

Experience of Male Individuals with Spinal Cord Injury  
Regarding Opposite-Gender Occupational Therapist During  
Institution-Based Rehabilitation.



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. No others person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the aware of any other degree or diploma in any other tertiary institution. The ethical issues of the study have 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**

I am grateful to Almighty Allah for granting me the strength, wisdom, and determination to complete this academic milestone. I would like to wholeheartedly dedicate this to my beloved family and my respected teachers at Bangladesh Health Professions Institute (BHPI).

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## List of Abbreviations

<b>AOTA</b>	American Occupational Therapy Association
<b>ASIA</b>	American Spinal Injury Association
<b>BHPI</b>	Bangladesh Health Professions Institute
<b>CRP</b>	Centre for the Rehabilitation of the Paralysed
<b>IBR</b>	Institution-based rehabilitation
<b>IRB</b>	Institutional Review Board
<b>OT</b>	Occupational Therapy
<b>OTs</b>	Occupational Therapists
<b>SCI</b>	Spinal Cord Injury
<b>WHO</b>	World Health Organization

## ABSTRACT

**Background:** Gender is a significant topic in healthcare and client-centred based practice like occupational therapy. In Bangladesh, many male spinal cord injury individuals went through the rehabilitation process under the opposite-gender occupational therapists but so far, there has been little attention for how male spinal cord injury individuals perceived their rehabilitation experience with their female occupational therapists. This study focused to explore the male spinal cord injury individual's experience regarding their opposite-gender occupational therapists during institution-based rehabilitation.

**Methods:** The phenomenological approach of qualitative research design was chosen to conduct this study with eight male spinal cord injury individuals. The participant recruitment was based on purposive sampling from CRP, spinal cord injury rehabilitation unit. Self-developed interview guide was used to conduct in-depth face-to-face interview from the participants at their preferred place and time. Thematic analysis was used for data analysis which encompasses Braun and Clarke's six steps.

**Results:** This study identifies six themes with sub-themes which is related to the male SCI individual's experience regarding their opposite-gender occupational therapists during IBR. Those themes are, 1) Gender preference for Occupational therapists, 2) State of comfort during therapy, 3) Shared beliefs about opposite-gender therapists, 4) Outlook about both male and female occupational therapists, 5) Adjustment strategies during rehabilitation, and 6) Satisfaction regarding female occupational therapist's professionalism. All Participants were spinal cord injury male persons who were get therapy from opposite-gender occupational therapists at least one month at CRP.

**Conclusion:** This study highlighted the gender discordance aspects among male spinal cord injury individuals and female occupational therapists during Institution-based rehabilitation. The study suggests that addressing the patient and therapist's gender related issues during rehabilitation can optimize the quality of the rehabilitation services and reduce the subtle therapeutic relationship gap between male spinal cord injury individual's and female occupational therapists.

**Keywords:** Opposite-gender, Male Spinal Cord Injury, Occupational Therapists, Institution-Based Rehabilitation.

## CHAPTER I: INTRODUCTION

### 1.1 Background

Spinal cord injury can be caused by direct injury to the spinal cord itself or from damage to the tissue or bones which can result in temporary or permanent changes in sensation, movement, strength, and body functions below the site of injury (NINDS, 2022). According to WHO (2013) every year, around 0.25 to 0.5 million people worldwide suffer from spinal cord injury, as estimated by the World Health Organization. Studies have shown that adults are at a higher risk of experiencing spinal cord injury in a male-to-female ratio of at least 2:1, with males being the more affected gender. In Bangladesh, an observational study found that out of 2184 respondents, 86.8% were male and 13.1% were female. The study's results suggest that males are more susceptible to spinal cord injuries on a larger scale than females (Rahman et al., 2017). This depicts that the male individuals mostly affected from SCI and admitted to the rehabilitation centers. Rehabilitation is a crucial aspect of the treatment process for patients with spinal cord injury (SCI), providing the best possible outcomes when managed effectively. Intense rehabilitation therapy, under the guidance of trained professionals such as occupational therapists, is particularly helpful in maximizing a patient's level of function. Through their specialized skills, occupational therapists play a critical role in the rehabilitation process, helping SCI patients achieve their goals and regain independence (Bennett et al., 2022). According to the annual report of CRP (2021), The Centre for the Rehabilitation of the Paralyzed (CRP) in Bangladesh is widely recognized as the leading organization for spinal cord injury rehabilitation. As one of the largest institution-based rehabilitation centers for spinal cord injuries in Asia, CRP offers a range of services from acute care to

community-based rehabilitation. Annually, around 390 spinal cord injury patients receive rehabilitation services from the in-patient facility at CRP. Notably, spinal cord injuries are more prevalent in young males, who represent a significant proportion of the patient population at the center.

A United States based scientific webpage reported that, the occupational therapy profession has a female-to-male gender ratio of 83% to 17% (Zippia, 2021). These findings suggest that female occupational therapists play a pivotal role in the rehabilitation workforce, providing occupational therapy services to male individuals with spinal cord injury throughout the inpatient rehabilitation (IBR) process. With their specialized knowledge and skills, female occupational therapists are instrumental in helping male patients with SCI regain their independence and improve their quality of life. Bertakis et. al. (2012) noted that patient-therapist gender is one of several factors that can significantly impact the interaction between healthcare providers and patients. The gender of both the healthcare provider and the patient can influence not only the physician-patient interaction, but also the patient's treatment outcomes. Gender is a crucial consideration in healthcare as it can affect the treatment process, including both patient-provider gender concordance and discordance. Recognizing the impact of gender in healthcare is vital to promoting effective patient-therapist relationships and optimizing patient care. The preference of patients for the gender of their physician or therapist has been a topic of discussion in the healthcare industry. It has been observed that female patients are more likely to prefer a female physician, whereas male patients are more likely to prefer a male physician. In other words, patients tend to choose healthcare providers of the same gender as themselves (Nolen et al., 2016). Haynes et. al. (2021)



