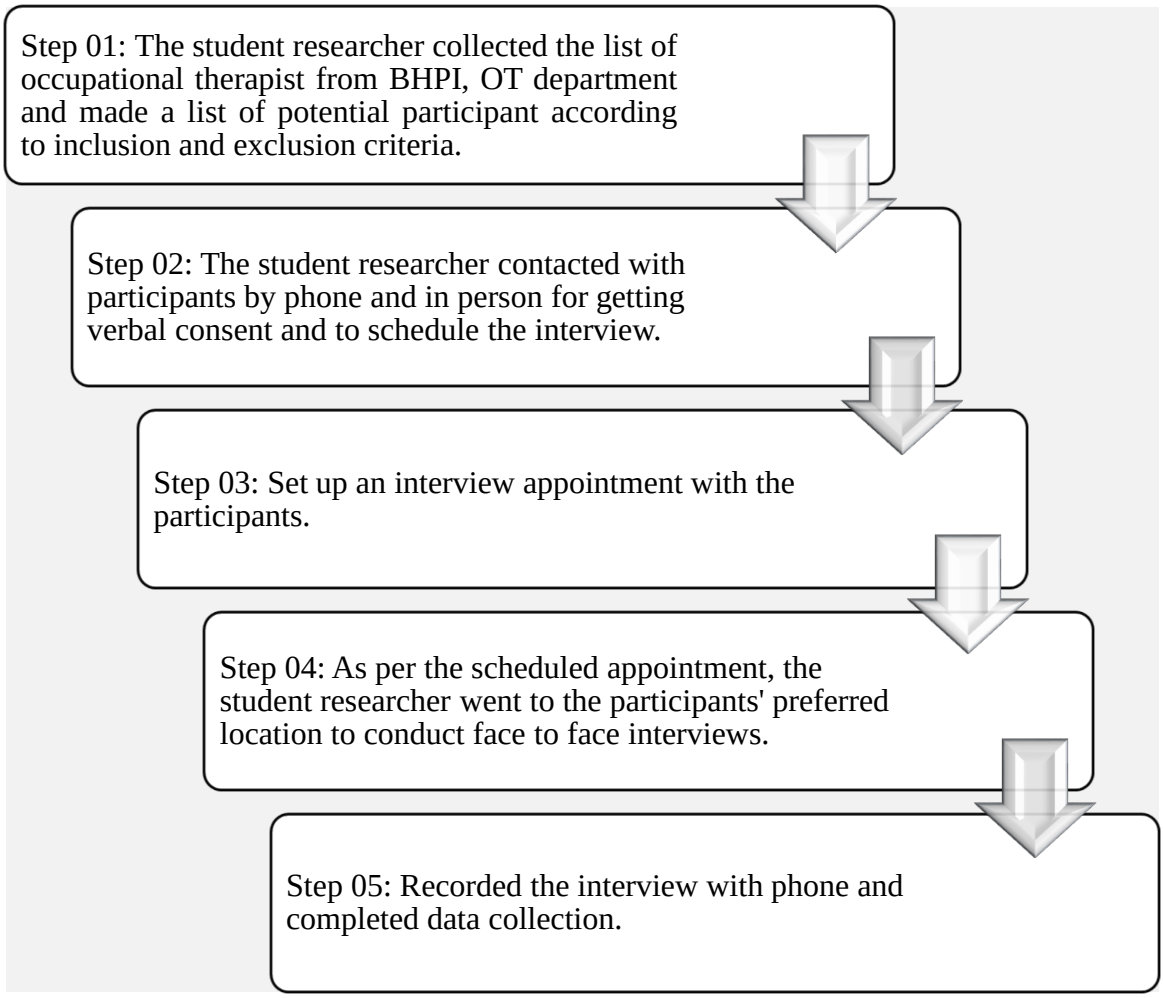
3.6 Data Collection Process

3.6.1 Participants Recruitment Process

The core of the research technique is recruitment. Recruiting subjects for studies might be complex (Spratling, 2013). For qualitative research, recruiting is an essential methodological aspect (Negrin et al., 2022); it also influences the trustworthiness of qualitative research (Jessiman, 2013). A total of nine clinical occupational therapists were recruited from various work settings. The participation recruitment diagram is given below in Figure 3.1.

Figure 3.1

Overview of the participation recruitment process



The student researcher talked with a teacher of the Occupational Therapy (OT) department at Bangladesh Health Professions Institute (BHPI) and collected a list of clinical occupational therapists who are working in Bangladesh. After that, the student researcher created a possible participant list based on the inclusion and exclusion criteria (see sections 3.4.3 and 3.4.4 for details). Then, the student researcher contacted the participants by phone and in person to get verbal consent by briefing them on the details of the study and scheduling the interview. As per the scheduled appointment, the student researcher went to the participant's preferred location to conduct face-to-face interviews and collected data through recording.

3.6.2 Data Collection Method

The student researcher will collect data through face-to-face, in-depth, semi-structured interviews. An interview is one of the most popular ways to collect qualitative research information because it is seen as speaking, and speaking is natural (Griffee, 2005). Through interviews, the researcher collects data directly from the participants, and it is significant in unfolding opinions, experiences, values, and various other aspects of the population under study (Showkat & Parveen, 2017). An in-depth interview is a verbal conversation in which one person (the interviewer) tries to get information from another person (the listener) by asking questions, and it usually takes place in a conversational setting, allowing participants to explore topics that are important to them (Longhurst, 2009). Data was collected and recorded by mobile phone recorder. The interviews lasted for 30-40 minutes.

3.6.3 Data Collection Instrument

A self-developed interview guide was used in the study to conduct the research. The interview guide has been developed through the literature review (Al-Bannay et al., 2014;

Malkawi et al., 2020; Shafaroodi et al., 2014; Su et al., 2006; Tukuitonga, 2018). The interview guide focuses on cultural factors such as social class and status, social customs and rituals, ethnicity, race minority, personal factors, gender, local dialect, religious factors, environment factors, and the country's cultural context. Also, the student researcher developed a sociodemographic information sheet to collect general information like age, job setting, experience, etc. from the participants.

3.6.4 Field Test

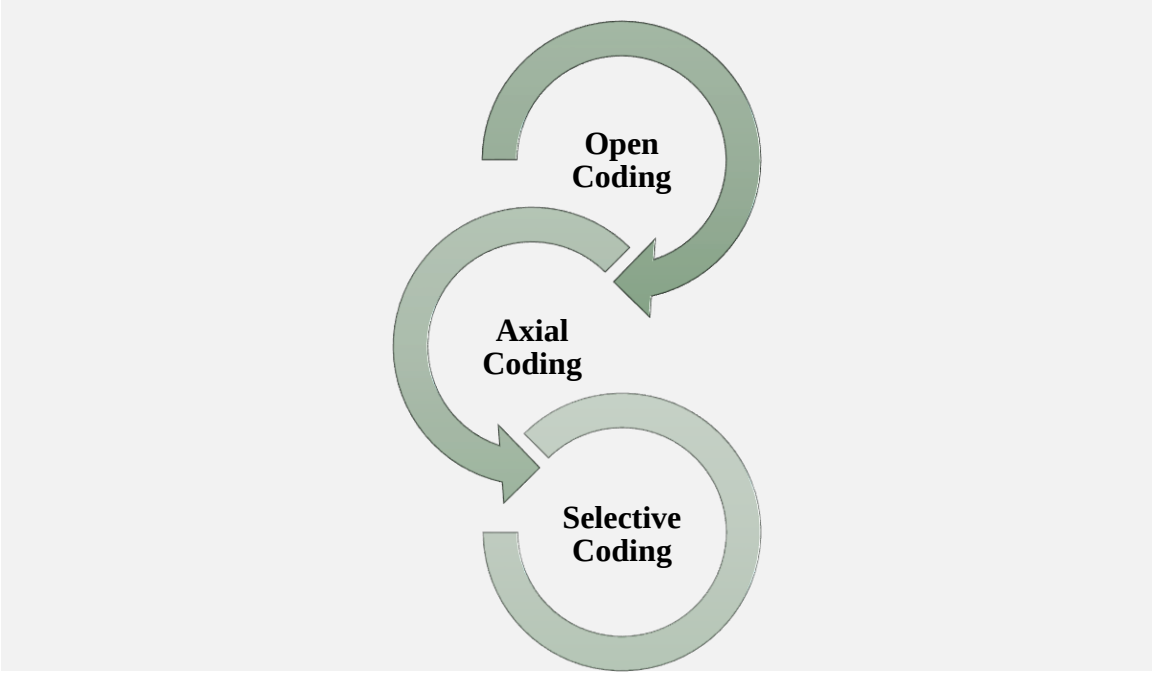
The field test was conducted with two participants through the pilot interview. An interview pilot is a practice interview that can be used for a variety of reasons, such as getting started, preparing interview questions, and receiving input on the subject and interview technique (Griffee, 2005). After the field test, some questions were modified, such as questions about religious and occupational areas.

3.7 Data Management and Analysis

Data was analyzed by the grounded theory method. Grounded theory provides a process for creating categories of information (open coding), connecting the categories (axial coding), building a "story" that connects the categories (selective coding), and concluding with a theoretical set of ideas (Creswell, John W. & Poth, 2016). The aim of open coding is to extract the categories from the data, while axial coding seeks to determine the relationships between the categories. The third stage, known as selective coding, involves identifying and characterizing the central category (Kasurinen, 2012). The steps of data analysis are given below in Figure 3.2.

