

**IMPLEMENTING OCCUPATION BASED PRACTICE
AMONG BANGLADESHI OCCUPATIONAL THERAPISTS
IN DIFFERENT CLINICAL SETTINGS**



By

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Statement of Authorship

Except where is made in the text of the thesis, this thesis contains no materials published elsewhere or extracted in whole or in part form a thesis presented by me for any other degree or diploma or seminar.

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The ethical issues of the study has been strictly considered and protected. In case of dissemination the finding of this project for future publication, research supervisor will highly concern and it will be duly acknowledged as undergraduate thesis.

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Dedication

Dedicated to my honorable and beloved parents, my respected all teachers of Bangladesh Health Professions Institute and my little sister.

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List of Abbreviations

OT	:Occupational Therapy
OBP	:Occupation Based Practice
OTPF	:Occupational Therapy Practice Frame work
ADLs	:Activities of Daily Living
IADLs	:Instrumental Activities of Daily Livings
WFOT	:World Federation of Occupational Therapy
AOTA	:American Occupational Therapy Association
COTA	:Canadian Occupational Therapy Association
BOTA	:Bangladesh Occupational Therapy Association
CRP	:Center for the Rehabilitation of the Paralysed
CDD	:Centre for the Disability & Development
NIMH	:National Institute of Mental Health
NINH	:National Institute of Neurosciences & Hospital

ABSTRACT

Background: Occupation Based Practice (OBP) is the core skills of Occupational Therapy. OBP is one of the client centered practice in which both the occupational therapists and the client cooperatively select a design meaningful activities based on clients, interests, needs, health and participation in daily life. But there are many challenges for occupational therapists to use OBP in their practice area. Particularly for those who are working in the medical oriented settings. This study was focused to know the present situation of implementing OBP among Occupational Therapists in Bangladesh.

Objective: Objectives of this study were to understand the perception of OBP among OT who are practicing in Bangladesh, to identify the positive factors or influencing of implementing OBP among Bangladeshi Occupational Therapists. To explore the challenge and barriers of implementing OBP in different settings.

Result and discussion: After analyzing data it was found that, Occupational Therapists who are working in Bangladesh they have good understanding of OBP. Good therapeutic relationship and positive feedback influences an Occupational therapists to provide OBP. But they faces challenges to implement OBP such as poor referral, limited time, limited manpower, poor arrangement of settings and insufficient training that's are the factors.

Conclusion: OBP is one of the client centered practice in which both the occupational therapists and the client cooperatively select a design meaningful activities based on clients, interests, needs, health and participation in daily life. The main focus of OBP is client's enablement to engage and participate in real life situation. OBP also effective in minimizing deteriorate in leisure and ADLs engagement.

Key words: Occupational Therapy, Occupation, Occupation based practice

CHAPTER 1: INTRODUCTION

Occupation Based Practice (OBP) is the core skills of OT. OBP is expected to be based on occupation (Che Daud et al.,2015). In the OT context, “occupation is defined as activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture” (Canadian Association of Occupational Therapists, 2004). The area of human occupation includes “activities of daily living ADLs, instrumental activities of daily living IADL, rest, sleep, education, work, play, leisure and social participation” (American Occupational Therapy Association, 2014). OBP emphasizes the purposeful occupation that meaning arises from the therapists & client interaction during therapeutic session (Khayatzaheh et al., 2015). OBP is one of the client centered practice in which both the occupational therapists and the client cooperatively select a design meaningful activities based on clients, interests, needs, health and participation in daily life (Polataijko et al.,2013). The main focus of OBP is client’s enablement to engage and participate in real life situation (Che Daud et al., 2015). OBP also effective in minimizing deteriorate in leisure and ADLs engagement. It was found that occupational therapists had positive impact on OBP (Roy et al., 2017). The authors believe that using OBP is one of the strategy which is identified the OT is a unique profession and different from other professions (Che Daud et al., 2015).

OBP shaping our professional identity. OBP inspired an occupational therapist to put occupation central to treatment (Che Daud et al., 2015). Adlof Meyer, is the founders of OT profession, asserted that engagement in occupation provides opportunities to fulfill an

individual's need (Gillen & Greber, 2014). It is possible to restore, improve and enable the clients to engage in purposeful occupations by providing OBP (Hammel & Iwama, 2012). OT began from the belief of purposeful occupation which promotes mental and physical health (Gray, 1998). Currently WFOT statistics show that there has 350,000 practitioners are practicing OT in the world wide (WFOT, 2016). All of the Practitioners are practice in different setting such as neuro rehabilitation, mental health rehabilitation, pediatric rehabilitation, spinal cord injury rehabilitation, special school settings, government sector, (NGO) Non-Government sector, respiratory rehabilitation, etc. Bangladesh is not exceptional, the same practice are continue here. In 1999, OT was established. In 2017, 244 qualified occupational Therapists are completed graduation and working in different settings (Shonirvor, 2017). In developing countries like Bangladesh, OT profession grow up is very difficult because of economic condition, cultural variation, lack of awareness, health system. Social aspect is a great issue to developing OT profession. Engagement in occupation is not just purposeful for every individuals, but also helps to discard their impairment and to improve occupational functioning (Canadian Association of Occupational Therapists, 2004). Logistics issues also impact the capability of occupational therapists to provide OBP (Colainni & Provident, 2010; Stack & Barker, 2010). A recent literature found OBP is effective in improving ADLs and quality of life for the clients. But there are many challenges for occupational therapists to use OBP in their practice area (Khaytzadeh et al., 2015). Particularly for those who are working in the medical oriented settings. Price & Miner (2007) explain the OBP using therapeutic use of self, where the Occupational therapists uses his or her perception, judgement, insight, and personality as part of the therapeutic process There has a limited number of qualitative studies which

examine the experience of implementing OBP. Hoshmand & Polkinghorne, (1992) explain that there should be a better link between theory and practice. The findings will help occupational therapists better identify and apply occupation-based approaches in their own practices.

1.2 Justification:

Adlof Meyer, is the founders of OT profession, asserted that engagement in occupation provides opportunities to fulfill an individual's need (Gillen & Greber, 2014). Occupation as an idea that appears in the therapeutic process, has bearing of both doing and becoming (Price & Miner, 2007). In this literature, it will be show that how Bangladeshi Occupational Therapists are doing OBP.

This is an important area of research in Bangladesh. This study was explore the idea, concept, or perceptions and experience of implementing OBP. Though the investigator is an OT students so, this study will help the researcher to gain appropriate knowledge in this area. This study findings will make concern to identify gap to implement OBP. This study will also help to develop a literature on challenging issue of practicing OT effectively in Bangladesh.

Researcher feel that this study will develop the strong evidence OT Professions in Bangladesh. People will know about this professions and difference it from others health professions. And Bangladeshi Occupational Therapists get opportunity to Evidence Based Practice. By this study when challenging factors will be found then the policy maker will

concern to take necessary steps to consider these challenges in the practice area. It will help to establish an appropriate settings for implementing OBP in Bangladesh.

OBP benefits the clients and creates OT as a unique as the intervention utilizes occupational and purposeful tasks, as the core skills of OT (Wilcock, 2007). Within the medical-oriented setting like Centre for the Rehabilitation of the Paralyzed (CRP), Neuroscience hospital settings and others. Occupational therapists found it difficult to integrate occupational tasks such as cooking, craft, gardening, farming and other daily living activities (Schemm, 2017). Restitution issues for OBP were also a challenge because solicit for OBP is complicated and not direct (Ward et al., 2017). There is no recently definition of Occupational based practice and its opportunity in the literature (Price & Miner 2007). Given these challenges for practice, and continue this situation in Bangladesh the OT Profession has struggled with professional integrity and incomplete recognition (Gray, 1998; Trombly 1993).