found that the most frequent reason given for same-gender preference, in relation both to specialties that are essentially based on examination of body parts, physical touch and to other specialties. The most common reason was feeling more comfortable with same gender physician and it's common in both male and female patients (Haynes et al., 2021). Some patients tend to avoid opposite-gender health care providers when it's a matter of physical contact. In Occupational therapy there are many instrumental touches used by the occupational therapist for therapeutic purposes (Morris et al., 2014). Not only the physical touch issue, but other researchers have also argued that the reasons behind these gender issue may encompass factors such as cultural and religious influences. A study from Kenya, reported that Gender negatively impacts patient-provider relationships through several pathways. The way society thinks about gender can affect how patients and healthcare providers communicate and work together. This can cause problems such as confusion about roles, unequal power, biased views of patients who don't follow medical advice, and different communication styles depending on gender (Knight et al., 2019). Client-therapist relationship is a significant aspect in occupational therapy treatment process and majority of the patient group reported positive therapeutic relationship with their occupational therapists but there's no relation has been found about the patient-therapist's gender influences in this regard (Alam, 2019). Patient's experience reflects their satisfaction and perception about healthcare provider's attribute. Eversole et. al. (2021) found that based on the patient group's experience High-rated female healthcare providers were more often described by their communal qualities through adjectives such as empathetic, sweet, warm, attentive, and approachable though here is the patient's gender is unexposed.

As the student researcher completed her clinical placement at CRP in-patient unit, so according to her active observation and practical knowledge, most of the men with spinal cord injuries receive occupational therapy from female occupational therapists. During the institution-based rehabilitation process, female occupational therapists actively and passively interact with different spinal cord injury patients from diverse cultures, ages, and gender. In this long process of rehabilitation, opposite gender patient-therapist dyad interaction is also common.

Patient-therapist gender has a significant impact on healthcare outcomes but is often overlooked in occupational therapy. Little attention has been given to male individuals with SCI and their interactions with female occupational therapists, despite most SCI patients being male. This study aims to investigate the experience of male individual with spinal cord injury regarding opposite-gender Occupational therapist to fill the knowledge gap and shed light on this important and understudied aspect of SCI rehabilitation.

## **1.2 Justification of the Study**

While many studies have focused on patients' preference for physician gender in medical care, fewer studies have explored the impact of occupational therapist gender on patient experience, particularly for male patients with spinal cord injury (SCI). This study aims to provide a deeper understanding of male SCI patients' experiences with opposite-gender occupational therapists, which can be useful for occupational therapists to improve their practice and for occupational therapy students to gain practical knowledge and conduct future research.

By exploring the perspectives and opinions of male SCI patients, this study will contribute important evidence to the occupational therapy profession, helping to address a knowledge gap in the field. Occupational therapists, especially female therapists, will gain insights into the therapeutic relationships and interactions of male patients with opposite-gender therapists, and use the results to enhance their practice. In addition, the study will uncover contextual factors that can influence patient experience, which can be helpful in further improving rehabilitation services.

The study's results will also serve as a resource for occupational therapy students during their practical placements and for their future research work. By focusing on the experiences of male individuals with SCI, the study sheds light on an important yet understudied aspect of SCI rehabilitation. Ultimately, the study aims to improve SCI person's rehabilitation outcomes, occupational therapy practices, and the quality of rehabilitation services.

## **1.3 Operational Definitions**

### **1.3.1 Spinal Cord Injury**

A Spinal cord Injury is defined as damage or trauma to the spinal cord that in turn results in a loss or impaired function resulting in reduced mobility or feeling (American Spinal Injury Association [ASIA], 2011).

### **1.3.2 Rehabilitation**

The process of helping a person who has suffered an illness or injury restore lost skills and so regain maximum self-sufficiency (Block, 2010).

### **1.3.3 Occupational Therapy**

Occupational Therapy is a client-centred health care profession concerned with promoting health and well-being through occupation. occupational therapy helps the people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to increase their ability to engage in the occupations they want, need, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2012).

### **1.3.4 Therapeutic Relationship**

It is a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual understanding and respect (Trombly, 2014).

## **1.4 Study Question, Aim, Objectives**

### **1.4.1 Study question**

What is the male individual with spinal cord injury experience regarding opposite-gender Occupational therapist during institution-based rehabilitation?

### **1.4.2 Aim**

To explore the experience of male individual with spinal cord injury regarding opposite-gender Occupational therapist during institution-based rehabilitation.

### **1.4.3 Objectives**

1. To know the opinion of male with SCI regarding their preferred gender of occupational therapists during rehabilitation.
2. To determine the male with SCI person's comfort level during therapy sessions with opposite-gender occupational therapists.
3. To Investigate the socio-cultural beliefs held by male with SCI about receiving therapy from occupational therapists of the opposite-gender.
4. To understand the therapeutic relationship between the dyad of male SCI individuals and female occupational therapists.

## CHAPTER II: LITERATURE REVIEW

### 2.1 SCI Rehabilitation and Occupational Therapy

Rehabilitation is an important aspect of healthcare that focuses on restoring the physical, emotional, and mental health of patients with SCI. A series of prior studies have focused on the relationship between spinal cord injury rehabilitation programs and how occupational therapist play their roles in that area. One study stated that, In SCI rehabilitation process Occupational therapy excel one of the major roles. Occupational therapy is led by the occupational therapist in the rehabilitation team. Occupational therapists assess the patient's strengths, limitations and plan the intervention. Occupational therapy is planned and implemented depending on the social and cultural characteristics of individuals, level of education, needs, interests, socio-cultural values, attitudes, and behaviours before and after the injury (Nas et al., 2015). Occupational therapy is a key rehabilitation discipline the goal of which is to assist persons in recovering function and facilitate a return to a productive and fulfilling life after spinal cord injury (Foy et al., 2011). Institution-based rehabilitation refers to the rehabilitation that is provided to patients in hospitals, rehabilitation centres, or long-term care facilities. According to Chang et. al. (2020), In most developed countries, most individuals with SCI are admitted to inpatient rehabilitation centres directly from acute care and typically receive at least two to three months of rehabilitation treatment. Thereafter, they can continue to receive ongoing family-supported rehabilitation, community rehabilitation, or specialized institution-based rehabilitation with the aim of preventing complications, family, and community integration, etc (Chang et al., 2020). Occupational therapists

provide client-centred care to SCI individual during the rehabilitation process which is one of the core practices of occupational therapy.