Figure: 3.2

Steps of data analysis



Stage 01: Open Coding

During the preliminary phase of research, the student researcher conducted a thorough examination of the collected data. Subsequently, the data was segmented into individual components and concepts. The student researcher then proceeded to label these concepts with descriptive codes. Throughout the coding process, the newly acquired data was continuously compared with previously coded data to detect similarities and variances. The initial codes were an extensive list of codes that underwent a rigorous verification process by the supervisor to ensure their authenticity and accuracy.

Stage 02: Axial Coding

The axial coding process followed the generation of an extensive set of open codes. This process involved sorting and organizing the codes into broader themes by identifying the connections and interactions between them. Additionally, the researcher considered how

these themes related to and influenced one another. After completing the axial coding process, the supervisor reviewed the list to ensure that the research was proceeding in the intended direction.

Stage 03: Selective coding

During the final stage of coding, the student researcher narrowed their focus to selective coding. They fine-tuned and merged the axial coding and identified five main categories that best represent the study's core idea. Based on these categories, the student researcher created a comprehensive theoretical model that describes the relationships between the core category and other subcategories.

3.8 Trustworthiness and Rigour

Trustworthiness was maintained by methodological and interpretive rigour (Curtin & Fossey, 2007)

3.8.1 Methodological Rigour

- **Congruence:** For the research, a grounded theory approach with a qualitative study design was chosen, which appropriately matches the goals and objectives of the study (see section 3.2: Study Design).
- **Responsiveness to social context:** A face-to-face interview occurred by manual convenience in an appropriate setting (see section 3.3.1: Study Setting)
- **Appropriateness and adequacy:** The study employs purposeful sampling to select participants. In this study, nine participants were chosen based on a set of inclusion and exclusion criteria. Interviews were conducted in person to gather data (see sections 3.4.2 and 3.6.1: Sampling Techniques and Participant Recruitment Process).

- **Transparency:** The student researcher gathered and examined information. Because the supervisor actively participated in each stage of the data analysis process and provided a range of perspectives for the data, there was no chance of bias (see sections 3.6 and 3.7: Data Collection Process and Data Management and Analysis).

3.8.2 Interpretive Rigour

- **Authenticity:** The study findings and interpretation were presented with the participants' verbatim quotations. The student researcher asked the participants if they understood the explanation that had been given after their statements (See Chapter IV: Result section).
- **Coherence:** Data was adjusted to meet the aim and objectives. The student researcher translated the data from Bengali, their first language, into English by transcribing the information verbatim. After hearing the audio recording, the study supervisor went over each transcription to check once more, and the student researcher began data analysis (see section 3.7: Data Management and Analysis).
- **Reciprocity:** The original data was not altered as the student researcher translated it verbatim. There was no discussion of data analysis with participants (See section 3.7: Data Management and Analysis).
- **Typicality:** The student researcher provided a thorough description of the study's context so that readers could grasp it (see sections 3.4.5 and 3.7: Participant Overview and Data Management and Analysis).
- **Permeability of the researcher:** The student researcher strictly followed the ethical guidelines. The student researcher finished the entire research strategy after

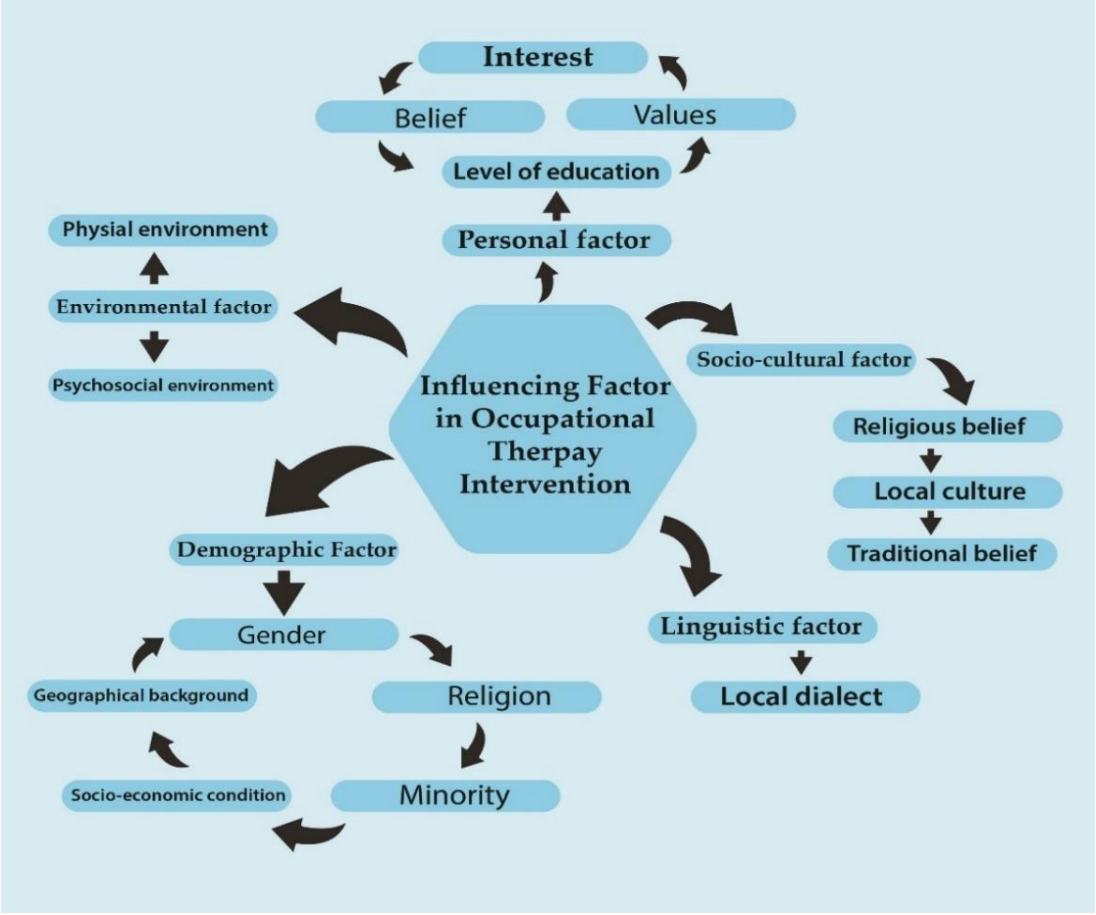
consulting with the supervisor and making necessary checks to ensure the study's objectivity (see section 3.7 Data Management and Analysis).

CHAPTER IV: RESULTS

The results of this research are presented in this chapter, which also provides a thorough analysis of the information gathered and new perspectives gained. Overall, all participants explained that cultural factors influence occupational therapy intervention in Bangladesh. Also, this chapter explains what kinds of obstacles occupational therapists encounter due to those cultural factors and how they overcome those obstacles. The following main categories of cultural factors that influence occupational therapy interventions were found - personal factors, sociocultural factors, linguistic factors, demographic factors, and environmental factors. Multiple sub-categories were found for each category.

Figure: 4.1

Influencing factors in occupational therapy intervention



4.1 Personal Factors Influencing Occupational Therapy Intervention

The core category that affects occupational therapy intervention in Bangladesh is personal factors, which can be further divided into five subcategories: personal interest, personal values, personal beliefs, understanding level, and level of education. These factors are illustrated in the model at the top. According to participants, personal factors such as a patient's personal interest, values, beliefs, and education level are crucial considerations that impact their treatment approach. Each participant considers these personal factors and adjusts their treatment strategies accordingly, if necessary. For example, Maya said, “It is important for an occupational therapist to consider patient’s personal factors and give priority to them.” Participants and patients had ongoing discussions regarding the patients' personal factors and treatment goals. Like Karim said, “Understanding the patient's personal factors is important for developing successful treatment plans and meaningful recovery.”

4.1.1 Personal Interest

The participants explained personal interests such as the patient wanting to focus on something or be involved in something. In this subcategory, participants explained how they consider the personal interest of a patient and provide treatment. For example, Robin discussed a case where a patient’s physical status was not good, but he wanted to go back to his productive life. He said, “If a patient is physically able to fulfil his personal interests, then we give priority to them. For this patient, we considered designing intervention around his productive life.”

Riyad discussed a case where the patient had a problem in the right side of the body with poor fine motor skills. However, the patient wants to learn how to eat with his hand.

As his fine motor was poor. So Riyad started training on eating dry food instead of rice, he uses alternative ways of treatment to fulfil the personal interests of patients. For example, he said, "… We start working according to his need and focusing on his priority."

Focusing on existing personal interests can increase a patient's confidence. Afiyah discussed a case where the patient feels very low as he is a person with a disability. His confidence increased greatly after doing work similar to what they used to do at their previous level of functioning. She said, "If confidence increases, recovery from rehab will improve quickly."