So, the proposed study will be the first ever study in Bangladesh describing the status of practicing OT. It will create a new era of rehabilitation sector in Bangladesh.

1.1 Operational Definition:

1.4.1 Occupational Therapy: OT is a client-centered health profession concerned with promoting health and well-being through occupation (Fisher, 2014). The primary goal of OT is to enable people to participate in the activities of everyday life (Chisholm, 2004).

Occupational therapist 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 (World Federation of Occupational Therapy, 2012).

1.4.2 Occupation: Occupation in OT means all activities that occupy people's time and give meaning to their life. OT refers to all of the activities that occupy people's time and give meaning to their life (Rosa, 2009).

1.4.3 Occupation Based Practice: A type of OT intervention - a client-centered intervention in which the OT practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, need, health, and participation in daily life (American Occupational Therapy Association, 2008).

CHAPTER 2: LITERATURE REVIEW

2.1 Occupational Therapy

OT is a prestigious health profession that helps people beyond the lifetime to do the things they want to and need to do through the therapeutic use of daily activities. OT professionals enable to people of all ages to live a healthy and meaningful life (American Occupational Therapy Association, 2018).

According to WFOT 2012, “*Occupational therapy is a client-centered health professions concerned with promoting health and well-being through occupation. The primary goal of OT is to enable people to participate in the activities of everyday life*” (Wilcock, 2006). 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 (World Federation of Occupational Therapy, 2012).

OT professional have a holistic approach, in which the focus is on modify the environment and/or task to fit the person, and the person is an essential part of the therapy team. It is an evidence-based practice intensely established in science (American Occupational Therapy Association, 2018).

2.2 Foundation of Occupational Therapy

The profession of OT was built on the foundation of occupation that has power to heal (Jackson, 1998). The 1960s were a time of change for the profession, during which there was a realization that OT had neglected occupation, its main modality and unique contribution (Kielhofner, 2004). Since the early 20th century, OT believed that purposeful occupation promotes mental and physical health (Trombly, 1995). From the beginning of OT Occupational therapists have been using occupation as their primary intervention medium for people with disability (keilhofner, 2009). The conceptual framework of OT made of Social model, the model of human occupation, the Canadian model of occupational performance and the theories of occupation as a means and an end (che daud et al., 2015). A study in the United States found that Occupational therapists use conceptual framework that incorporate elements such as: (a) Participation in Occupation; (b) removing barriers to occupational performance;(c) solving problems with the client (d) Occupational story making; Occupation as a means; (f) intactness; and (g) facilitating social integration in the community in guiding them to OBP (Ward et al., 2007).

2.3 Occupation Based Practice

Since the foundation of our profession (OBP) has been documented in the OT literature (World Federation of Occupational Therapy, 2006). OBP embraces occupation as its core skills and intervention modality of OT (Guzelkucuk, Duman, Taskaytan & Dincer 2007). A study of OT in 1998 Gray found that occupation is meaningful and goal-oriented, and that "occupation, when it is using as an activity with wholeness, purpose, and meaning to

the person, can also impact him or herself psychologically, emotionally, and socially in ways that purposeful activity unrelated to the person cannot". OBP involves a type of client-centered practice in where both the occupational therapists and the client cooperatively select and design purposeful activities based on the client's interests, needs, health and participation in daily life (Hammel & Iwama, 2012). Currently it was found that OBP has a multiple perspectives (Polatajko et al., 2013). These perspective also emphasizes providing intervention in the individual's or family's natural contexts (Chishohm, Dolhi, & Schreiber, 2000; Fidler, 2000; Gray, 1998; Hocking, 2001; Pierce, 2003). Price & Miner (2007) stated that, OBP is not an intervention but also it is a therapeutic process whereby the Occupational therapist and the client re-create the meaning of therapy. OBP using for "therapeutic use of self" where the occupational therapists uses his or her perception, judgement, insight and personality as part of the therapeutic process (American Occupational Therapy Association, 2014). OBP keep up our professional identity.

2.4 Occupation:

To understand occupation-based practice, it is important to understand occupation. Occupation as means is the use of occupation as the treatment modality to adapt an occupation or to alter affected performance skills and patterns and body functions and structures (Gray, 1998). Many definitions in the literature, sometimes, that it is a complex concept (Law et al., 1998). Hocking (2005) describes occupation is the ordinary and extraordinary things people do in their everyday life that occupy their independency, well-

being and adaptation to the environment. For a treatment to be classified as occupation as means rather than simply activity, it must have relevance to the client's life (Roy et al., 2017). This requires that the therapist understand what is meaningful to the individual and, thus, what constitutes occupation for that person (Gray, 1998).

2.5 Occupational Therapy Practice framework:

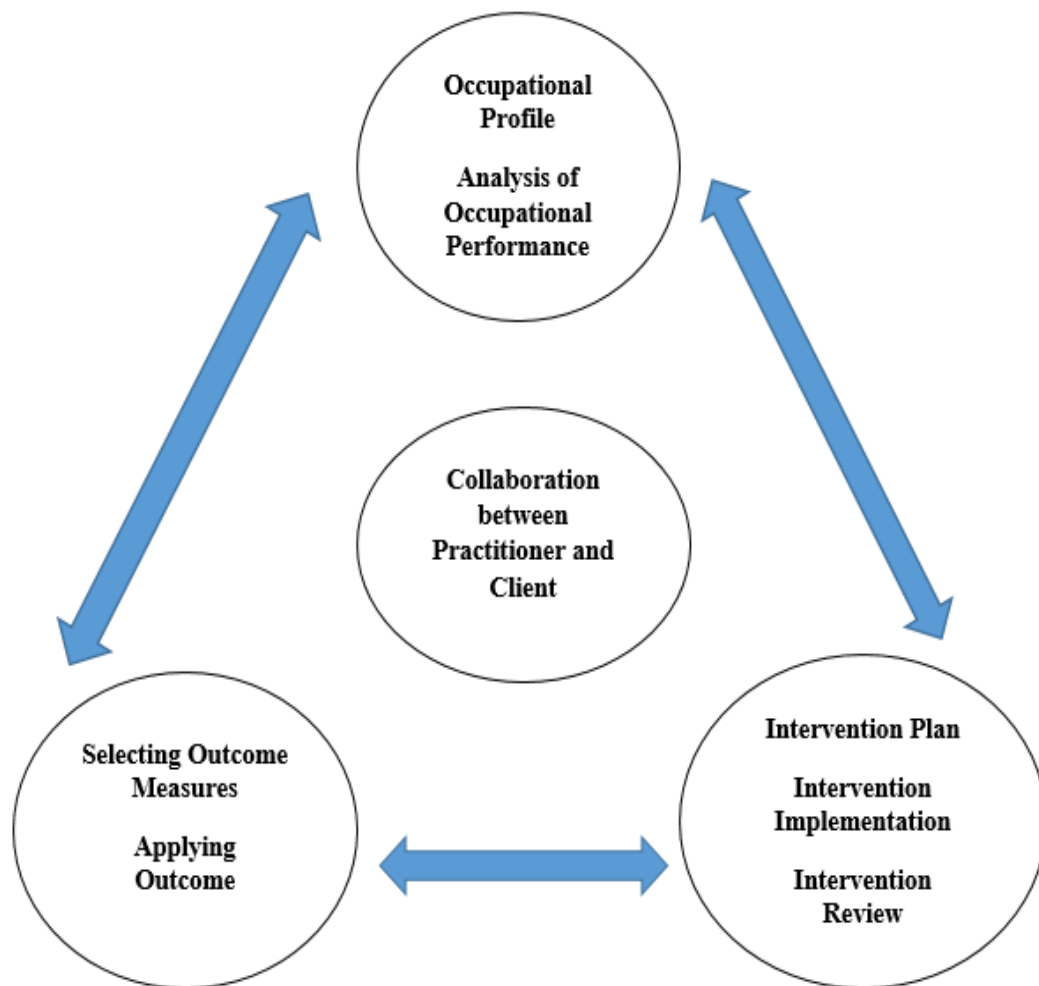


Figure: Occupational Therapy Practice Framework (AOTA, 2014).