## **2.2 Gender**

As this study was focused on SCI individuals and Occupational therapists' gender so here is a brief discussion about the topic. In Stenberg et. al. (2021) study, we understand the gender as a social structure and not only as a personal identity. Gender is shaped by norms, expectations, and social contexts in the processes of doing gender. The term gender refers to the experience of being male or female and the traditionally differentiated social roles they accomplish. A Scientific web blog from the National Institutions of Health stated that Gender is a social and cultural variable that includes several domains, each of which influences health such as gender identity and expression, gender roles and norms, gender relations, structural sexism, power, and equality and equity. Gender socialization and norms of masculinity can impact men's health-seeking behaviours, and that other social variables such as race, ethnicity, and socioeconomic status also play a role in shaping gender (Barr et al., 2022).

## **2.3 Gender in Healthcare**

Gender is a significant factor in healthcare that has a direct connection to the outcome of the treatment. Several studies stated that the patient-healthcare provider's gender concordance and discordance influence the treatment process. Both patient and healthcare provider's gender impact the process of medical care and physicians' practices and attitudes might depend on their own demographic characteristics, such as gender (Bertakis et al., 2012; Schieber et al., 2014). Stenberg et. al. (2021) emphasized on the significance of gender in rehabilitation by stating some prior theme as patient-therapist's

gender influences the clinical practice and the potential factors are socio-cultural gender norms, stereotypes, and patient-therapist interaction. A 2022 Membership Categorization and Conversation Analysis study from Netherlands aiming to provide a new perspective on the relationship between gender and medical interaction, and to increase the understanding of how gender stereotypes are impact in the medical setting. This study addresses the gender stereotyping within medical setting and identifies that patient's gender stereotypes might be disseminated by gender categorization which also could affect the intervention and treatment outcome. Though the study did not discuss about gender interaction among healthcare providers and patient, but it shed light on significance of gender roles of patients within healthcare (Stommel et al., 2022). A qualitative study from Iran, aiming to identify the positive factors in opposite gender patient-female nurse interaction. After conducting the qualitative interview and completing content analysis, researcher pointed out some factors like opposite gender patient-provider's interaction, therapeutic relationship, and patient's socio-individual contexts. As gender comes with different social values and norms female healthcare providers put extra attention to the interaction and communication with opposite gender patient. Which depicts the significance of patient-provider's gender in healthcare (Vatandost et al., 2020). Another study from 2014, aiming to find out whether gender differences in patient-physician affects their interaction during consultation and out of 585 dyads were gender concordant 25.5% male concordant and 24.6% female concordant. The discordant pairs were represented in majority by male doctors with female patients and by a smaller proportion 13.3% of female doctors with male patients. The core finding is Patient–doctor gender discordance is associated with the patient-physician's interaction



during consultation and physician's own demographic characteristics such as gender and perceptions might influence the quality of the patient's experience (Schieber et al., 2014).

#### **2.4 Preference for Healthcare Provider's Gender**

Therapist, physicians, or other healthcare professional's gender preference is a common phenomenon among patients. Several studies from United States and Brazil, reported about the patient's preference for healthcare provider's gender and find out multiple aspects of patient's preference characteristics, reason behind of these specific preference and patient's satisfaction and outcome (Dagostini et al., 2022; Nolen et al., 2016; Fink et al., 2020). As this current study was focused on the male SCI individuals so here is a 2021 study aiming to identify the male patient's preference for therapist's gender, reasons and examines whether their therapy satisfaction is associated with their preference. This study finds that most of the male patient's does not have any preference and rest of the male patient reported their preference for both male and female therapists. Interestingly, this study also addresses the reasons of preferences which is feeling comfortable with the preferred therapists and male patient's feel less judged by female therapists. A cross sectional study from Brazil, was conducted with the aim of determining preferences regarding the gender of physicians in general, different specialties, and the potential reasons behind the patient's choice. Among 1016 participants from a clinical Centre, the findings were 81.7% of the patients did not have a preference regarding the gender of physicians in general. The preference rate for same-gender physicians was 14.0% and this preference was more common among female than among male patients. Though this study focused on the physician's gender rather than any other healthcare professionals like occupational therapists, but the both male and female patient's preference for

physician's gender has been found in general besides the specialties and the one of the common reasons between both male-female patient's preference for same gender were patient's comfort physician's competence and mutual understanding (Dagostini et al., 2022). The same findings partially found in another research from United states, aim of determining to find the patient's preference for orthopaedic surgeons' gender and their preferred important traits. They find that, majority of patients did not prefer the gender of their orthopaedic Surgeon but 16.1% of patients who had a preference, majority of them preferred female surgeons including male patients as well. Again, here is also the focus on orthopaedics' rather than healthcare provider's gender like occupational therapists (Dineen et al., 2019). Different findings were reported in some other studies regarding patient's preference for healthcare provider's gender. They added that both male and female patients often preferred to see a same-gender physician which is mostly common in male patient and patients tends to do this in some scenarios when sensitive issues involved (Nolen et al., 2016; Fink et al., 2020).