4.1.2 Personal Values

The participants explain personal value as giving value to something that the patient does. In this subcategory, some participants explained personal values and their influence on occupational therapy. Robin discussed personal values depending on the patient's educational level and the environment they came from. For example, he said, "A patient from a rural area may value therapy differently compared to an educated person." In many cases, people are not aware of occupational therapy and consider it merely as exercise. Participants also discussed the importance of considering personal values. Robin said, "If he does not value patient value there will be no response from patients." The wrong value of the patient desensitizes gradually otherwise no trust will build and ultimately hamper occupational therapy. For example, Afiyah said, "I prefer not to discourage him in the beginning but desensitize him to wrong values gradually."

Patients sometimes do not prioritize independence, for example, Afiyah said,

> "…those who have money, do not want to do things on their own. This hampered his level of independence." Robin said, "In our country, in many cases patients

thought I was healthy for 10 years now I am sick everyone will see me, and I do not want to work."

4.1.3 Personal Beliefs

In this subcategory, participants explained personal beliefs as patient's own beliefs about medication and treatment. Some participants discussed how they consider the personal beliefs of a patient and provide occupational therapy. In many cases, patients have only belief in medication like taking medication will lead to improvement. Robin shared a case where patients had believed only in medication and provided education and counselling to break the wrong belief. For example, he said, "… I make them understand that if taking medication alone does not make them better, doctors would not have referred them to us."

4.1.4 Level of Education

In this subcategory, participants explained the patient's level of education like the amount of education a person completes. Educational level influences the understanding level of the patient and therapist. Some participants discussed educational level and its influence on occupational therapy. For example, Robin said, "Educated individuals often understand therapy… and regularly attend therapy sessions, actively participating in the suggested activity at home."

The patient's level of education affects the treatment progress, Afiyah said, "During the treatment, maybe I told him something that the patient did not understand or could not follow…in that case progress become slow."

4.2 Sociocultural Factors Influencing Occupational Therapy Intervention

In this category, participants discussed socio-cultural factors such as traditional beliefs, religious beliefs, and local culture and how they influence occupational therapy in

Bangladesh. As illustrated in the model socio-cultural factors had three more subcategories traditional beliefs, religious beliefs, and local culture.

4.2.1 Traditional Beliefs

Participants described traditional beliefs as beliefs in traditional methods of treatment. Some participants discussed some traditional beliefs of patients and their influence on providing therapy. Amir shared his experience of facing some barriers to the traditional belief of using amulets. He said, "…many people use amulets and do not want to take off … they act as a barrier in strengthening or range of motion practice." Maya also faced problems with the traditional belief of using amulets and educating the patients to break traditional beliefs.

Faruk shared some cases where he faced problems with patients' traditional beliefs in the treatment of traditional healers for patients with mental health. He said, "In traditional healers, the patient is given pepper powder in his eyes, he is beaten, he is kept naked." He educates patients with scientific evidence to break those traditional beliefs.

4.2.2 Religious Beliefs

Religious belief is described by participants as the patient's own religious beliefs and rituals. In this subcategory, participants discussed the religious beliefs of the patient and their influence on occupational therapy.

Most of the participants try to consider and respect the religious beliefs of the patient. For example, Faruk said, "The patient religious belief is right, and I respect his religious beliefs." Some participants shared experiences of facing difficulties with religious beliefs while in treatment. For example, Ayat shared her experience when she faced challenges to the religious belief of using sacred bangles. She said, "… Hindu patients

prefer to wear sacred bangles on the hand…unwilling to take the bangles off…it becomes challenging for some time." Maya shared a case where a patient had problems with her hand, but she was doing her religious activity like ringing a bell continuously and it affected the improvement of her hand. Maya said,

> "First of all, I never hurt their customs or traditions because it is their religious beliefs … I educate her… I have to be very sensitive then I forcefully tell her that you stop your hand when doing this kind of movement or activity."

Amir shared a case where he got a patient with Bell's palsy and he had long bread, it was his religious belief. The occupational therapist faced challenges to provide facial massage for long bread. He said, "I considered it, many times it was seen I had to do facial massage over long bread."

4.2.3 Local Culture

In this subcategory, participants explained local culture as the patient's cultural dress. Some participants discussed local culture and its norms, aspects, and its influence.

Overall participants consider the patient's cultural aspects and norms to provide treatment. For example, Afiyah said that she considers local cultural aspects and sets a treatment plan. She said, "I think about…his customs, his occupation, his dress like lungi, sari…I have to set the treatment that way, [I did not consider the plan for western dress]."

Ayat shared a case where she had to consider the cultural aspects of a Buddhist patient's clothes and set a treatment plan. She said, "I included the cloth in the plan, even though it had to be kept lower on the head."

4.3 Linguistic Factors Influencing Occupational Therapy Intervention

The next main category is linguistic factors. Overall participants faced problems due to

linguistic factors such as local dialect.

4.3.1 Local Dialect

In this sub-category, participants explained the local dialect as the patient's local language that he/she uses for communicating with others. Overall participants have had some difficulties in understanding the local dialect of the patients. Amir shared an experience of difficulties in understanding the local dialects of patients who came from the rural area of Bangladesh. He said, “The language of rural areas is more difficult to understand…. sounds new to us.”

Afiyah also faces difficulties in understanding the local dialects of Chattogram, and Noakhali. Afiyah said, “Especially the language of Chattogram and Sylhet, it is some problem.” Linguistic factors gradually influence occupational therapy. Ayat said, “I could not understand the local dialect of a patient and could not access the patient for seven days.” Overall participants ask for help from colleagues or carers to overcome linguistic problems. For example, Karim said, “Their family members accompany them…they explained where I faced difficulty to understand the local dialect.”

4.4 Demographic Factors Influencing Occupational Therapy Intervention

Demographic factors are found as another core category that influences occupational therapy treatment in Bangladesh. All participants explained how they consider demographic factors such as socioeconomic conditions, religion, gender, and geographical area, and how those factors influence occupational therapy treatment.

Demographic factors have four subcategories, gender, religion, socioeconomic condition, and geographical area.

4.4.1 Gender

In this sub-category, participants discussed how they consider gender issues while providing occupational therapy. They explained gender as patient characteristics, including norms, behaviors, and roles for both women and men. Different genders have different medical needs and priorities, and occupational therapists must be aware of this while treating their patients.

Some of the female participants discussed the concept of touch when treating male patients. For example, Ayat said, “I have to consider the concept of touch while I treat male patients.” Additionally, some male therapists were cautious about physical distance while providing hands-on treatment to the female patients. Karim said, “As I am a male therapist, this is an important issue that I need to be careful about.”

It is also essential to consider and respect the privacy and comfort of male patients. Amir shared his experience that sometimes male patients come with local clothes like a lungi, and he needs to flex their lower limbs or engage in some activity that may require them to raise their clothes a little bit. In such situations, he ensures that the patient doesn't feel embarrassed or ashamed. Maya emphasized this point by saying, “we need to be mindful about showing respect for their privacy no matter what the gender is.”

Some female participants expressed discomfort while treating male patients as well. For example, Maya said, “I am comfortable with female patients…in the case of male patients, I have to maintain a little distance.”

4.4.2 Religion

Religion is described by participants as the patient's moral obligation to religion. In this subcategory, participants discussed how religious issues influence occupational therapy.

Participants understand and respect modesty for patients with any religion. For example, modesty is a core concept of Islam. Ayat, a Muslim occupational therapists said, “I modify treatment protocol if the patient require privacy according to Islamic religion.” Participants also said that they encounter female patients who are very religious. In that case, they need to ask for permission to do any therapeutic activity. For example, Maya said, “…if she [patient] permits me then I try to do it [therapeutic activity] the way they prefer. If the patient does not allow it, I give her as much privacy as possible and do therapy sessions.” For this issue, some participants referred same-gender patients to the same-gender therapists. For example, Riyad said, “If she [a female patient] feels any kind of hesitation, then we try to provide treatment to her with a female therapist.”

4.4.3 Socioeconomic Condition

Socioeconomic condition is described by the participants as the patient’s economic status and affordability. In this subcategory participants described the socioeconomic condition of a patient and how it influences occupational therapy intervention.

Overall participants consider the socioeconomic condition of a patient, and the treatment plan varies based on the patient’s affordability. For example, Maya said, “I can easily plan for a patient who is economically rich than a lower economical patient. I must think critically or differently to achieve a better situation or goal.” Some participants experienced that they needed to think of alternatives for rich and insolvent people. They do not listen to the therapist’s advice. For example, Afiyah said, “If the patient comes from a low socioeconomic background, they listen to us carefully. However, patients from financially stable backgrounds think that whatever they understand is the best. It is challenging to make them understand.”

During the discussion, the participants highlighted the importance of taking into account the socioeconomic status of individuals when providing assistive devices or home modifications. For instance, Riyad pointed out, "Apart from assessing the person's physical condition, we also need to focus on their economic condition while providing assistive devices or home modifications."

4.4.4 Geographical Background

The participants described geographical background as from which area the patients come. In this subcategory, participants discussed geographical background and its influence on occupational therapy.

Cultural practices and beliefs differ widely throughout Bangladesh's many regions, impacting beliefs about health, disease, and rehabilitation. Understanding these regional and cultural differences is therefore critical for creating successful occupational therapy activities that resonate with the patient's beliefs and habits. For example, Robin said, “We consider regional, geographical environments, where they come from.” Participants consider where the patient came from and its influence on the patient’s personal values. For example, Robin said, “A patient from a rural area may assess therapy differently compared to an educated person.”