2.6 OBP in Worldwide

Currently WFOT statistics show that there has 350,000 practitioners are practicing OT in the world wide (WFOT, 2016). Malaysian Occupational Therapy Association (2010) found that, OBP providing is difficult for him or her particularly who are working in a medical oriented facilities (Che daud, 2015). It is also difficult to incorporate health, wellness and functions within the medical paradigm of care (Baum & Baptise, 2002). Three main elements of what we consider during practice that's are occupation-based, client-centered, and evidence-based practices are emphasized throughout UNH's OT core curriculum. These three elements are also consistent with the American Occupational Therapy Association's (AOTA, 2006) and *Occupational Therapy Practice Framework* (OTPF, 2008).

2.7 OBP in Bangladesh

In developing countries like Bangladesh seems to be more challenging of implementing OBP than in developed countries. This is why only for the understanding level of different people. In Bangladesh, Occupational Therapist are trying to develop this understanding level among Bangladeshi general people. There has 244 Occupational Therapists in Bangladesh who were completed their graduation and now they are providing OT in his or her own settings by focusing on occupation (Shonirvor, 2017). And all of them are tried to develop a person's occupational independency by engaging occupation.

2.8 Positive factors of implementing OBP: OBP works as a facilitators for an OT practitioners (Khayzadeh et al., 2015). Some authors recommended for implementing OBP (Price & Miner, 2007; Polatajko et al., 2013; Mulligan et al., 2014). Professional skills and relationship with clients and practitioners also have been recommended for OBP. Popularity of OT profession also act as a facilitators of providing OBP (Che daud et al., 2015). Gillen & Greber (2014), noted that, while the focus of OT professional is on how to preserve or create dominance for an occupational perspective, as it is important for the profession to consider how occupation-based practice can be enacted within workplaces where there are power imbalances. The current study and others illustrate this power imbalance can be improve by the validation of occupation-based practice and strategies supporting professional elasticity (Ashby et al., 2013; Lloyd et al., 2007; (Scanlan et al., 2010).

2.9 Challenge or Barriers to implementing OBP

Price & Miner (2007) said that there is currently no clear definition of OBP. Colainni and Provident (2010) said that biomedical model in health rehabilitation system is one of the challenges of OBP. Occupational therapists face difficulty to provide OBP and tendency to neglect the use OBP because where Occupational therapists focus their intervention by occupation such as play, cooking, craft, self- care and others pleasurable activities, there the biomedical setting perceive that these task are not purposeful for clients (Burke, 2001). Occupational therapists in mental health practice face challenges to their professional identity as they work alongside colleagues with differing perspectives of well-ness (Ashby et al., 2013). The influence of different perspectives often leads to difficulties in enacting

OBP (Loyd et al., 2007; Scanlan et al., 2010). These difficulties create the need for further debate about ways to support practitioners in mental health practice to ensure the enactment of the professional paradigm and occupation-based practices (Gillen and Greber, 2014). Limited space and available equipment facilities is another barriers of implementing OBP (Chisholm et. al, 2004). Some study indicates that, need enough time for implementing OBP but it is complicated to get enough time, so it is the barrier of implementing OBP (Stack & Barker, 2011). Another study, Occupational Therapists in the United States reported that OBP is not included by insurance companies (Colaianni & Provident 2010). Client understanding is a big challenge for providing OBP. From Occupational therapists' perspectives they have much less understanding of the environmental concept of objects, spaces and Occupational forms, which contribute to the challenge of using OBP (Kielhofner & Fisher, 2008).

CHAPTER 3: METHODOLOGY

3.1 Research Question

What are the present situation of implementing OBP among Occupational who are working in different clinical settings of Bangladesh?

3.2 Study aim and Specific objectives

To explore the present situation of implementing OBP among Occupational therapists who are working in different clinical settings of Bangladesh.

Objective:

- To explore the understanding of Occupational Therapists about OBP.
- To identify the positive factors or facilitators of implementing OBP among Bangladeshi Occupational Therapists.
- To explore the challenge / Barriers of implementing OBP in different settings.
- To explore the variation of OBP in different clinical settings.

3.3 Study design

Researcher used phenomenological qualitative research design to know the present situation of implementing OBP among OT who are practices in Bangladesh. As qualitative research can address the situation of particular event and how the approaches or techniques

are influenced through the user of the people so the researcher used qualitative research design (Patton & Cochran, 2002). This was examined in Bailey (1997), "*Qualitative research tries to verify or generate descriptive theory that is grounded in the data gleaned from the investigation*". Phenomenological perspective can be implemented to any study where the investigator concerns with peoples' view on their own life or situation. This phenomenological qualitative research design can be used to knowing working experienced of the participants (Hammel & Carpenter, 2000). According to Hick's (2000), when the researcher willing to find out the research questions in search of experience, feelings and performance of the participants a qualitative research design is appropriate for the study. Masson, (2001) has been argued with the purpose of writing the oral histories of participants there is need to qualitative research design by a qualitative approach and it is suitable for gaining insights, judgment, experience and perception of the participants. This research aim is to explore the present situation of implementing OBP among OT in Bangladesh who are working in different settings. So the researcher used phenomenological approach of qualitative research design.

3.4. Study population

The study population was the Occupational therapists with 2 years clinical experience of different settings in Bangladesh.

3.5 Study setting

It has been proposed (Hammel & Carpenter, 2000), in the qualitative research the researcher observes and interacts with the participants in their own context. In this

qualitative research, participants need an environment where they share their perceptions and experiences about OBP implementation in Bangladesh. This qualitative study was conducted in Centre for the Rehabilitation of the Paralysed (CRP) (Neuro rehabilitation unit, SCI rehabilitation unit, Pediatric unit Project area), Proyash Autism School Savar area, National Institute of Mental Hospital (NIMH), National Institute of Neurosciences & Hospital, Autism Welfare Foundation, CDD (Centre for the disability and Development). For data collection the researcher used that places which were recommended by the participants and where the participants feel comfortable to express their experiences.

3.6 Study period:

The period of this study was from August, 2017 to May 2018. However, the researcher got time to collect data from 1st January to 30th January, 2018.

3.7 Sample size

The aim of this study was to explore the present situation of implementing OBP among OT in Bangladesh who are working in different settings. The researcher used purposive sampling for this qualitative study who met the inclusion criteria. Purposive sampling was used because the researcher used judgment for selecting participants (French et al., 2001). Sample was collected from a wide range of population. Purposive sampling method is used in qualitative studies to study live experienced of a specific population by using specific selection criteria. Sample sizes are very small and there is not necessarily representative of the vast population in qualitative research study (Patton & Cochran, 2002). 14 participants were selected. Purposive sampling according to criteria to conduct the study and the sample

size was depended on data saturation. In qualitative research, data saturation means where the researcher select sample size and the data is obtained in repeatedly then qualitative researcher do not take any participants for data collection (Saumure & Given, 2013)

3.8. Inclusion criteria

- Qualified Occupational Therapists working in the different settings of Bangladesh
- At least 2 years clinical experiences in the specific setting without Internship

Exclusion criteria:

- Students Occupational Therapists
- Intern Occupational Therapists
- Occupational Therapy assistants
- Those who are unwilling to participate

3.9. Sampling techniques

Purposive sampling method is used in qualitative studies to study about experienced of a specific population by using specific selection criteria. To study occupation-based practice, a purposive sampling method was used to identify experience of Occupational Therapists in their practice. (Berg, 1998).