## **2.5 Socio-cultural Impacts on Gender**

A 2020 study from New Zealand stated that socio-cultural aspects greatly influence the rehabilitation and health sector which includes the gender of all presentative. In terms of the stakeholder's gender, their socio-cultural values put impacts on the health decision making process and the outcomes and patient-health care providers interaction considered as key factor in developing patient's experience. societal culture and values can contribute to poorer outcomes for some people in health care and rehabilitation (Fady, 2021). Another study from China illustrates the gender based socio-cultural impacts on healthcare though their focus mainly on females but the prior finding shows that

globalization has brought about certain changes in social values and attitudes towards gender issues in South Asia, traditional superstition values persist in many societies. However, for instance, in typical South Asian culture, male figures are traditionally seen as an embodiment of inheritance, entitlement, and power on the other hand females are considered as frail, incompetent in general. Hence those typical gender role conceptions consider as stereotypes and undoubtedly those social beliefs somehow put impact on the both patient-providers point of view and healthcare sector (Bishwajit, 2016). Additionally, Sociocultural factors include race, ethnicity, primary language, economic status, education, religion, and other values that characterize a group. These characteristics can play a role in shaping patient's beliefs, perceptions, and health behaviors (Marshall et al., 2017). In conclusion, research has consistently shown that social and cultural values have a significant influence on gender. Cultural values and beliefs about gender roles can affect individuals' self-perception, their relationships with others, and their behaviors. Additionally, socialization and societal expectations also play a role in shaping individuals' perceptions and behaviors related to gender. Health sector is also included where patient and health care provider's gender play influential role.

## **2.6 Patient's Experience within Rehabilitation Process**

Patient's experience within hospital setting or rehabilitation encompasses patient's satisfaction regarding treatment and healthcare professionals, perception, expectation, comfort level, psychological adjustment etc. A qualitative study from Australia, investigated the patient's value and experience of interaction with therapists within the rehabilitation and reported many important aspects of patient's experience such as patient's interaction with the therapists, their satisfaction, expectation, motivation,

changing perception and significance of the patient's social values (Peiris et al., 2012). Though the study did not focus on the patients and therapists' gender and influence of their gender in patient's rehabilitation, but it magnified the significance of patient's experience within rehabilitation process. patient's comfort level during rehabilitation is another key aspect of patient's experience. And patients' preference for a healthcare provider's gender depends on some reason some studies mentioned those reasons, for female patients to feel uncomfortable with opposite gender physicians The most common reason for preferring same-gender physicians was feeling more comfortable with them, and male patient also stated the reason of comfort while the close physical contacts and sensitive tests performed by opposite gender (Dagostini et al., 2022). Regardless any gender, patients tend to avoid opposite-gender health care providers when it's a matter of physical contact and In Occupational therapy, physical contact may not be a major issue but still, there are many instrumental touches used by the occupational therapist to provide the intervention those instrumental touches used by occupational therapist's such as massage, retrograde massage, end range upper extremity exercise, transferring practice, warming finger for pulse , use, applying lotion and giving the client water etc (Morris et al., 2014). This study did not mention that how a patient perceived experience of therapist's touch during rehabilitation. Patient experience is a fundamental indicator of healthcare quality, particularly patient-centred care. Patient's experience encompasses many domains and comfort one of them and promoting physical comfort has become a core component of patient-centred care frameworks. Wensley et. al. (2017) investigated about the patient's comfort level, and it is associated factors such as patient's self-comforting strategy, commitment and engagement with the healthcare providers, holistic

care etc. again in this study patient's gender role did not focus but the findings were revealed in general. Unfortunately, there's no study about SCI patient's comfort level regarding those therapeutic touch and close contact with opposite gender therapist but the issue is prior to be mentioned and existence.

## **2.7 Therapeutic Relationship and Gender**

Despite of growing understanding about significant of client and occupational therapist's therapeutic relationship during rehabilitation, the impact of client-therapist's gender in therapeutic relationship and rehabilitation process remains unexplored. Therapeutic relationship between male patients and female occupational therapists has been a topic of interest in recent years. Studies have shown that the gender of the therapist can impact the patient's rehabilitation experience Male patients may have different perceptions and expectations of female therapists, which can affect the therapeutic relationship and ultimately the patient's rehabilitation outcome (Seidler et al., 2021).

According to the Occupational therapy practice framework 4<sup>th</sup> edition, occupational therapists emphasized the importance of establishing a therapeutic relationship with each client and designing a treatment plan based on knowledge about the client's environment, values, goals, and desires and client-centred practice one of the fundamental practices in occupational therapy (AOTA, 2020). The relationship between a therapist and his or her client has been recognized to be an important determinant of the success or failure of occupational Therapy (Palmadottir et al., 2006). Most male nursing students had developed different internal perceptions when building a therapeutic relationship with female patients (Chan et al., 2014). However, gender negatively impacts patient-provider relationships. there's different variation in results that shows that either both patient-

healthcare provider's gender influences the treatment process or patient or healthcare provider's gender (Knight et al., 2019). To explore more underlying issues regarding opposite gender therapist and patient relations, the patient's experience is mandatory because Patient experience can be defined as any feedback given from the patient following a clinical encounter about their perceptions of met needs (Eversole et al., 2021) and through uncovering patients' experiences and opinions this knowledge field would be thriving more.

## 2.8 Key Gap of the Evidence

- **Neglect of occupational therapists' Gender in Studies:** One significant gap in the studies is the lack of attention to occupational therapists' gender. There is a dearth of research on the interaction between patients and therapists in terms of their gender, particularly in opposite-gender dyads.
- **Lack of qualitative studies on gender preference for healthcare providers:** In studies related to gender preference for healthcare providers, most of them are quantitative in nature, which limits the scope of information obtained. There is a gap in the literature regarding qualitative studies that would provide more in-depth information on this topic.
- **Limited studies on male patients' gender preference for healthcare provider:** Most of the studies on gender preference for healthcare providers focus on general gender preferences and fail to address the gender preference of male patients for their occupational therapists.
- **Absence of studies on patient-therapist gender interactions in Bangladesh:** Despite the importance of gender in the health sector in Asian countries, such as

Bangladesh, there is no study on patient-therapist gender interactions or related issues. This gap in the literature limits our understanding of how gender affects healthcare in these regions and highlights the need for further investigation.