4.5 Environmental Factors Influencing Occupational Therapy Intervention

Environmental factors are another main category. Most of the participants discussed environmental factors such as physical environment and psychosocial environment and their influence on occupational therapy. For example, Maya said, “The environment and occupational therapy patients complement each other.”

As illustrated in the model, environmental factors have two subcategories, physical

environment.

4.5.1 Physical Environment

Participants described the physical environment as the patient's own home and working environment.

In this subcategory, participants explained the physical environment and its influence on occupational therapy. Consider the physical environment of a patient, for example, Afiyah said, “Many things depend on the patient’s environment rather than the house. I must think how much I can modify the condition of his environment.” Environmental factors influence occupational therapy, for example, Maya said, “If the environment is not accessible, then how he can do Activities of Daily Living…adapt the patient to that environment…he can achieve his goal.” Environmental factors influence occupational therapists to gain more knowledge about the environment, for example, Aayat said, “… it [environmental factor] is influencing is to say it helps to increasing more knowledge.”

4.5.2 Psychosocial Environment

The participants discussed the psychosocial environment of the patients as well as the psychosocial status of those around them.

In this sub-category, the participants discussed the psychosocial environment, as well as its influence on occupational therapy. Consider the patient's psychosocial status and environment, for example, Maya said, “There are several factors that need to be taken into consideration when dealing with a patient's well-being. Some of these factors include the patient's mental state, their social environment, and their psychosocial status. Additionally, the role of the patient's neighbors - whether they are present or not - can also play a crucial

role in their overall care and support. It's important to keep all of these factors in mind when determining the best course of action for the patient."

CHAPTER V: DISCUSSION

Several reports have shown that occupational therapists all around the world encounter cross-cultural circumstances in their everyday work, and they are pushed to cope with cultural awareness. The practitioner and client bring their own culture into the treatment environment. Their attitudes, values, and beliefs may be quite different (Balcazar & Boston, 2013; Talero et al., 2015). There are difficulties with communication as well as identifying culturally appropriate techniques to help with daily tasks, work, and other parts of therapy (Scheidegger & Torrance-Foggin, 2015).

The need for alternative ways of treatment has been highlighted to meet the specific requirements of each patient. The primary category that influences occupational therapy interventions is personal factors. These personal factors demand that therapists consider several subcategories, including personal interests, values, beliefs, and level of education, while providing occupational therapy services. All participants agreed that it is essential to have ongoing conversations with patients to understand their personal factors. These conversations help therapists tailor their interventions to meet the specific needs of the patient. By identifying personal factors, therapists can provide more effective and personalized treatment plans. As mentioned in the literature review, several studies have found that a patient's values can significantly influence occupational therapy. Therefore, it is essential to understand a patient's values and beliefs to provide the most effective treatment possible. Ultimately, occupational therapists must consider a patient's personal factors to provide tailored interventions that improve the patient's quality of life (Awaad, 2003; Su et al., 2006)as well as the personal beliefs of a patient (Tukuitonga, 2018).

According to the findings of the study, there are several social factors that have a

significant impact on occupational therapy in Bangladesh. These factors include traditional ideas, religious beliefs, and local culture, all of which play a crucial role in shaping the perceptions and attitudes of the Bangladeshi people towards occupational therapy. One of the most significant factors that influence occupational therapy in Bangladesh is the country's religious composition. The majority of Bangladeshis are Muslims, accounting for 89.1% of the population, while Hindus make up 10%. As a result, religious beliefs and practices are deeply ingrained in the culture of the country, and they have a profound impact on how people view the world and themselves (Atlas, 2022).

Occupational therapists in Bangladesh encounter difficulties in comprehending the various local dialects spoken by their patients. This language barrier poses a significant challenge to effective communication, which in turn affects the success of therapy interventions. Bangladesh is home to at least 50 different ethnic groups, out of which 35 have their own languages, cultures, and political and administrative systems. This diversity in language and identity makes it challenging for therapists to provide effective therapy to their patients (Ahsan & Chakma, 1989). Therapists recognize the need for collaborative efforts, seeking help from colleagues or family members to overcome linguistic barriers.

The study's findings indicate that demographic factors such as gender, religion, socioeconomic status, and geographic location have an impact on occupational therapy interventions. Therapists must navigate concerns related to gender and show respect towards their patients. They should also consider and adjust their interventions based on the socioeconomic conditions, religious beliefs, and geographic backgrounds of their patients. Multiple reports have shown that individuals from lower socioeconomic backgrounds face more barriers while accessing healthcare services (McMaughan et al.,

2020; Tukuitonga, 2018).

Environmental factors play a pivotal role in occupational therapy, underscoring the significance of the physical environment for both patients and therapeutic interventions. In addition to the home environment, therapists consider the surroundings in which therapy is conducted, as they have a profound impact on therapy outcomes. The efficacy of occupational therapy interventions is, in fact, influenced by the environment in which they are executed. The environment can either facilitate or impede patient progress and thus, its consideration as an indispensable component of the therapy process is imperative(Skubik-peplaski, 2012).

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Study Strength

- The Institutional Review Board (IRB) granted the study's ethical approval.
- Experienced occupational therapists provided data for this research.
- Culture is a core concept in various occupational therapy models, including the Model of Human Occupation (MOHO). Therefore, this study will be a lead for the future occupational therapists to deliver a culturally responsive therapy.
- Culture is acknowledged as a unique contextual component in occupational therapy. Hence, the countries which have a similar context, for example, south Asian countries, like India, Nepal, Sri Lanka and Pakistan would be benefitted from this study.
- A grounded theory analysis was used to analyze the findings. This is appropriate considering the research methods used for this study.
- Face-to-face interviews were conducted to gather information, which was then strongly preserved on the password-protected laptop.

6.1.2 Study Limitation

- This study did not include back-translation of the instrument (semi-structured questionnaire) and the collected data from Bangla to English, as per the International Test Commission (ITC) requirements.
- As a qualitative study, this study cannot be generalized.
- The researcher faced difficulty collecting the related research articles because of the lack of published research.

6.2 Practice Implication (Recommendation for Future Practice and Research)

6.2.1 Recommendation for Future Practice

Occupational therapy is a field where cultural factors play a crucial role in the treatment process. This study has revealed that diverse cultural identities and challenges have a significant influence on the provision of occupational therapy. Hence, it is imperative to gain extensive knowledge about cultural factors and consider them to provide the best possible treatment to patients. The study result will certainly benefit the occupational therapists, especially the new graduate or less experienced occupational therapists to design and implement occupational therapy intervention. Organizations can additionally conduct training programs to educate therapists on how to understand and address cultural differences, so that patients from diverse backgrounds receive equal and appropriate care.

6.2.2 Recommendation for Future Research

- Further research should be conducted on the effects of certain cultural elements—such as family dynamics on Occupational Therapy interventions and outcomes across different cultural groups.
- Longitudinal studies and comparative research should be conducted to improve the delivery of culturally sensitive treatment and increase occupational therapists' cultural competency.
- In order to meet the unique needs and preferences of different cultural groups, it is important to develop and assess culturally relevant occupational therapy interventions.

6.3 Conclusion

The purpose of the present study was to explore and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh. The study

seeks to investigate the ways in which occupational therapy is influenced by cultural factors. Given the diverse cultural challenges faced by therapists, they utilize alternative strategies to provide client-centered care. The findings underscore the importance of cultural competence in occupational therapy practice, and the need for continuous education and training to equip therapists with necessary tools to effectively navigate the complexities of varied cultural contexts. Incorporating these findings into occupational therapy education programs can enhance the profession's ability to deliver inclusive and effective treatment in culturally diverse settings.