3.10. Data collection tools/ materials

Audio recorder was used to record interview of the participants for judgment and it is the most appropriate method for recording interview. In qualitative research, the researcher used tape recorder to replace the hand writing particularly by which the researcher observes and records participant's practices (Bloor & Wood, 2006).

- Paper and pen were used to write down the observation note or any other information that was obvious needed to research study.
- Questions
- Consent form
- Information sheet
- Clip board
- Mobile phone for recorder

3.11. Data collection methods

All data was collected through face-to-face in-depth interview by using a semi-structured research question. In this study, the researcher has explored the experience of OBP implementation among Occupational Therapists In-depth interview has conducted in this study to collect data thoroughly from the participants (Patton & Cochran, 2002). With in-depth interview participants would be given freedom to explain their feelings and experience or perception in their own words. They would also receive opportunity to talk and describe their feelings and real facts or incidents (Bloom & Crabtree, 2006). This interview procedure would provide the opportunities to observe the facial expression of participants and would help the researcher to determine their understanding of the questions. The question was written in Bengali so it would be easily understood for all participants. The researcher started from the

initial stage of the data collection procedure. At first, the researcher would verbally present the details of the study such as, aim, objectives and purpose of the study then explain the rights, roles, benefits and importance of the written consent form in a descriptive way and arranged the interview in a suitable place. Before starting the interview, the researcher asked the participants about the place of interview. When the participant agreed with the researcher and they felt comfort with the place, then the researcher started to interview. During the interview, a recorder was used to record the conversations and discussion between the participants and interviewer. Recorder, paper and pens also used during interview for writing the additional information from the participants.

3.12. Data management and analysis

In the qualitative research, it was suggested to analyses the collected data to organize. The information according to different codes, categories and themes (Bowling, 1997). Data analysis allowed the researcher to establish the study aims according to collected information from participants. The appropriate analysis of data would give an accurate result for the study. The researcher selected Qualitative Content Analysis (QCA) method for analyzing data. QCA follows the three steps (coding, categorizing and generating theme) to present the result of the study. The analysis of data began from transcribe of interviews. At first, the researcher would organize the interviews and transcribe the entire interview in Bengali from the audio tape recorder. Each of the transcripts were translated from Bengali to English by 3 different individuals, one was the researcher and another two were such person who did not know about the aim or objectives of the research question. Then the researcher would verify all of the transcriptions and read it several times to find out what the participants wanted to say. Following that, the researcher confirmed the data

and found the actual themes of the study. When the researcher would notice some similarities between the data, the researcher would organize the data according to some major categories and under those categories some codes would be established. The codes came out from the research question and each code was separated from each other.

3.13. Quality control & quality assurance

All data collection should be accurately done with the concern of respective supervisor as well follow all instructions. Ensure that, the methods which have been using there that's are validated fit for the purpose before use the text.

Prior to starting the data collection, the researcher completed a field test with 3 participants for the survey question, and face- to -face interviews conducted to ensure whether the question were understand by the participants. It is important to carry out a field test before collecting the final data because it help the researcher to refine the data collection plan and to justify the reliability and validity of the questionnaire fit with Bangladeshi context. This field test was performed to identify any difficulties that exist in the questionnaires. Then the researcher got chance to rearrange the questionnaires to make it more understandable, clear and enough for the participants and the study.

3.14. Ethical considerations

The researcher has maintained some ethical considerations like:

- Researcher had to take the permission from Bangladesh Health Professions Institute (BHPI), the academic institute of CRP.

- Researcher had to take the permission of OT department of Savar CRP, Proyash Savar area, National Institute of Mental Hospital (NIMH), National Institute of Neurosciences & Hospital, Autism Welfare Foundation, and CDD for data collection.
- The participants were informed before to invite her participation in the study.
- A written consent form which has written in Bangla (Appendix 3) used to take the permission of each participants of the study.
- The researcher has ensured that all participants were informed about their rights and reserves and about the aim and objectives of the study.
- All kinds of confidentiality would be highly maintained. The researcher would have to ensure not to leak out any type of confidentialities.
- The researcher would be eligible to do the study after knowing the academic and clinical rules of doing the study about what should be done and what should not be.
- All rights of the participants would be reserved and researcher was accountable to the participant to answer any type of study related question.

3.15. Field test: A field test was conducted with three participants. Before the time of final data collection, it was necessary to conduct a field test to help the researcher for purifying the data collection plan. During the interview, researcher informed the participants about the aim and objectives of the study. From the field test the researcher was aware about which part of the question participant found difficulty or they did not understand properly. Researcher observed the situation of the interview, participant's response thus help to modify the question where necessary. Finally, the question was developed in Bangla (Appendix 3) and English (Appendix 4).

3.16. Rigour

This study was conducted through rigorous manner or trustworthiness. The entire study was conducted in a systematic way by following research steps under the supervision of an experienced supervisor. At the time of data collection and data analysis, the researcher never tries to influence the result by her own value or perspectives. The researcher accepted answers of the participants whether they would deliver. The researcher prepared transcript from the field notes and audio recording. Soon after the interview it was written. Translation has completed by three people to avoid biasness then researcher completed the same translation and record to reduce mistake and compare it with the Bangla transcript. The researcher has checked translated data for several times so that all information would be include. All of notes kept safe to maintain confidentiality. In the result chapter, the researcher would not influence the result by personal view.

3.17. Summary of data analysis and result

Aim of the study	Objectives of the study	Question	Categories	Theme
To explore the present situation of implementing OBP among Occupational therapists in Bangladesh who are working in different settings.	1. To know the perception about OBP among OT who are working in Bangladesh.	Question-3, 4, 5	1. Understanding the perception of OBP among Occupational therapists in Bangladesh. 2.To know about importance of OBP among Occupational Therapists	1.Good understanding of OBP among Occupational Therapists in Bangladesh 2. OBP is most important for evidence based practice
	2. To explore the challenges or barriers of implementing OBP during practice of OT.	Question: 8, 11, 12	2. Challenges and barriers of implementing OBP	2. Implementing OBP is a challenging most of the time
	3. To explore the facilitators of implementing OBP during practice of OT.	Question: 9, 10, 13, 14	3. The facilitators of implementing OBP	3. Expand knowledge about OT of the client is the best facilitators of implementing OBP
	4. To explore the variation of OBP in different clinical settings.	Question: 6	4. The variation of OBP among OT in different clinical settings.	4. Limitation of OBP among OT in different clinical settings.

CHAPTER 4: RESULT & DISCUSSION

In result and discussion chapter, it has presented the result of the research study and presented the findings by using different literature. In qualitative studies, it is common practice to present result and discussion together in one section (Bailey, 1997). Result part of this section has described as completely so that it is possible to judge the findings of the study. By using tables and figures it has demonstrated the findings of the study. The discussion section is as a “comment section placing the results in context with the published literature and addressing study limitations” (Graf, 2008). The aim of this study was to explore the present situation of implementing OBP among OT in Bangladesh who are working in different settings. There were three objectives of this study. First objective was to know the perception about OBP among OT who are working in Bangladesh. Under this objective question no. 3, 4, 5 were used and two categories were emerged. Category 1 was emerged by using question no. 3, 4 Category 2 was emerged by using question no. 5.