## CHAPTER III: METHODS

### 3.1 Study Design

#### 3.1.1 Method

The chosen research method was qualitative, allowing the researcher to gain insight from the experiences of others and develop a broader understanding of the complex circumstances surrounding learning, behaviour, and communication. Qualitative research focuses on exploring individuals' views, opinions, feelings, and beliefs within their natural settings. It involves up-close information gathering through direct observation and conversations with participants to identify their thoughts, ideas, feelings, attitudes, and perceptions in-depth. Qualitative research begins with assumptions and utilizes theoretical frameworks to inform the study of research problems related to the meaning individuals or groups ascribe to social or human issues (Creswell et al., 2019). Qualitative research methods focus on understanding individuals' experiences, meanings, and perspectives through in-depth exploration. Qualitative research provides rich, detailed insights into complex social phenomena. To study this problem, the student researcher employed an emerging qualitative approach to inquiry, which involves collecting data in a natural setting familiar to the people and places under investigation (Clarke et al., 2019).

#### 3.1.2 Approach

The student researcher employed a phenomenological approach to investigate the experience of male individuals with spinal cord injuries (SCI) regarding their opposite-gender occupational therapists during institution-based rehabilitation (IBR). Phenomenological studies aim to describe the common meaning of lived experiences or a specific phenomenon shared by multiple individuals (Clarke et al., 2013). The study



sought to extract the core understanding of the participants' experiences and explore any subtle aspects related to the research topic.

## **3.2 Study Setting and Period**

### **3.2.1 Study Setting**

This qualitative study was conducted in Centre for the Rehabilitation of the Paralysed in SCI unit at Savar. The researcher conducted the interviews and collected data in a quiet place where the participants agreed to share their information comfortably.

### **3.2.2 Study Period**

The period of this study was from April 2022 to March 2023. Data collection period was from 23 October 2022 to 21 November 2022.

## **3.3 Study Participants**

### **3.3.1 Study Population**

Male individuals with SCI.

### **3.3.2 Sampling Strategy**

Purposive sampling strategy has been used in this study and the researcher used this sampling strategy as it helps the researcher to select the eligible participant based on the inclusion and criteria. Purposive sampling involves selecting participants on the basis that they will be able to provide rich information to analyse the data (Braun et al., 2019). The student researcher selects suitable participants by applying her judgment which was also convenient for her. Purposive or judgmental sampling is a strategy in which settings persons or events are selected deliberately to provide important information that cannot

be obtained from other choices. Purposive sampling is also low-cost, convenient, not time-consuming, and ideal for phenomenological research design (Taherdoost, 2016).

### **3.3.3 Inclusion criteria**

1. Participants were selected from 18 to above years of men with SCI.
2. Men with SCI who were admitted for rehabilitation program in CRP.
3. Persons who stay in the CRP for more than 1 month for rehabilitation purposes.
4. Persons who get their occupational therapy services from their opposite gender therapist in CRP.

### **3.3.4 Exclusion criteria**

1. Persons who have hearing impairment & speech problems or have any sort of cognitive problem.

### **3.3.5 Sample size**

Eight participants (Male individuals with SCI).

### 3.3.6 Participants overview

Eight Male SCI individuals participated in this study who has been admitted at Centre for the Rehabilitation of the Paralysed (CRP) in SCI unit and got Occupational therapy from opposite-gender occupational therapists. Both paraplegic and tetraplegic male SCI individuals included in the study.

Table 3.1: Participant's Overview

<b>Code of the participants</b>	<b>Age (years)</b>	<b>Occupation</b>	<b>Marital status</b>	<b>Education</b>	<b>Duration of getting therapy from female OTs</b>	<b>Types of Injury</b>
P1	32	Construction worker	Married	5 <sup>th</sup> pass	4 months	Tetraplegic
P2	35	shopkeeper	Married	5 <sup>th</sup> pass	1 month	Paraplegic
P3	25	Student and Businessman	Unmarried	Degree 2 <sup>nd</sup> year	2 months	Paraplegic
P4	37	Farmer	Married	5 <sup>th</sup> pass	4 months	Paraplegic
P5	32	Construction worker	Married	5 <sup>th</sup> pass	3 months	Paraplegic
P6	31	Construction worker	Married	5 <sup>th</sup> pass	1.5 months	Tetraplegic
P7	62	Office employee	Married	B.Sc.	2 months	Paraplegic
P8	38	Unemployed	unmarried	9 <sup>th</sup> pass	1 month	Tetraplegic

### **3.4 Ethical Considerations**

The student researcher has maintained ethical considerations according to the Helsinki Act's guideline, Ethical Principles for Medical Research Involving Human Subjects to preserve the participant's rights and eliminate unethical consequences. Here are the following ethical considerations:

#### **3.4.1 Ethical Clearance from IRB**

The student researcher got permission from the ethical committee which is also known as the Institutional review board (IRB) through the department of occupational therapy, BHPI to conduct the study. IRB reference number: CRP/BHPI/IRB/09/22/631 (See appendix A).

#### **3.4.2 Informed Consent**

All participants were informed about the study aim, objectives, purpose, rights, recording, and written consent from the information sheet before starting the interview. Ethical considerations were ensured at the information and consent sheet. Student researcher also informed all participants about the withdrawal procedures and that they can withdraw their data from this study at any time. A written consent form which has written in Bengali was used to take the permission of each participant before starting interview (See appendix B).

#### **3.4.3 Unequal Relationship**

The student researcher had no unequal relationship and power relationships with the participants. Student researcher eliminated all kinds of bias, and all participants were selected by inclusion and exclusion criteria.

#### **3.4.4 Risks and Beneficence**

No risks and financial or any other benefits were presented for the participants for giving the information.