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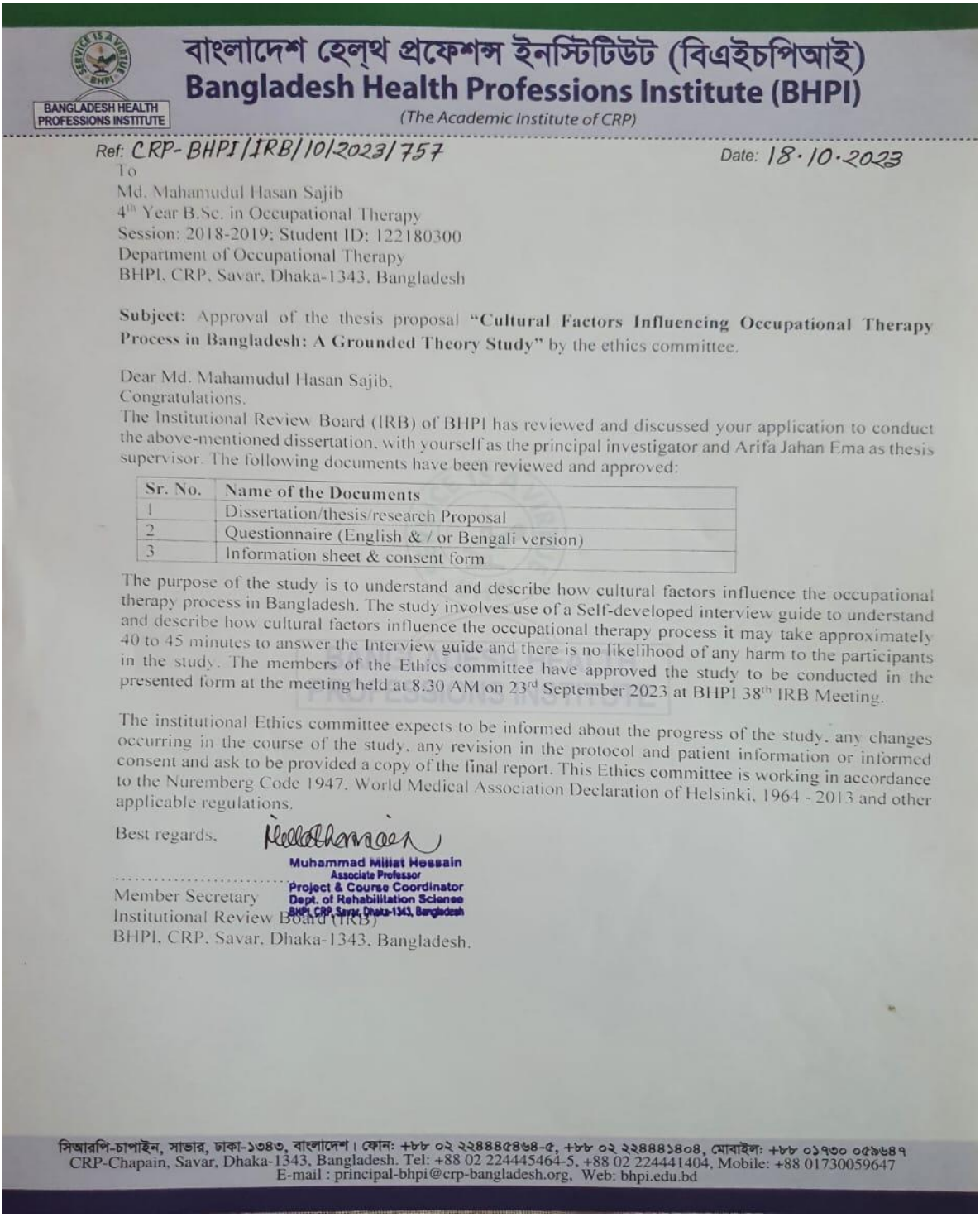
APPENDIX

Appendix A: Approval / Permission Letter



বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/10/2023/757 Date: 18·10·2023

To
Md. Mahamudul Hasan Sajib
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019; Student ID: 122180300
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Cultural Factors Influencing Occupational Therapy Process in Bangladesh: A Grounded Theory Study"** by the ethics committee.

Dear Md. Mahamudul Hasan Sajib,
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 & consent form

The purpose of the study is to understand and describe how cultural factors influence the occupational therapy process in Bangladesh. The study involves use of a Self-developed interview guide to understand and describe how cultural factors influence the occupational therapy process it may take approximately 40 to 45 minutes to answer the Interview guide and there is no likelihood of any harm to the participants in the study. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held 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 to the Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulations.

Best regards,

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

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

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Date: 23.10.2023

The Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for permission to collect data for the research project.**

Sir,
With due respect, I would like to draw your kind attention that I am a 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfilment of the degree of Bachelor of Science in Occupational Therapy. The research settings are **different hospitals, rehabilitation centres, special schools, and non-governmental organizations (NGOs), and international non-governmental organizations (INGO) in developmental and humanitarian settings**. The research title is "Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study." As it is a Grounded Theory, Qualitative research, I would like to take a few interviews with male and female Occupational therapists who have been providing services regularly and have at least one year of experience from the above settings. That is why I need permission to start my research project. I assure you that anything in my project will not harm the participants, and any data collected will be kept confidential.

So, I look forward to having your permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,
Mahamudul.

Md. Mahamudul Hasan Sajib
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019, Student ID: 122180300
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Signature and comments of the head of the department

23/10/2023
Sk. Moniruzzaman
Associate Professor & Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Appendix B: Information Sheet and Consent Form and Withdrawal from (English Version)

Information Sheet

Research Title: Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study.

Name of researcher: Md. Mahamudul Hasan Sajib, 4th year, B.Sc. in Occupational Therapy.

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, Md. Mahamudul Hasan Sajib, want to invite you to take part in 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 of the Researcher and Aim of this Research:

I am Md. Mahamudul Hasan Sajib, 4th year student, B. Sc in Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI), the academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic course curriculum, I must conduct a dissertation this academic year. The title of my study is " Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh." This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh. The study is supervised by Arifa Jahan Ema, lecturer of the Occupational Therapy Department, Bangladesh Health

Professions Institute (BHPI).

What will taking part involve?

A semi-structured interview guide will be developed by the student researcher to be used for interviews for the research. The expected time of the interview is about 25-35 minutes, which will take place at a pre-scheduled time. The student researcher will ask the questions according to the interview guide, and they need to answer them. A mobile recorder will record the interview.

Why have you been invited to take part?

You have been invited to participate because you have met all the inclusion criteria in the research study.

Do you have to take part?

Your participation in the study is entirely voluntary, and you have the right to withdraw your consent and discontinue participation at any time until data is analyzed without any repercussions.

What are the possible risks and benefits of taking part?

The participant will not get any direct benefit from participating in this research. However, the information gained from this research will contribute to the future development and improvement of rehabilitation services. Participants will not face any problems or harm from participating in the research but can feel psychological discomfort while sharing their tough experiences. If it arises during an interview, the student researcher will take a break or discuss rescheduling the interview. Participants can withdraw their consent.

Will taking part be confidential?

All information collected during this study will be kept confidential and will not be shared

with anyone outside the study unless required by law. Only the student researcher and supervisor are allowed to access the data here. The participants will not be named in any reports, publications, or presentations that may come from this study.

How will the information you provide be recorded, stored, and protected?

Data will be recorded by mobile recorder, and collected data will be kept on a password-protected computer and lock cloud system.

What will happen to the result of the study?

The findings will help health professionals to understand how cultural factors influence occupational therapy intervention in Bangladesh. The findings can help Occupational therapists to consider cultural factors while providing treatment. The results will help the Department of Occupational Therapy figure out how cultural factors affect the OT process and take steps to consider cultural factors during the treatment process. The results will additionally add insights for future literature about the influence of cultural factors in Occupational therapy intervention.

Promotional results:

The results 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 us through the given address:

Researcher's name: Md. Mahamudul Hasan Sajib
B.Sc. in Occupational Therapy,
4th year, Session: 2018-19
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343
Email: mahamudulhsajib@gmail.com
Contact Number: 01765543837

Supervisor: Arifa Jahan Ema
Assistant professor and Course Coordinator of M.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI),
CRP, Savar, Dhaka-1343
E-mail: arifajemaotbhpi@gmail.com
Contact number: 01753979041.

Consent Form (English Version)

I am Md. Mahamudul Hasan Sajib is 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 the Centre for the Rehabilitation of Paralysed (CRP). As a part of the B.Sc. course curriculum, I am going to conduct a research activity under the assistant professor of occupational therapy, Arifa Jahan Ema. The research topic is **"Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study."** This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh.

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 agree to participate 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. 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 November 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 name:_____

Participant's signature:_____ Date:_____

Researcher's signature:_____ Date:_____

Withdrawal form (English Version)

Research Title: Cultural Factors Influencing Occupational Therapy Intervention in Bangladesh: A Grounded Theory Study.

Name of the Researcher: Md. Mahamudul Hasan Sajib, 4th year, Occupational Therapy.

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.

Reason for withdrawing consent: _____

Name of the participant: _____

Signature of the participant:_____ Date:_____

Name of the Researcher:_____ Date:_____

Information sheet, Consent form and Withdrawal from (Bangla Version)

তথ্যপত্র

শিরোনামঃ বাংলাদেশের সামাজিক রীতিনীতি, আচার, প্রথা, সংস্কৃতি এই বিষয়গুলো কিভাবে অকুপেশনাল থেরাপি চিকিৎসা কে প্রভাবিত করে সে সম্পর্কে একটি গবেষণা।

গবেষকের নামঃ মোঃ মাহামুদুল হাসান সজিব, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ।

তত্ত্বাবধায়কঃ আরিফা জাহান ইমা, এসিস্ট্যান্ট প্রফেসর, অকুপেশনাল থেরাপি বিভাগ, কোর্স কোর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই), সাভার, ঢাকা।

আমি মোঃ মাহামুল হাসান সজিব, 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 গবেষনার উদ্দেশ্য

আমি মোঃ মাহামুদুল হাসান সজিব, 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 এসিস্ট্যান্ট প্রফেসর আরিফা জাহান ইমা এর

তত্ত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয়- বাংলাদেশের সামাজিক রীতিনীতি, আচার, প্রথা, সংস্কৃতি এই বিষয়গুলো কিভাবে অকুপেশনাল থেরাপি চিকিৎসা কে প্রভাবিত করে সে সম্পর্কে একটি গবেষণা। এই অধ্যয়নের লক্ষ্য হল বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথা এই বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা এবং বাস্তবায়ন করা হয় তা বোঝা এবং বর্ণনা করা।

গবেষনায় অংশগ্রহণ করতে হলে কী কী করতে হবে?