Category 1: Understanding the perception of OBP among Occupational therapists in Bangladesh

Under this category one theme was emerged as follows-

Theme 1: Good understanding of OBP among Occupational Therapists in Bangladesh

Category 2: To know about importance of OBP among Occupational Therapists

Under this category one theme was emerged as follows-

Theme 2: OBP is most important for evidence based practice

Second objective was to explore the challenge/ barriers of implementing OBP during practice of OT.

Under this objective question no. 6, 8, 11, 12 was used and following one category were emerged,

Category 3: Challenges/ barriers of implementing OBP

Under this category one theme was emerged as follows-

Theme 3: Implementing OBP is a challenging most of the time

Third objective was to explore the facilitators of implementing OBP during practice of OT.

Under this objective question no. 9, 10, 13, 14 was used and following one category were emerged.

Category 4: The facilitators of implementing OBP

Under this category one theme was emerged as follows-

Theme 4: Expand knowledge about OT of the client is the best influencing of implementing OBP

Fourth objective was to explore the variation of OBP in different clinical settings. Under this objective question no 6 was used and following one category were emerged.

Category 5: The variation of OBP among OT in different clinical settings

Under this category one theme was emerged as follows-

Theme 5: Lots of variation of OBP among OT in different clinical settings.

According to categories and coding it has given the description of theme at below:

Theme 1: Good understanding of OBP among Occupational Therapists in Bangladesh

As long as the goal is Occupational performance (Early and Shanon, 2006) OBP incorporates all kinds of therapeutic treatment such as preparatory and purposeful methods. Preparatory methods are included (such as splinting, assistive devices, physical agent modalities) and purposeful activity are used to prepare the clients and strengthen their skills for occupational engagement (American Occupational Therapy Association, 2008).

4.1 Table 1

Theme 1: Good understanding of OBP among Occupational Therapists in Bangladesh

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14
Set up a good treatment plan according to Occupation	√								√	√	√	√	√	
Educate about Environment Modification for compensation	√	√							√	√		√		
Improve performance ADL practice			√	√	√	√	√	√	√	√		√		√
Client Centered practice based on client interest			√	√					√		√	√		
To engage purposeful activities			√	√	√	√	√	√	√	√	√			
Provide Scientific explanation of OT				√	√								√	√
Provide the meaningful therapeutic												√		

Most of the participant's understand that OBP is engaging occupation by ADL practice. Around half of the participant's said that, purposeful activities which provide scientific explanation of OT. Few participants give different statements of OBP that's are client centered practice, set up a good treatment plan for better outcome, using equipment and environmental modification.

One of the participant's mention that "*I understand that to engage purposeful activity during session*"

Occupation as a means' refers to occupations and purposeful tasks as a remediation agent to improve a client's physical function. (Gray, 1998; Trombly'1995)

Another participants said that "*Occupation is the term which present Occupational Therapy as a unique profession*".

A study shown that, critical role of the OBP in shaping our professional identity; it is important to facilitate OBP implementation (Khayatzadeh et al.,2015).

4.2 Table 2

Theme 2: OBP is most important for evidence based practice

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13
For the purposes of Better Rehabilitation and role performance	√		√	√		√		√	√	√		√	√
Differentiate OT from other health professions												√	
To leading an independent life of human						√		√		√		√	
OBP is a Core practice of OT profession				√	√		√						
Meaningful for client to lead a productive life		√			√	√		√			√		√

From this table seen that, most of the participant think about importance of OBP for better rehabilitation some participants said that, “OBP is important to engage client in a productive life and few participants said that OBP is a core skill of OT”.

One of the participant said that, “*Occupation creates differentiation between OT and another health professionals*”.

OBP benefits the clients and creates OT unique as the intervention uses occupational and purposeful tasks, as the core business of OT (Che daud et al., 2015).

Another participant said that, “*OBP practice help a client to lead a purposeful and meaningful live*”.

A study mentioned that, Occupational Therapists believe that OBP is more effective, individualized and valuable when generalized to client’s everyday life (Schemm, 2017).

4.3 Table 3

Theme 3: Implementing OBP is a challenging most of the time

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14
Poor arrangement of settings and limited equipment	√	√	√		√	√	√	√	√		√	√		√
Poor referral system in health sector			√	√			√	√			√			√
Poor satisfaction of client and career				√					√	√	√			
Poor knowledge about OT	√		√		√	√		√	√	√	√	√	√	
Limited Time				√										
Limited manpower of support this profession		√	√					√	√			√	√	√
Need to in depth knowledge among OT about OBP		√	√					√	√			√		
Poor management system						√							√	
Cultural barrier								√	√			√		

From this table seen that

Most of the participants said that, poor arrangement of settings and lack of awareness about OBP among clients are barriers of implementing OBP, some participants said that weak referral system and manpower are another barriers of implementing OBP and few participants said that, cultural believe, time, poor knowledge about OBP are also barriers of implementing OBP.

One participant mention that, *“narrow space and lack of treatment corner such as dressing corner, play corner are not available that’s why we can’t implement OBP”*.

A study experiment that, limited space and the availability of equipment and supplies were the main barriers highlighted by Occupational therapists in their use of OBP (Chistohlm, Dolhi, & Scheirber, 2004).

The majority of participants agreed that appropriate resources and equipment are lacking, and the OT department is not setup for OBP (Hammel &Iwama, 2012).

One participant said that, *“we can’t maintain Quality of treatment causes of time”*

Time was also a factor that influences the occupational therapists to use OBP. Literature indicates that OBP was described as too complicated and consumes much time to be implemented (Goldstein- Lohman, Kartz, & Pierce, 2003; Stack & Barker, 2011).

Time and workload were reported as challenges to implementing the intervention (Colainni & Provident, 2010; Stack & Barker, 2011).

Another participant said that *“lack of training and update treatment knowledge are causes of challenging situation to implement OBP”*

Another challenge to OBP in the article was the client and OT factors. Occupational Therapists reported that providing OBP is challenging because the client does not understand the unique role of OT nor the outcome of the intervention (Chisholm et al, 2004).

Barriers to OBP also came from the Occupational Therapists themselves (OT factors). Participants described that they need to training and well prepared for OBP. Which is an important aspect of providing OBP. They asserted that there was limited evidence on the efficacy of OBP to support their practice (Colainni & Provident, 2010).

One participant mention that, *“understanding OT among different levels of clients is very difficult like as who are come from remote area so it is a challenge to implement OBP”*.

A study supports that, the clients also have no idea about the unique role of OT and are not aware of the effect of OBI (Chisholm et al., 2004). The clients understanding of the whole recovery process was also cited as a challenge to OBP.

Providing OBP required the occupational Therapist to know the clients occupation, motivation and situation (Baum, 2000), which only can be achieved through the use of a client centered approach and working partnership with the clients (Baum& Baptise, 2002; Chisholm et al., 2004).

A participants said that, *“referral system is not easy for our OT practice in Bangladesh”*.

A factor was the health care system and government policy in Malaysia (Chisholm et al., 2004).The participants of this study described that the medically oriented health care system and the bureaucratic culture within Malaysia hospitals were also challenges to OBP.

Another participant also said that, *“people are not aware about OT treatment and which condition is treated by OT”*.

Furthermore, lack of awareness about the role of Occupational Therapists by other professionals was perceived as a challenge to OBP as it limits the referrals for the intervention. Most of the participants stated that when they try to use OBP in practice, other multidisciplinary professionals do not give full cooperation because they do not understand the purpose of OBP (Chisholm et al., 2004; Colainni & Provident, 2010).