#### **3.4.5 Confidentiality**

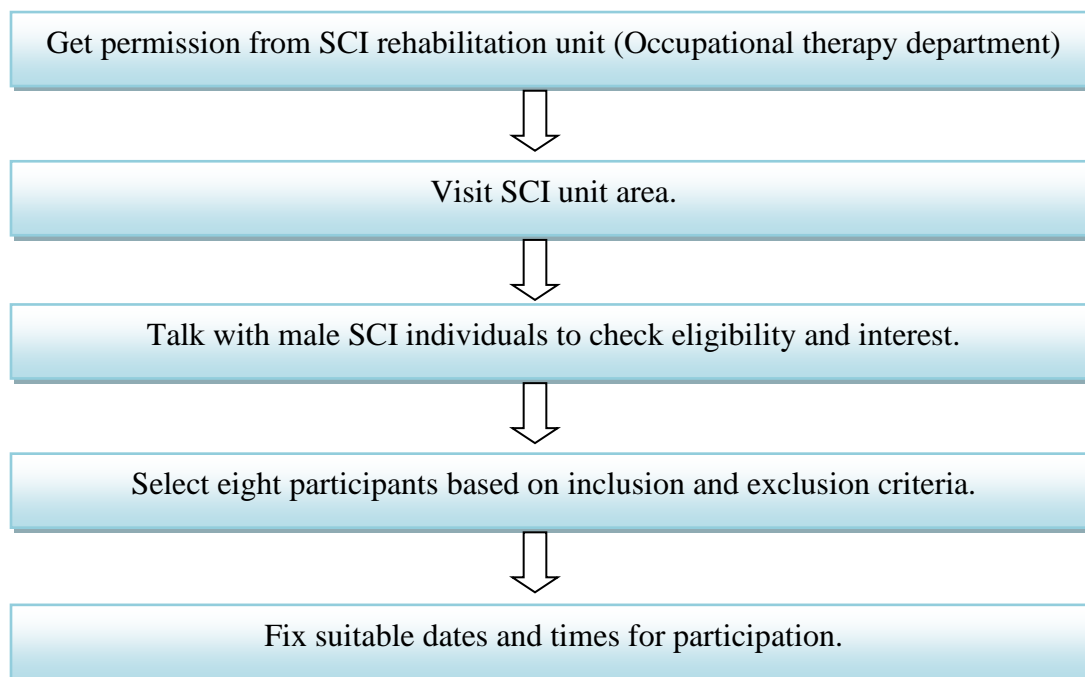
Confidentiality of personal information strictly maintained. The information gathered from the participants anonymously is clearly mentioned in the information sheet. All participants were also informed that their all-personal data recorded and written would be kept confidential for future uses such as report writing, publication, conference, or any other written and verbal discussions.

### **3.5 Data Collection Process**

#### **3.5.1 Participants recruitment process.**

After getting the permission from the SCI rehabilitation unit (Occupational therapy department) CRP, student researcher visits the SCI unit area and talked with Male SCI individuals to check who were eligible for the study based on the inclusion and exclusion criteria and whether they are interested to participate in the study or not. And after a few visits, the student researcher selected eight participants and fixed suitable dates and times according to the participants' available schedules.

Figure 3.1: *Overview of participants recruitment process*



### **3.5.2 Data collection method**

The student researcher conducted a qualitative study to investigate the experiences of male SCI individuals with their opposite-gender occupational therapists. The student researcher used a comprehensive data collection method, conducting face-to-face in-depth interviews with participants using a self-developed interview guide written in Bengali to ensure understanding by all participants. Before the interview, participants were given information, consent, and withdrawal forms, and the researcher verbally explained the study's purpose, objectives, and the importance of the consent form. The student researcher also asked participants to choose a comfortable location for the interview. During the interview, the researcher used a mobile device to record the conversation in pilot mode to avoid interruptions and a clipboard to write down additional information. The researcher collected the participants' signatures on the

consent form before starting the interview. This interviewing method allowed the student researcher to observe the participants' facial expressions and assess their understanding of the questions. Overall, this approach aimed to provide participants with autonomy to share their experiences in their own words while maintaining ethical standards.

### **3.5.3 Data collection instrument**

#### ***3.5.3.1 Self-developed Interview guide***

The self-developed interview guide for this qualitative study on the experience of male individuals with spinal cord injuries (SCI) regarding their opposite-gender occupational therapists during institution-based rehabilitation (IBR) was designed to gather detailed insights and perspectives. It consists of open-ended questions covering various aspects of participants' experiences and beliefs.

The interview begins with gathering general information about the participants, such as age, gender, occupation etc. The questions in the interview guide are structured in a logical sequence, aiming to explore the core aspects of the participants' experiences and their subjective interpretations. Probing questions are included to encourage participants to elaborate on their responses, provide examples, and reflect on their emotions and perceptions.

To ensure that the interview guide captures the complexity of participants' experiences, it was developed iteratively through field tests. This allowed for refinement and adjustment of the questions based on feedback from a small group of participants or experts in the field. The whole process of developing this interview guide was monitored and guided by responsible supervisor.

### ***3.5.3.2 Field-test***

To ensure the quality of the self-developed interview guide, the student researcher conducted two field tests with participants for face-to-face interviews before collecting the final data. The purpose was to identify any missing areas in the questions and refine the data collection plan to ensure the reliability and validity of the questionnaire in the Bangladeshi to make them more understandable and clearer for the participants. With no major issues found, researcher proceeded with data collection under the guidance of the supervisor.

### ***3.5.3.3 Field notes***

As a part of the data collection process, the student researcher wrote detailed field notes for each participant. These notes were written records of the observations and impressions made during the interviews, capturing contextual details of the interview setting, including the behaviour and reactions of the participants these field notes were important in providing additional insights beyond the recorded interviews and served as a valuable source of qualitative data for the analysis process (See appendix D field notes).

## **3.6 Data Analysis**

The student researcher utilized thematic analysis in this study, following the six steps outlined by Braun and Clarke. Following steps are down below:

1. In the first step, the student researcher reads the transcripts multiple times to gain a deeper understanding of the participants' interpretations and experiences. The researcher takes note of any initial ideas that arise during the reading process. This helps identify potential codes and themes in the data. The data is also



transcribed and translated, and the researcher reviews these materials to further familiarize themselves with the data set.