গবেষনার জন্য একটি সেমি- স্ট্রাকচার্ড ইন্টারভিউ গাইড তৈরি করা হবে যা সাক্ষাত্কারের জন্য ব্যবহার করা হবে। সাক্ষাত্কারের প্রত্যাশিত সময় প্রায় ২৫-৩৫ মিনিট, যা একটি পূর্ব নির্ধারিত সময়ে অনুষ্ঠিত হবে। গবেষক সেমি- স্ট্রাকচার্ড ইন্টারভিউ গাইড অনুযায়ী প্রশ্ন জিজ্ঞাসা করবেন, এবং তাদের উত্তর দিতে হবে। সাক্ষাতকার রেকর্ড করতে একটি মোবাইল রেকর্ডার ব্যবহার করা হবে।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

আপনাকে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে কারণ আপনি গবেষণা স্টাডিতে অন্তর্ভুক্তির সমস্ত মানদণ্ড পূরণ করেছেন।

আপনাকে কি অংশগ্রহণ করতে হবে?

গবেষণায় আপনার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাধর্মী। কোনো প্রতিক্রিয়া ছাড়াই আপনি আপনার সম্মতি প্রত্যাহার করার এবং যেকোনো সময় অংশগ্রহণ বন্ধ করার অধিকার আপনার আছে যতক্ষণ না তথ্য বিশ্লেষণ করা হয়।

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

অংশগ্রহণকারী এই গবেষণায় অংশগ্রহণের জন্য সরাসরি কোনো সুবিধা পাবেন না, তবে এই গবেষণা থেকে প্রাপ্ত তথ্য ভবিষ্যতের উন্নয়ন এবং পুনর্বাসন পরিষেবার উন্নতির জন্য অবদান রাখা হবে। অংশগ্রহণকারীরা গবেষণায় অংশগ্রহণ করতে কোনো সমস্যা বা ক্ষতির সম্মুখীন হবেন না কিন্তু তাদের কঠিন অভিজ্ঞতা শেয়ার করার সময় তারা মানসিক অস্বস্তি অনুভব করতে পারেন। যদি এটি একটি সাক্ষাত্কারের সময় উদ্ভূত হয় তবে গবেষক একটি বিরতি নেবে বা সাক্ষাত্কারের জন্য পুনরায় সময়সূচী নিয়ে আলোচনা করবে। অংশগ্রহণকারী চাইলে তাদের সম্মতি প্রত্যাহার করতে পারেন।

অংশগ্রহণ কি গোপনীয় হবে?

এই অধ্যয়নের সময় সংগৃহীত সমস্ত তথ্য গোপন রাখা হবে এবং আইনের প্রয়োজন না হলে অধ্যয়নের বাইরে কারো সাথে শেয়ার করা হবে না। শুধুমাত্র গবেষক এবং সুপারভাইজার এখানে ডেটা অ্যাক্সেস করতে পারবেন। এই গবেষণা থেকে আসা কোনো প্রতিবেদন, প্রকাশনা বা উপস্থাপনায় অংশগ্রহণকারীদের নাম দেওয়া হবে না।

আপনার প্রদান করা তথ্য কিভাবে রেকর্ড করা হবে, সংরক্ষণ করা হবে এবং সুরক্ষিত হবে?

মোবাইল রেকর্ডার দ্বারা ডেটা রেকর্ড করা হবে, সংগৃহীত ডেটা পাসওয়ার্ড-সুরক্ষিত কম্পিউটার এবং লক ক্লাউড সিস্টেমে রাখা হবে।

গবেষণার ফলে কি হবে?

ফলাফলগুলি স্বাস্থ্যকর্মীদের বুঝতে সাহায্য করবে বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথ এই

বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা করা হয়। **এই ফলাফলগুলি অকুপেশনাল থেরাপিস্টদের বুঝতে সাহায্য করবে** বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথ এই বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা করা হয়। **প্রাপ্ত ফলাফলগুলির মাধ্যমে অকুপেশনাল থেরাপি বিভাগ খুঁজে বের করতে পারবে** বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথ এই বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা করা হয়।

ফলাফল

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

আপনার যদি কোন প্রশ্ন থাকে তাহলে আপনি নিম্নলিখিত ঠিকানায় যোগাযোগ করতে পারেনঃ

গবেষক:
মোঃ মাহামুদুল হাসান সজিব
বিএসসি ইন অকুপেশনাল থেরাপি
৪র্থ বর্ষ, সেশনঃ ২০১৮-১৯,
অকুপেশনাল থেরাপি বিভাগ,
বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সি আর পি, সাভার, ঢাকা-১৩৪৩।
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যোগাযোগের নম্বরঃ ০১৭৬৫৫৪৩৮৩৭

তত্ত্বাবধায়কঃ

আরিফা জাহান ইমা,

এসিস্ট্যান্ট প্রফেসর, অকুপেশনাল থেরাপি বিভাগ,

কোর্স কোওর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই), সি আর পি, সাভার, ঢাকা-১৩৪৩।

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যোগাযোগের নম্বরঃ ০১৭৫৩৯৭৯০৪১

সম্মতি পত্র

আমি মোঃ মাহামুদুল হাসান সজিব, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি), সাভার, ঢাকা, এর একাডেমিক ইনস্টিটিউট বাংলাদেশ হেলথ প্রফেসনস ইনস্টিটিউট (বিএইচপিআই) এ অধ্যয়নরত ৪র্থ বর্ষের ছাত্র। ছাত্র। বি.এস.সি ইন অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপির একজন এসিস্ট্যান্ট প্রফেসর আরিফা জাহান ইমা ম্যাডাম এর অধীনে একটি গবেষনা পরিচালনা করতে যাচ্ছি। গবেষনার বিষয়- **বাংলাদেশের সামাজিক রীতিনীতি, আচার, প্রথা, সংস্কৃতি এই বিষয়গুলো কিভাবে অকুপেশনাল থেরাপি চিকিৎসা কে প্রভাবিত করে সে সম্পর্কে একটি গবেষণা।** গবেষনার উদ্দেশ্য হলো বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথা এই বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা এবং বাস্তবায়ন করা হয় তা বোঝা এবং বর্ণনা 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 পেয়েছিঃ_____ হ্যাঁ /না।

এই গবেষণার সাথে সম্পর্কিত প্রশ্নের আমার সন্তোষজনক উত্তর আছেঃ_____ হ্যাঁ /না।

আমি বুঝতে পেরেছি যে, গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাকৃত এবং আমি নভেম্বর পর্যন্ত আমার সম্পৃক্ততা বাতিল করতে পারব, অথবা অনুরোধ করছি যে অধ্যয়নে সংগৃহীত ডেটা কোনো কারণ না জানিয়ে বাতিল করা যাবেঃ _____ হ্যাঁ/না।

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

অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য যথেষ্ট সময় পেয়েছিঃ _____হ্যাঁ/না।

আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মতঃ_____ হ্যাঁ/না।

অংশগ্রহণকারীর নামঃ_____

অংশগ্রহণকারীর স্বাক্ষরঃ_____ তারিখঃ_____

গবেষকের স্বাক্ষরঃ _____ তারিখঃ_____

প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

গবেষনার শিরনামঃ বাংলাদেশের সামাজিক রীতিনীতি, আচার, প্রথা, সংস্কৃতি এই বিষয়গুলো কিভাবে অকুপেশনাল থেরাপি চিকিৎসা কে প্রভাবিত করে সে সম্পর্কে একটি গবেষণা।

গবেষক: মোঃ মাহামুদুল হাসান সজিব, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ।

আমি _____ নিশ্চিত করছি যে, ডেটা বিশ্লেষণ সম্পূর্ণ হওয়ার আগে আমি গবেষনা থেকে আমার সমস্ত ডেটা প্রত্যাহার করতে চাই এবং আমার কোনও ডেটা গবেষনা অন্তর্ভুক্ত করা হবে না।

প্রত্যাহারের কারণঃ _____

অংশগ্রহনকারীর নামঃ _____

অংশগ্রহনকারীর স্বাক্ষরঃ _____ তারিখঃ _____

গবেষকের স্বাক্ষরঃ _____ তারিখঃ _____

Appendix C: Questionnaire (English Version)

Scio-demographic Information

1. Participants Number:_____
2. Age: _____ Years
3. Gender: i. Male_____ ii. Female _____ iii. Others _____
4. Education: i. Undergraduate _____ ii. Postgraduate_____
5. Work Location: i. Urban_____ ii. Rural _____
6. Area of Practice: i. General Hospital_____

   ii. Specialised Hospital_____

   iii. Neurology setting_____

   iv. Spinal Cord Injury (SCI) setting_____

   v. Paediatric setting_____

   vi. Mental Health setting _____

   vii. Community-Based-Rehabilitation (CBR) _____

   viii. Specialized School_____

   ix. Other settings_____
7. Duration of work experience:_____

Semi-Structured Interview Guide

Aim: This study aims to understand and describe how cultural factors influence in designing and implementing occupational therapy intervention in Bangladesh.