4.4 Table 4

Theme 4: Expand knowledge about OT of the client is the best facilitators of implementing OBP

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14
Good understanding about OT	√				√	√		√		√	√		√	
Good therapeutic relationship	√	√	√				√				√			
Good arrangement of setting and available equipment	√		√				√		√	√				√
Good organizational support	√		√	√	√	√		√				√	√	√
Referral System in health sector			√					√						√
Need to include OBP in OT academic Curriculum													√	
Family identification and relationship					√							√		

From this table seen that, most of the participants said that settings and positive feedback from others is the important issue for implementing OBP. Some participants said that good therapeutic relationship, raising awareness, management system. Few participants said that, higher education, developing job sector and referral system can also influences OBP. Gillen & Greber, (2014) reported that although occupational therapists support and value evidence-based practices, they may not be confident in their abilities to find and appraise the research literature for clinical decision making. In addition, some therapists may find that they do not have the time to keep up to date and read the necessary literature, nor do they always have access to the relevant research articles that would enable them to engage in evidence-based practices.

One of the participants mention that, *“If the relationship between clients and therapist are good it will influencers to implement OBP.”*

A study finds that Enhancing professional skills and relationships has been recommended to facilitate OBP (Fisher, 2014).

A study shown that, because of critical role of the OBP in shaping our professional identity; it is important to facilitate its implementation (Ashby, 2013).

Another participants mention that, *“actually we need to understand clients and other people about OT, which facilitate OBP practice”*.

A study showed that client centered and family centered practice facilitates OBP (Gillen & Greber, 2014).

The aim of OT service should be explained to the client with a comprehensible language with the consideration of the client's social, cultural and educational level. Attention should be paid more to those clients from lower socio economic levels (Jackson, 1998).

This study get a clear experiment that, Occupational Therapists who are more experienced they have good understanding of OBP than who are less experience.

Another study suggested that experienced therapists have a tendency to be more occupation-based than more inexperienced therapists, with 86% of experienced therapists stating they used occupation-based therapeutic activities *often* or *always* compared with 74% of more inexperienced therapists.(Mulligan et al., 2014).

4.5 Table 5

Theme 5: Limitation of OBP among OT in different clinical settings.

Coding	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14
In pediatric settings, OT can implement OBP, but faces some difficulty both outdoor and indoor service					√		√							
In school settings, for hold a good motivation of parents and impact of Organizational support sometimes OT are failure to implement OBP						√				√	√			
In Neurological settings, OT faces challenge to implement OBP for enough spaces, time and cultural identification			√	√										
In SCI settings, OT can implement OBP in a proper way								√				√		
In the government settings, OT can't OBP for maintaining time and quantity of clients									√					√
In the project settings, OBP is implemented in a little bit	√												√	
In mental health settings, OT try to implement OBP but limited opportunity		√												

From this table seen that, the majority of the participant's agreed that setting is responsible to maintain client motivation at the outside of CRP, organizational support is not positive and difficulty to working client's environment. Some participant's said that outdoor service is challenge to provide OBP than Indoor service. Few participant's said about there has not specific place in the project settings. One of the participant's said that setting is not any important issue if every OTs goal is OBP.

One participants said that, *we are Bangladeshi people, our relationship bonding is too much strong that's why when someone is sick other members of family always support the sick person. So performing daily living activity by the sick person it is not acceptable in our culture.*

A study on cultural barriers of Occupational Therapy service in Bangladesh, it was found that, different cultural phenomena, cultural diversify challenge and social superstitions affected on the OT intervention (Sultana, 2014).

So, the findings displayed that, Organizational support is most important for providing OBP. And outdoor service is so much challenging than indoor to provide OBP in Bangladeshi perspective.

One of participants said that, *government settings is not appropriate place for OBP there has not sufficient equipment and poor arrangement of settings. In this settings, I can't maintain quality of treatment for maintaining quantity.*

Another participants said that, *it is very sad that, I can't implement my knowledge for lacking's of enough space for treating child and adult client.*

One participants of pediatric unit said that, *I have good implementation of OBP with child but sometimes it is difficult in pediatric outdoor service.*

Rogers identified a findings by a study of Pediatric OT that, OBP was more satisfying and rewarding for therapists, and they found it more effective and individualized. Patients and families were perceived by therapists to find OBP more motivating, understandable, valuable, and easily generalized to everyday life.

Chapter 5: Conclusion

5.2 Limitation

Limitations are potential weaknesses in a study and are out of control (Simon, 2011). There is a single limitation which was the researcher absolutely taken into account during the time of study. Researcher tried to best systematic way to conduct the research. By considering these limitations the researcher conducted this study. The limitations are given below:

- In this research study, male participant is sufficient rather than female participant so, it is a limitation.
- This study is a qualitative type of study. Purposive sampling was used to collect data from participants. In-depth interview was required to gain actual information from participants. Due to sufficient knowledge of interviewing skills it was not possible to collect data from participants through in-depth interview as researcher has undertaken this study for the first time.
- In Bangladeshi context, it is a new study. So there was a lack of available information related to this study such as, research study.

As a result there are many strength point of this study such as researcher tried to select participants (Occupational Therapist) from all settings of OT profession and who have

excellent clinical experience. This study is absolutely directed as a new conception in the context of Bangladesh. That was why there are no such type of work has been found to compare with the study in Bangladesh.

5.3. Conclusion

Occupation Based Practice (OBP) can be explained through the concepts of occupation which is the core skills of OT (Gray, 1998). The participants who were involved with the study they were expressed their views and opinions about the importance of OBP in their practice and they are well known about OBP.

The findings of the study are indicated that the participant faced different types of barriers during the practice session in Bangladesh. It is to be added that the participants are also mention that they are facing different form of challenges in different settings working as a clinical OT especially outside of the CRP. The participants were also indicated that Bangladeshi health system which are also created strong barrier for them to provide successful treatment to the patient. Because of the government policies are need to be developed for OT profession in Bangladesh.

The people of Bangladesh are not well known about OT profession. So, general people can't accept Occupation focused as a treatment. But if health system are supportive, then people are well-known about this profession and easily accept the treatment. In addition to the researcher found almost all the participant expressed their strong views that OBP is the fundamental part of OT. Some participants are explained some issue which are influences

to OBP. Positive feedback, client motivation uses for influences to OBP. They also said, some issue which are needed to be better practice that's are health system, training, supportive management/authority, up to date training, government job. Then the OTs can easily reach at the pick point of their professional Excellency and of Bangladesh.

5.4 Recommendation

5.4.1 Recommendations for occupational therapists in Bangladesh

The occupational therapists have a broad and clear knowledge about the core practice of OT. They are enough skilled on OBP. The occupational therapists should be able to handle all barriers and challenges of OBP practice with carefully and smoothly. The occupational therapists should be provided the quality of service to the clients according to the country perspective. On the other hand the occupational therapists should follow different frame work and approach for client to engage an Occupation which is meaningful to lead a purposeful.

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Appendices

Appendix 1

IRB Approval Letter for Conducting Study



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

Ref.

CRP-BHPI/IRB/01/18/184

Date: 04/01/2018

To
Nipa Monalisa
B.Sc. in Occupational Therapy
Session: 2013-2014, Student ID: 122130111
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: "Implementing Occupation Based Practice among Bangladeshi Occupational Therapists in Different clinical settings"

Dear Nipa Monalisa

Congratulation.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application on 02/10/2017 to conduct the above mentioned dissertation with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Self-developed Questionnaire
3	Information sheet & consent form.

Since the study involves identifying present situation of Occupation based practice and self-developed questionnaire that takes 10 to 15 minutes and have no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 9:00 AM on October 08, 2017 at BHPI.