2. In the second step, the student researcher generates initial codes by assembling relevant information to create codes that capture key concepts and themes. The codes were then written down on paper, and the researcher made an effort to ensure that they were specific and relevant to the data.
3. The student researcher visualizes the relevant themes and sub-themes and initiates to generate themes from the collected sets of codes relevant to data and writes down every potential theme with sub-themes.
4. The student researcher made a framework of different themes and reviewed all themes to create a visual map of the final themes. This allowed the researcher to refine and consolidate the themes, ensuring that they accurately reflected the data.
5. The student researcher created suitable names for each theme and defined the themes according to the data. Sub-themes were also defined as necessary, ensuring that all aspects of the data were captured.
6. The student researcher developed a comprehensive report based on the analysis of the findings.

Thematic analysis helped the student researcher to summarize the key features of the large data set and identify the core knowledge, ideas, experiences, and viewpoints of the participants. Overall, the six steps of thematic analysis provided a structured and rigorous approach to analysing the data and generating meaningful insights (Clarke and Braun, 2016).

### 3.7 Trustworthiness

In this qualitative research, trustworthiness was maintained comprehensively to consider the key issues when evaluating the quality of qualitative research and followed methodological rigour and interpretive rigour (Fossey et al., 2002). The following considerations are down below:

#### 3.7.1 Methodological rigour

**Congruence:** The student researcher used accurate study design to promote credibility throughout the study. And all the methods in this study were best suited to achieve the study aim and objectives within the corresponding social context for adaptation (See section 3.2 Study design).

**Responsiveness to social context:** Student researcher used the purposive sampling method to select suitable participants who meet the inclusion-exclusion criteria and collect the data within the researcher and participant's familiar context. Student researcher also engaged with participants and become familiar with the study context (See section 3.4 study participants).

**Appropriateness:** All data were collected through face-to-face interviews in the participant's preferred place, which was suitable for gathering the required data. The sampling strategies used were appropriate to identify relevant participants and sources of information. This shows that the data gathering methods were suitable to inform the research question being addressed. (See section 3.4.3 sampling strategy)

**Adequacy:** The student researcher demonstrated the adequacy of the study by using field notes as a tool to reflect on their insights and actively engage in the research. Re-checking was used to confirm the identified themes before finalizing them, indicating a rigorous analytical process. Field tests were also done before data collection to ensure the accuracy and quality of the tools. Multiple methods were used in the analysis, including field notes and interviews, indicating the adequacy of the data gathering and analytical processes. (See appendix D field notes)

**Transparency:** The student researcher demonstrated transparency in the study by consistently communicating with the supervisor to maintain transparency at every step, from building the interview guide to the analysis (See appendix E Supervision record sheet).

### **3.7.2 Interpretive rigour**

**Authenticity:** All interviews were audio-recorded and transcribed verbatim to ensure accurate records of participants' responses. To avoid biases within data, all sets of transcripts were translated by two other individuals who were not aware of the aim of the study.

**Coherence:** Findings were derived from data, and linkages between data and findings were plausible. Multiple researchers' perspectives were considered, and corroborating and competing elements were considered in the analysis and discussion. Student researcher followed Braun and Clarke's six steps of data analysis to maintain a comprehensive analysis and findings. (See section 3.7 data analysis)

**Reciprocity:** Processes of conducting or reviewing the analysis the interpretations were not shared with participants (member checking) due to lack of time and accessibility.

**Typicality:** No claims were made for generalizability of the findings to other bodies of knowledge, populations, or contexts/settings. All the transcripts were first coded individually by the student researcher and the interpretations were then shared and discussed collaboratively with the supervisor.

## CHAPTER IV: RESULTS

In this result chapter six themes will be discussed that emerged from the analysis, which interlinked with themes and sub-themes: 1) Gender preference for Occupational therapists, 2) State of comfort during therapy, 3) Shared beliefs about opposite-gender therapists, 4) Outlook about both male and female occupational therapists, 5) Adjustment strategies during rehabilitation, and 6) Satisfaction regarding female occupational therapist's professionalism. Each theme has sub-theme except State of comfort during therapy, Shared beliefs about opposite-gender therapists and Satisfaction regarding female occupational therapist's professionalism.

Table 4.1: Overview of the Results

<b>Themes</b>	<b>Sub-theme</b>
Gender preference for Occupational therapists.	No gender preference initially.
	Development of gender preference.
State of comfort during therapy.	
Shared beliefs about opposite gender therapists.	
Outlook on both male and female occupational therapists.	Similar therapeutic performance of male-female OTs.
	Different individual characteristics of male-female OTs.
Adjustment strategies during rehabilitation.	Building therapeutic rapport with opposite gender OTs.
	Psychosocial support from female OTs.
Satisfaction regarding female occupational therapist's professionalism.	

#### **4.1 Theme One: Gender Preference for Occupational Therapists.**

In this following theme, male SCI individuals' preference for occupational therapists' gender will be explained. Almost all participants conveyed their preference for the therapist's gender which will be discussed within two sub-themes: No gender preference initially and Development of gender preference.

##### **4.1.1 Sub-theme one: No gender preference initially**

Out of eight participants, most of the participants reported that they had no preference for the therapist's gender at the initial stage of their rehabilitation. Participants who had no preference for the therapist's gender stated that they do not take the therapist's gender into account because their only concern was about their therapy and recovery. A participant in his mid-twenties reported that:

“We mainly came here for treatment, our main aim is to get well, now whether it is a female therapist or a male, we... we must take the service. If the therapy is good, that is all that matters for us”.

On the similar topic another participant also stated that: “Male or female therapists, it doesn't matter. My main point is that I will get therapy from anyone who will be good for me.”

According to the following statements, Male SCI individuals prioritize quality care over occupational therapist gender, indicating effectiveness and rehabilitation goals as their primary concerns.

Only one participant reported that “As I am a male patient, so initially I had an idea that I should get therapy from a male therapist (OT)” which suggests that the participant had the initial preference for same-gender occupational therapists.