Objective	Question
Opening question	1. How are you? 2. Do you see your patients every day? 3. How long do you provide occupational therapy for each patient?
To understand how social status and classes, ethnicity, race, and minority factors influence occupational therapy intervention.	1. As an Occupational Therapist, please mention what type of patients you handle from socio-demographic, social classes, ethnicity, race, and minority variations. 2. Do you consider these variations while providing Occupational therapy interventions? If yes, please answer the following questions: a) How do you consider a patient's social status and class while providing occupational therapy interventions? Please describe this with examples. b) How do you consider a patient's ethnicity while providing occupational therapy interventions? Please describe this with examples. c) How do you consider the patient's race while providing occupational therapy interventions? d) How do you consider a patient's minority while providing occupational therapy intervention? Please describe this with examples 3. Have you faced any difficulties or barriers to these factors while providing occupational therapy interventions? If it is yes, what were the difficulties? Please describe this with examples

	4. Do these factors influence occupational therapy intervention? If yes, can you please explain how these factors influence the occupational therapy intervention? Please give an example. 5. Do you think these factors are important to consider for providing occupational therapy interventions? If you think it is important, then how do you set treatment priorities based on these factors? Please describe this with examples.
Understanding how personal interests, values, beliefs, and attitudes influence occupational therapy intervention.	1. Can you please describe what you understand about the patient's personal interests, values, beliefs, and attitudes from an occupational therapist perspective? 2. How do you consider the patient's personal interests while providing occupational therapy intervention? Please describe this with examples. 3. How do you consider the patient's personal values while providing occupational therapy intervention? Please describe this with examples. 4. How do you consider the patient's personal beliefs while providing occupational therapy interventions? Please describe this with examples. 5. How do you consider patient's attitudes while providing occupational therapy interventions? Please describe this with examples. 6. Do you discuss with patients their personal interests, values, beliefs, and attitudes? If yes, how do you set treatment priorities based on their feedback? Please describe this with examples.

	7. Do you face any difficulties considering these issues while providing occupational therapy interventions? If yes, can you please explain what are the difficulties with an example? 8. Do you think these factors influence occupational therapy intervention? If yes, can you please explain how these factors influence the occupational therapy intervention? Please give an example.
To explore how language factors influence occupational therapy intervention.	1. When a patient is speaking their local dialect or talking about their issues, do you understand them? Does this factor create any barrier for you to communicate with the patient? If yes, how do you overcome this barrier? If not, which factors help to prevent this communication barrier? 2. How much does this factor influence the occupational therapy intervention? Please describe this with examples.
To understand how religious factors influence occupational therapy intervention.	1. Which religion's patients often come to you for occupational therapy service? 2. How do you consider a patient with an Islamic background while providing occupational therapy intervention? 3. How do you consider a patient with a Hindu background while providing occupational therapy intervention? 4. How do you consider a patient with a Christian background while providing occupational therapy intervention? 5. How do you consider a patient with a Buddhist background while providing occupational therapy intervention? 6. How much do these factors influence the occupational therapy intervention?

	Can you please describe it with examples?
To understand how environmental factors influence occupational therapy intervention.	1. What do you understand about environmental factors from an occupational therapist's perspective? 2. What are the factors other than a patient's physical condition to consider when making an assistive device or home modification? Please describe this with examples 3. How do you consider environmental factors while providing occupational therapy services? Please describe with examples. 4. How much do these factors influence the occupational therapy intervention? Can you please describe it with examples?
To understand how gender factors influence occupational therapy intervention.	1. Generally, which gender patients often come to you for occupational therapy services? 2. How do you consider gender issues while providing occupational therapy intervention for a male patient? 3. How do you consider gender issues while providing occupational therapy intervention for a female patient? 4. How do you consider gender issues while providing occupational therapy intervention for a transgender patient? 5. How much do these factors influence the occupational therapy intervention? Can you please describe it with examples?
To understand the influence of local culture, social customs, rituals, and customs of the patients on occupational areas.	1. What do you understand about the occupational areas of a patient from an occupational therapist's perspective? 2. How do you consider cultural factors while providing occupational therapy

	intervention in a patient's occupational areas? please describe with examples. 3. Do these cultural factors have any influence on the occupational areas of a patient? If yes, please describe with examples.

Questionnaire (Bangla version)

আর্থ-সামাজিক অবস্থা

১। অংশগ্রহণকারীর নম্বরঃ_____

২। বয়সঃ_____ বছর

৩। লিঙ্গঃ i. পুরুষ_____ii. মহিলা_____ iii. অন্যান্য_____

৪। শিক্ষাগত যোগ্যতাঃ i. স্নাতক_____ ii. স্নাতকোত্তর_____

৫। কর্মক্ষেত্রের স্থানঃ i. শহর_____ ii. গ্রাম_____

৭। কর্মক্ষেত্রঃ i. সাধারন হাসপাতাল _____

ii. বিশেষায়িত হাসপাতাল _____

iii. স্নায়ুবিদ্যা বিষয়ক কর্মক্ষেত্র_____

iv. মেরুরজ্জুতে আঘাত বিষয়ক কর্মক্ষেত্র_____

v. শিশুরোগ বিষয়ক কর্মক্ষেত্র_____

vi. মানসিক স্বাস্থ্য বিষয়ক কর্মক্ষেত্র_____

vii. সমাজ ভিত্তিক পুনর্বাসন বিষয়ক কর্মক্ষেত্র_____

viii. বিশেষায়িত স্কুল _____

ix. অন্যান্য কর্মক্ষেত্র_____

৮। কাজের অভিজ্ঞতাঃ _____ বছর।

সেমি- স্ট্রাকচার্ড ইন্টারভিউ গাইড

গবেষনার লক্ষ্যঃ বাংলাদেশে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথা এই বিষয়গুলোকে মাথায় রেখে কিভাবে অকুপেশনাল থেরাপি চিকিৎসা পরিকল্পনা এবং বাস্তবায়ন করা হয় তা বোঝা এবং বর্ণনা করা।

উদ্দেশ্য	প্রশ্ন
প্রারম্ভিক প্রশ্ন	১। আপনি কেমন আছেন? ২। আপনি কি প্রতিদিন রোগী দেখেন? ৩।আপনি কতক্ষণ প্রতিটি রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান করেন?
সামাজিক অবস্থা/সামাজিক শ্রেণী, জাতিসত্তা, বর্ণ এবং সংখ্যালঘু এই বিষয়গুলি কীভাবে অকুপেশনাল থেরাপি চিকিৎসাকে প্রভাবিত করে তা বোঝার জন্য।	১। একজন অকুপেশনাল থেরাপিস্ট হিসেবে, আপনি কি সামাজিক অবস্থা, সামাজিক শ্রেণী, জাতিসত্তা, বর্ণ এবং সংখ্যালঘুর মতো বিভিন্ন পটভূমি থেকে আসা লোকেদের চিকিৎসা প্রদান করেছেন? ২। অকুপেশনাল থেরাপি চিকিৎসা প্রদানের সময় আপনি কি সামাজিক অবস্থা, সামাজিক শ্রেণী, জাতিসত্তা, বর্ণ এবং সংখ্যালঘুর মতো বিষয়গুলোকে বিবেচনা করেন? যদি বিবেচনা করেন, তাহলে নিম্নলিখিত প্রশ্নগুলোর উত্তর দিনঃ ক) অকুপেশনাল থেরাপি চিকিৎসা প্রদানের সময় একজন রোগীর সামাজিক অবস্থা এবং সামাজিক শ্রেণী এই বিষয়কে কিভাবে বিবেচনা করেন? উদাহরণ সহ বিস্তারিত বলেন। খ) অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন রোগীর জাতিসত্তার বিষয়কে কিভাবে বিবেচনা করেন? উদাহরণ সহ বিস্তারিত বলেন। গ) অকুপেশনাল থেরাপি চিকিৎসা প্রদান

	এর সময় একজন রোগীর বর্ণ বা শরীরের রং এই বিষয়কে কিভাবে বিবেচনা করেন? উদাহরণ সহ বিস্তারিত বলেন। ঘ) অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন সংখ্যালঘু রোগীকে কিভাবে বিবেচনা করেন? উদাহরণ সহ বিস্তারিত বলেন। ৩। আপনি কি অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় এই বিষয়গুলোর জন্য কোন ধরনের অসুবিধা বা বাধার সম্মুখীন হয়েছেন? যদি হয়ে থাকেন, তাহলে অসুবিধাগুলো কি ছিল? উদাহরণ সহ বর্ণনা করুন। ৪। এই বিষয়গুলো কি অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে কোনভাবে প্রভাবিত করে? যদি প্রভাবিত করে, আপনি একটি উদাহরণসহ ব্যাখ্যা করেন যে, কীভাবে এই কারণগুলি অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত করে? ৫। আপনি কি মনে করেন যে এই বিষয়গুলো অকুপেশনাল থেরাপি চিকিৎসা প্রদানের সময় বিবেচনা করা গুরুত্বপূর্ণ? আপনি যদি এই বিষয়গুলিকে গুরুত্বপূর্ণ মনে করেন, তাহলে আপনি কীভাবে এই বিষয়গুলির উপর ভিত্তি করে চিকিৎসার অগ্রাধিকার নির্ধারণ করেন? একটি উদাহরণ সহ বর্ণনা করুন।
ব্যক্তিগত আগ্রহ, মূল্যবোধ, বিশ্বাস এবং মনোভাব কীভাবে অকুপেশনাল থেরাপি চিকিৎসাকে প্রভাবিত করে তা বোঝার জন্য।	১। একজন অকুপেশনাল থেরাপিস্টের দৃষ্টিকোণ থেকে একজন রোগীর ব্যক্তিগত আগ্রহ, মূল্যবোধ, বিশ্বাস এবং মনোভাব বলতে আপনি কী বোঝেন তা বর্ণনা করুন? ২। অকুপেশনাল থেরাপি চিকিৎসা প্রদান