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 accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন : ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স : ৭৭৪৫০৬৯

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

Appendix 2

Permission Letter for Data collection

Date: 4th January, 2018
To
Head of Occupational Therapy Department
CRP-Savar, Dhaka-1343, Bangladesh

Subject: Regarding permission for data collection for B.Sc. thesis at Occupational Therapy Department.

Sir,

With due respect, I am Nipa Monalisa, 4th year B.sc. in Occupational Therapy student of Bangladesh Health Professions Institute(BHPI) an academic institute of CRP under faculty of medicine of University of Dhaka (DU). As a part of Occupational Therapy course curriculum, I have to conduct a thesis entitled “**Implementing Occupation Based Practice among Bangladeshi Occupational Therapists in different clinical settings**” that will be supervised by **Md. Julker Nayan** Assistant Professor, Department of Occupational Therapy, BHPI, CRP. The purpose of the study is to explore the present situation of implementing Occupation based practice among Bangladeshi Occupational therapists who are working in different clinical settings. Self- developed Questionnaire will be used by face to face interview. That will take about 20-30 minutes. Related information will be collected from the participant. The study will not be cause of any harm to the participant. Data collectors will receive informed consents from all participants as written or verbal record. Any kind of collected data will be kept confidential.

Therefore, I look forward to your cooperation by giving permission for data collection at your reputed hospital. Please don't hesitate to ask me if you have any queries regarding any issues.

Best regards,
Nipa Monalisa
Nipa Monalisa
Session: 2013-2014
Student ID122130115
Student of B.Sc. in Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permitted
04.01.18
Md. Julker Nayan
Junior Consultant & Head
Occupational Therapy Department
CRP, Savar, Dhaka-1343

Appendix 3 A

তথ্য পত্র

গবেষণাকারীর নাম নীপা মোনালিসা। সে পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি) এর অধিনস্থ বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটের অকুপেশনাল থেরাপি বিভাগ এর ৪র্থ বর্ষের ছাত্রী। তার প্রাতিষ্ঠানিক কার্যের অংশ হিসেবে চলন্ত শিক্ষা বর্ষে তাকে একটি গবেষণা মূলক কাজ করতে হবে। গবেষণাটির শিরোনাম “চিকিৎসার বিভিন্ন ক্ষেত্রে বাংলাদেশী অকুপেশনাল থেরাপিস্টদের অকুপেশন ভিত্তিক চিকিৎসা বাস্তবায়ন”।

গবেষণায় আপনার অংশগ্রহন সম্পূর্ণ রূপে স্বেচ্ছায়। আপনি যেকোন সময় গবেষণা থেকে আপনার অংশগ্রহন প্রত্যাহার করতে পারবেন। এই গবেষণায় অংশ গ্রহনে গবেষক আপনাকে কোন ভাবে আর্থিক সাহায্য প্রদান করবেন না। এই অংশ গ্রহন কখনোই আপনার জন্য ক্ষতির কারণ হয়ে দাঁড়াবে না, কিন্তু এই গবেষণাটি বর্তমানে এবং ভবিষ্যতে অকুপেশনাল থেরাপি প্রফেশনালদের বিভিন্ন ক্ষেত্রে অকুপেশন ভিত্তিক চিকিৎসা প্রদান সম্পর্কে অবহিত করবে এবং সেই সাথে তারা এটি বাস্তবায়নের সুবিধা অসুবিধা সম্পর্কে অভিজ্ঞতা অর্জন করবে।

আপনার কাছ থেকে প্রাপ্ত তথ্য সমূহের সর্বোচ্চ গোপনীয়তা রক্ষা করা হবে। গবেষক এবং গবেষণার সমন্বয়কারী ব্যতীত এই তথ্য গুলো অন্য কোথাও প্রকাশিত হবে না এবং গবেষণার কোথাও অংশগ্রহন কারীর নাম প্রকাশ হবে না।

গবেষণা সম্পর্কিত যেকোন ধরনের প্রশ্নের জন্য নিম্নলিখিত ব্যক্তির সাথে যোগাযোগ করার জন্য অনুরোধ করা যাচ্ছে।

নামঃ নীপা মোনালিসা

বি. এস. সি. ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ)

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট

পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সি আর পি)

চাপাইন, সাভার, ঢাকা-১৩৪৩

Appendix 3 B

সম্মতিপত্র

এই গবেষণাটি অকুপেশনাল থেরাপির কোর্সের একটি অংশ এবং গবেষণাকারীর নাম নীপা মোনালিসা। সে পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি) এর অধিনস্থ বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের অকুপেশনাল থেরাপি বিভাগ এর ৪র্থ বর্ষের ছাত্রী। এই গবেষণাটির শিরোনাম “চিকিৎসার বিভিন্ন ক্ষেত্রে বাংলাদেশী অকুপেশনাল থেরাপিস্টদের অকুপেশন ভিত্তিক চিকিৎসা বাস্তবায়ন”।

এই গবেষণাতে আমি.....একজন অংশগ্রহনকারী এবং পরিষ্কার ভাবে এই গবেষণার উদ্দেশ্য সম্পর্কে অবগত। আমার যেকোন সময়ে এই গবেষণা থেকে নিজেকে প্রত্যাহার করার অধিকার আছে। এজন্য আমি প্রশ্নের উত্তর প্রদান করার জন্য কয়েক দায়বদ্ধ না। এই গবেষণাটির সাথে আমার কোন সম্পৃক্ততা নেই। এই গবেষণাটি বর্তমানে এবং ভবিষ্যতে অকুপেশনাল থেরাপি প্রফেশনালদের বিভিন্ন ক্ষেত্রে অকুপেশন ভিত্তিক চিকিৎসা প্রদান সম্পর্কে অবহিত করবে এবং সেই সাথে তারা এটি বাস্তবায়নের সুবিধা অসুবিধা সম্পর্কে অভিজ্ঞতা অর্জন করবে।

আমি আরও অবগত আছি যে, এই কথোপকথন থেকে নেওয়া সমস্ত তথ্যাবলি নিরাপদে এবং গোপনীয়তার সাথে শুধু মাত্র গবেষণার কাজেই ব্যবহার করা হবে। আমার নাম এবং ঠিকানা কোথাও প্রকাশ হবে না। শুধুমাত্র গবেষণাকারীর এবং তার গবেষণার সমন্বয়কারীর সাথে এই গবেষণার পদ্ধতি সম্পর্কে অথবা যে কোন প্রশ্নের উত্তর জানার জন্য কথা বলতে পারবেন।

আমি উপরোক্ত তথ্যগুলো ভালো ভাবে জেনে নিজ ইচ্ছায় এই গবেষণায় অংশগ্রহন করছি।

অংশগ্রহনকারীর স্বাক্ষর/টিপসই	তারিখ:
গবেষণাকারীর স্বাক্ষর	তারিখ:
সাক্ষ্য প্রদানকারীর স্বাক্ষর/ টিপসই	তারিখ:

Appendix 3 C (প্রশ্নপত্র সমূহ)

১। আপনি কেমন আছেন?

২। আপনি কতদিন ধরে এই সেটিংস এ কাজ করছেন?

৩। অকুপেশনাল থেরাপী চিকিৎসা প্রদানের সময় আপনি মূলত কোন বিষয়টিকে প্রাধান্য দিয়ে থাকেন? দয়া করে বিস্তারিত বলবেন কি ?

৪। অকুপেশন ভিত্তিক চিকিৎসা সম্পর্কে আপনার কাছে কি মনে হয় ? দয়া করে আপনি কি সেটা আমাকে বলবেন ?