	এর সময় একজন রোগীর ব্যক্তিগত আগ্রহকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৩। অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন রোগীর ব্যক্তিগত মূল্যবোধকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৪। অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন রোগীর ব্যক্তিগত বিশ্বাসকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৫। অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন রোগীর ব্যক্তিগত মনোভাবকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৬। আপনি কি রোগীদের সাথে তাদের ব্যক্তিগত আগ্রহ, মূল্যবোধ, বিশ্বাস এবং মনোভাব নিয়ে আলোচনা করেন? যদি করেন, তাহলে আপনি কীভাবে এই বিষয়গুলোর উপর ভিত্তি করে কিভাবে তাদের চিকিৎসার অগ্রাধিকার নির্ধারণ করেন? উদাহরণ সহ বর্ণনা করুন। ৭। আপনি কি অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় এই বিষয়গুলোর জন্য কোন ধরনের অসুবিধা বা বাধার সম্মুখীন হয়েছেন? যদি হয়ে থাকেন, তাহলে অসুবিধাগুলো কি ছিল? উদাহরণ সহ বর্ণনা করুন। ৮। আপনি কি মনে করেন যে, এই বিষয়গুলো কোনভাবে অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত

	করে? যদি প্রভাবিত করে, তাহলে একটি উদাহরণসহ ব্যাখ্যা করেন যে, কীভাবে এই বিষয়গুলো অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত করে?
কীভাবে ভাষাগত বিষয় গুলো অকুপেশনাল থেরাপি চিকিৎসাকে প্রভাবিত করে তা অন্বেষণ করা।	১। যখন একজন রোগী তাদের স্থানীয় ভাষায় কথা বলে বা তাদের সমস্যাগুলো বলে, আপনি কি সেগুলি বোঝেন? এই ভাষাগত বিষয়ের জন্য কি রোগীর সাথে কথা বলতে বা বুজতে আপনার কোন সমস্যা হয়? যদি সমস্যা হয়, আপনি কিভাবে এই ভাষাগত বিষয়ের সমস্যার সমাধান করবেন? যদি সমস্যা না হয়, তাহলে কোন বিষয়গুলি কারনে রোগীর সাথে কথা বলতে ও বুজতে সমস্যা হয় না? ২। এই ভাষাগত বিষয়গুলো অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে কি পরিমান প্রভাবিত করে একটি উদাহরণসহ ব্যাখ্যা করেন?
ধর্মীয় বিষয়গুলি কীভাবে অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত করে তা বোঝার জন্য।	১। কোন ধর্মের রোগীরা প্রায়শই আপনার কাছে অকুপেশনাল থেরাপি চিকিৎসার জন্য আসে? ২। একজন ইসলাম ধর্মের রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন? ৩। একজন হিন্দু ধর্মের রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন? ৪। একজন খ্রিস্টান ধর্মের রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন? ৫। একজন বৌদ্ধ ধর্মের রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন?

	৬। এই ধর্মীয় বিষয়গুলো অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে কি পরিমান প্রভাবিত করে একটি উদাহরণসহ ব্যাখ্যা করেন?
পরিবেশগত বিষয়গুলি কীভাবে অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত করে তা বোঝার জন্য।	১। একজন অকুপেশনাল থেরাপিস্টের দৃষ্টিকোণ থেকে একজন রোগীর পারিপার্শ্বিক অবস্থা বলতে আপনি কী বোঝেন তা বর্ণনা করুন? ২। সহায়ক যন্ত্র এবং বাসার সামান্য পরিবর্তন করার ক্ষেত্রে একজন রোগীর শারীরিক অবস্থা ব্যতীত আর কি কি বিষয়গুলি বিবেচনা করেন? ৩। অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় একজন রোগীর পারিপার্শ্বিক অবস্থাকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৪। একজন রোগীর পরিবেশগত বিষয়গুলি অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে কি পরিমান প্রভাবিত করে একটি উদাহরণসহ ব্যাখ্যা করেন?
লিঙ্গগত বিষয়গুলি কীভাবে অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে প্রভাবিত করে তা বোঝার জন্য।	১। কোন লিঙ্গের রোগীরা প্রায়শই আপনার কাছে অকুপেশনাল থেরাপি চিকিৎসার জন্য আসে? ২। একজন পুরুষ রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন? ৩। একজন মহিলা রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন? ৪। একজন ট্রান্সজেন্ডার রোগীকে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় কি কি বিষয় গুলো বিবেচনা করেন?

	৫। একজন রোগীর লিঙ্গগত বিষয়গুলি অকুপেশনাল থেরাপি চিকিৎসা প্রদানকে কি পরিমান প্রভাবিত করে একটি উদাহরণসহ ব্যাখ্যা করেন?
রোগীর অকুপেশনাল এরিয়ার উপর রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথা এই বিষয়গুলোর কি কোন প্রভাব রয়েছে কিনা তা বোঝার জন্য।	১। একজন অকুপেশনাল থেরাপিস্টের দৃষ্টিকোণ থেকে একজন রোগীর অকুপেশনাল এরিয়া অবস্থা বলতে আপনি কী বোঝেন তা বর্ণনা করুন? ২। একজন রোগীর অকুপেশনাল এরিয়া নিয়ে অকুপেশনাল থেরাপি চিকিৎসা প্রদান এর সময় রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথ এই বিষয়গুলোকে বিবেচনায় রেখে কিভাবে চিকিৎসা প্রদান করেন? উদাহরণ সহ বিস্তারিত বলেন। ৩। একজন রোগীর অকুপেশনাল এরিয়ার উপর রোগীদের দেশীয় সংস্কৃতি, সামাজিক রীতিনীতি, আচার, প্রথা এই বিষয়গুলোর কি কোন প্রভাব রয়েছে? উদাহরণসহ ব্যাখ্যা করেন।

Supervision Sheet

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: Cultural factors Influencing Occupational Therapy Intervention in Bangladesh : A Grounded Theory Study.

Name of student: Mahamudul Hasan Sajib

Name and designation of thesis supervisor: Arifa Jahan Ema, ~~Lecturer~~ Assitant professor, course coordinator, M.Sc in Occupational Therapy, Department of Occupational Therapy, BHPI

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	BHPI	Topic discussion	1hour	Got a paper idea about my research topic	Mahamudul	
2	10.08.23	BHPI	Discuss about title, aim, objective, & H.W	1 hour	understanding about my research topics aim & objective	mahamudul	
3	14.08.23	BHPI	Literature matrix	40 min	learned the developed a literature matrix.	mahamudul	

4	09.09.23	BHPI	Discuss about title & H.W about aim & objective	20min.	Discussion was not finished. To be continued-	mahamudul	Ayna
5	10.09.23	BHPI.	Discussed about methods of study.	30 min	Got a proper Guideline for research methodology.	mahamudul	Ayna
6	13.09.23	BHPI	Discussed about literature review.	20 min	Got a idea about Literature review.	mahamudul	Ayna
7	17.09.23	BHPI	Discussed about interview guide	1 hour, 30min	need to translate the interview guide	mahamudul	Ayna
8	19.09.23	BHPI	~~Discussed about~~ checked the bangla translation of question.	20min	need to conduct a interview with the translate question	mahamudul	Ayna
9	21.09.23	BHPI	checked the research proposal	1 hour	need to correct & rewrite some sentence.	mahamudul	Ayna
10	23.09.23	BHPI	Discussed about research proposal presentation and correction.	1hour.	need to correct some issue. & H.W on literature review	mahamudul	Ayna
11	15.10.23	BHPI	Discussed about interview guide and its translation	1 hour 30min	need to correct some questions	mahamudul	Ayna
12	25.10.23	BHPI	Discussed about field test and correction	30min	need some modification on questions.	mahamudul	Ayna
13	16.12.23	BHPI	Discussed about data collection.	30min.	continue data collection.	mahamudul	Ayna
14	13.01.24	BHPI	Discussed about coding.	1 hour	need to complete coding.	mahamudul	Ayna

15	18.01.24.	BHPI	Discussed about data analysis & Result	2 hours.	need to write result	mahamudul	Ayma
16	19.01.24	BHPI	checked result and Discussed about discussion.	30 min.	need to write discussion.	mahamudul	Ayma
17	31.01.24.	BHPI	feedback on 1st draft.	1 hour	need to work on discussion and some writting correction.	mahamudul	Ayma
18	12.01.24	BHPI	Method, result, Discussion	1 hour	correction needed at method result write discussion.	mahamudul	Ayma
19	06.04.24	Online	Got feedback of the 2nd draft of my research	1hour	Need to correct some section	mahamudul	Ayma
20	15.04.24	online	Got feedback on overall final version of my research	01hour	Need to correct some formation of document	mahamudul	Ayma
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