৫। আমরা জানি যে অকুপেশনাল থেরাপি চিকিৎসা প্রদানের ক্ষেত্রে অকুপেশন ভিত্তিক চিকিৎসা টা জরুরী কিন্তু এটা কেন জরুরী বলে আপনার কাছে মনে হয় ? দয়া করে বিস্তারিত বলবেন কি ?

৬। অকুপেশন ভিত্তিক চিকিৎসা প্রদানের ক্ষেত্রে সেটিংস কি কোন প্রভাব ফেলছে? কি ধরনের প্রভাব ফেলছে বলে আপনি মনে করেন ?

৭। আপনি তো দীর্ঘদিন ধরে রোগীদের সাথে কাজ করে আসছেন, দয়া করে এই বিষয় টি আমাকে বলবেন যে একজন রোগীর ক্ষেত্রে চিকিৎসার পরিকল্পনা কেমন হবে সেটা আপনি কখন এবং কিভাবে সিদ্ধান্ত নিয়ে থাকেন ? দয়া করে কি বলবেন?

৮। আমরা দেখি যে অনেক সময় কিছু রোগী থেরাপী নিতে কম আগ্রহী হয়ে থাকে সে ক্ষেত্রে রোগীর আগ্রহ বাড়ানোর জন্য এবং রোগীকে নিয়মিত করানোর জন্য প্রথম সেশনে অকুপেশন ভিত্তিক চিকিৎসা কিভাবে গুরুত্বপূর্ণ ভূমিকা পালন করতে পারে বলে আপনি মনে করেন? দয়া করে বলবেন কি?

৯। অকুপেশন ভিত্তিক চিকিৎসা প্রদানের জন্য রোগীর সক্রিয় অংশগ্রহন টা কি গুরুত্বপূর্ণ ? তবে কেন? দয়া করে বলবেন কি?

১০। কোন কোন বিষয় বিদ্যমান থাকলে একটা সেশন কে সাকসেসফুল সেশন বলা যেতে পারে বলে আপনি মনে করেন ? দয়া করে কি বলবেন?

১১। অনেক সময় দেখা যায় যে বিভিন্ন কারণে আমরা অকুপেশন ভিত্তিক চিকিৎসা প্রদান করতে যেয়ে বাঁধাপ্রাপ্ত হচ্ছি ? আপনার মতে সেই বাঁধাপ্রাপ্ত হওয়ার কারণ গুলো কি হতে পারে বলে আপনি মনে করেন? দয়া করে বলবেন কি?

১২। আমরা জানি যে বাংলাদেশে অকুপেশনাল থেরাপী চিকিৎসা সেবার পরিচিতি এবং প্রসার অতটা ব্যাপক নয় এটা কি এক ধরনের বাঁধা নয়? আপনার কাছে কি মনে হয়? দয়া করে বলবেন কি?

১৩। অনেক সময় আমরা দেখি যে কিছু বিষয় বিদ্যমান থাকার কারণে আমরা অকুপেশন ভিত্তিক চিকিৎসা প্রদান করতে খুব বেশি উৎসাহিত হই। সেই উৎসাহিত হয়ার কারণ গুলো দয়া করে বলবেন কি?

১৪। এমন কোন বিষয় আছে কি যা বিদ্যমান থাকলে আরও ভাল ভাবে অকুপেশন ভিত্তিক চিকিৎসা প্রদান করা যেত বলে আপনার কাছে মনে হয়?

Appendix 4 A

Information Sheet

The name of the researcher is Nipa Monalisa. She is a student of 4th year B.Sc. in Occupational Therapy in Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralyzed (CRP). As a part of his academic issues, she has to conduct a research project in this academic year. So the researcher would like to invite you to participate in this study. The title of the study is **“Implementing Occupation Based Practice among Bangladeshi Occupational Therapists in different clinical settings.”**

Your participation is voluntary in this study. You can withdraw your participation in anytime. There is not the facility to get any pay by this participation. The study will never be any harm to you .This study will help the Occupational therapists to know the experinece of different settings among others Occupational Therapists. And also help to know the facilitators and barriers of implementing OBP in future.

Confidentiality of all records will be highly maintained. The gathered information from you will not be disclosed anywhere except the researcher and supervisor. The study will never publish the name of participant anywhere.

If you have any query regarding the study, please feel free to ask the contact information stated below:

Nipa Monalisa
Student of 4th year
B.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI),
Centre for the Rehabilitation of the Paralysed (CRP),
Chapain, Savar, Dhaka-1343

Appendix 4 B
Consent Form

This research is part of Occupational Therapy course and the name of the researcher is Nipa Monalisa .She is a student of 4th year B.Sc. in Occupational Therapy in Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). The study was entitled as **“Implementing Occupation Based Practice among Bangladeshi Occupational Therapists in different clinical settings.”**

The purpose of the study is to explore the present situation of Occupation Based Practice in Bangladesh. In this study I am a participant and I have been clearly informed about the purpose and aim of the study. I will have the right to refuse in taking part any time at any stage of the study. I will not be bound to answer to anybody. This study will help the Occupational therapists to know the experinece of different settings among others Occupational Therapists. And also help to know the facilitators and barriers of implementing OBP in future.

I have also been informed that, all the information collected from the interview will be only used for study purpose and safety and confidentiality will be maintained. My name and address will not be published anywhere. Only the researcher and supervisor will be eligible to access in the information for his publication of the research result. I have been informed about the above-mentioned information and I am willing to participate in the study with giving consent.

Signature/Finger print of the Participant:	Date:
Signature of the Researcher:	Date:
Signature/Finger print of the witness:	Date:

Appendix 4 C (English Questions)

1. How are you?
2. How long have you been doing this job?
3. What do you give more priority while providing Occupational Therapy treatment? Please describe in details.
4. What do you think about (OBP)? Can you describe please.
5. We know that Occupational Based treatment is important for Occupational Therapy treatment but why do you think it is important? Please describe in details.
6. Does settings can effect treatment in Occupational Therapy? What kind of effects it has you think?
7. You are working with patients for a long time. Can you please tell me how you decide what kind of treatment plan you decide depending on patients and how do you decide this?
8. Sometimes we see that some clients is less eager to take therapy. In this cases, how OBP in first session can play an important role to promote clients' interests and regularity for taking therapy?
9. Is it importance to client's active participation for implementing OBP ?
10. What type of criteria is needed for being a successful session?
11. Sometimes Occupational therapists see that they are obstructed to implement OBP.
12. We know that Occupational therapy is not much recognize in Bangladesh. Isn't a large obstacle to implement OBP? What do you think? Please describe it.
13. Many times we see that, some issues are being as a facilitators to implementing OBP? Can you tell which facilitators are these?
14. Is there anything you think that which could be support to implementing OBP in a proper way?

Appendix 5

(Overall Information of Participants)

Participants Information	Sex M/F	Profession	Working Area / Clinical setting	Working experience	Name of the Institutions
P1	Male	OT	Project	3 years	CRP
P2	Female	OT	Outdoor& Indoor	3.5 years	NIMH
P3	Female	OT	Neurological (Outpatient)	5 years	CRP
P4	Female	OT	Stroke Rehabilitation	4.5 years	CRP
P5	Female	OT	Pediatric Unit	2.5 years	CRP
P6	Female	OT	School settings	2.5 years	Proyash
P7	Female	OT	Pediatric Unit	2.5 years	CRP
P8	Female	OT	SCI Inpatient Unit	4.5 years	CRP
P9	Female	OT	Government sector	2.5 years	NINH
P10	Female	OT	School settings	7 years	WMTS CRP
P11	Female	OT	School settings	6 years	AWF
P12	Female	OT	SCI Inpatient Unit	5 years	CRP
P13	Male	OT	Project	3 years	CDD
P14	Female	OT	Government sector	3 years	NINH