#### **4.1.2 Sub-theme two: Development of gender preference**

As all the participants completed more than two months of their rehabilitation period, based on their therapy experience they express how their preferences for an occupational therapist's gender developed over time, from initially having no preference to developing a preference in the future.

Some participants reported that they are willing to get therapy from opposite-gender occupational therapists in-future if they need therapy, based on their positive personal experience with female OTs. In this regard, one participant stated that “I would prefer a female therapist in the future. Female therapists are better, especially in occupational therapy. From my very own experience, I think particularly females should give occupational therapy.”

Another participant expresses similar interest, from initially having no preference to future gender preference by stating that: “If I need occupational therapy in the future, I will think about receiving therapy from female cause after getting therapy from them I think they are good therapists. At any time, they respect me.”

On the other hand, only one participant in his late thirties conveys his interest to get therapy from male therapists in the future and shortly stated the reason that “because I am more comfortable with males.”

## **4.2 Theme Two: State of Comfort During Therapy.**

The study results illuminate another important theme related to the male SCI individual's feeling of comfort during working with their opposite-gender occupational therapists. Male SCI individuals shared multiple instances to express how they perceive their feeling of comfort around female occupational therapists in certain situations.

Many of the participants reported a high level of comfort feeling during therapy sessions with female OTs. One participant expresses his experience by saying that "I am very sincere towards her as she works quite well with me. I feel comfortable with her (female OT) during therapy". Additionally, another participant reported that: "she is also a kind of doctor, and I am a patient. I think there is no need for any uncomfortable feeling in this case".

On the other hand, two male SCI individuals share their subtle feeling of uncomfortable in two specific circumstances. One said that he felt a little bit uncomfortable and ashamed during the ASIA test (sensory test) while the female therapist does that test. Though the participant did not share his thought on this topic clearly, but he stated that: "At any time, there is a test, sharp blunt test (ASIA)...for me, the male therapist could be... (did not finish the sentence). If a female therapist would do this, I would feel ashamed (with a shy smile)."

And another participant shared one of his uncomfortable experiences with a female therapist by stating that:

"Currently, we don't have bowel bladder control. In that case, one day I lost bowel control while I have been taking therapy from my female therapist. Madam



tells me to continue the therapy. I said madam I have a problem; I will leave. Madam asked what the problem is. I said I'll tell you tomorrow, I'm going... Then I left the therapy room (for using the washroom), (with an Awkward smile)''

This scenario suggests that the male SCI individual was not so comfortable sharing this personal issue (bowel-bladder incontinence) with his female therapists (OT).

### **4.3 Theme Three: Shared Beliefs about Opposite-Gender Therapists.**

This is one of the noteworthy themes that has emerged from data analysis. Male SCI individuals commented on their social and personal conceptions about getting therapy from opposite-gender therapists and shared beliefs about some miscellaneous aspects regarding the topic.

Few participants reported that mostly female individuals do not want to take therapy from opposite-gender therapists and prefer same-gender therapists because of personal and religious beliefs. In this regard, one participant stated that: "I think, Women especially. Women want to get therapy from women, they do not want men to touch them'' Another participant commented on the same topic by saying: "Village girls think about these things, they have religious values, and they covered themselves. They do not want males to touch them.'"

On the other hand, one participant reported that male individuals typically do not have those types of personal or religious values as females regarding getting therapy from opposite gender therapist by saying: "we (male individuals) don't have those types of thoughts as females (about socio-cultural values), we just think about the therapy''.

However, one SCI individual shared opinion from his male point of view that male individuals habitually are inclined to get therapy from opposite-gender therapist by stating that: “we are male race, and we think that if a female therapist stays with us or gives therapy, it is good.”

As all participants came from different districts of Bangladesh and most of them were from rural areas so on this regard, they shed light on the topic of how people from their community think about getting therapy from opposite-gender therapists. One participant says that: “village people can say different things in different ways in this matter, some may see it negatively.” Another participant reported the same issues with a clarification about even if their community people have different thoughts about getting therapy from an opposite-gender therapist, he has no such thoughts.

#### **4.4 Theme Four: Outlook on Both Male and Female Occupational Therapists.**

The fourth theme emerging from the study results is the male SCI individual’s outlook on both female and male occupational therapists’ characteristics. Besides the female OTs, male SCI individuals get therapy from male OTs as well. So, some participants explicitly talked about the characteristics of both male-female OTs which will be separately discussed in two sub-themes: similarity and differences between female-male OTs according to male SCI individuals.

##### **4.4.1 Sub-theme one: Similar therapeutic performance of male-female OTs.**

Under this sub-theme, female and male occupational therapists’ similarities will be emphasized based on the male SCI individual’s experience from this study. Few participants mentioned that particularly in occupational therapy, both male and female

occupational therapists give the same therapy in terms of quality. One Participant stated that:

“I get therapy from a madam for one month. then for the next month and fifteen days from another madam. After those fifteen days again, I got therapy from a sir...their therapy was the same, no difference at all.”

Another participant stated that: “Both males and females (OT) provide the same therapy. What the male therapists give, the female therapists also give the same way” Additionally, another participant reported that both male and female OTs are well-mannered. The statements suggest that both male and female OTs have similar therapeutic performances.

#### **4.4.2 Sub-theme two: Different individual characteristics of male-female OTs.**

Male SCI individuals talked about male and female occupational therapists’ different individual characteristics which they have observed during their rehabilitation period. Some participants agreed on the same topic which is female OTs consistently communicate with the participants throughout the therapy sessions. A participant stated that: “Usually when we male patients work with male therapists, we just do the work, but with female therapists, we talked with each other during therapy, and all activities we did with cheerful and joyful minds.”

On the other hand, two participants shared their intrinsic thoughts based on their social conception of female therapists’ less physical strength than male therapists and their tendency to touch male patients during therapy sessions. One participant in his early sixties stated that: “when it comes to giving therapy, I think some female therapists

cannot touch male patients the way it should. But male therapists can do it comfortably. Both OT and PT”’.

#### **4.5 Theme Five: Adjustment Strategies During Rehabilitation.**

In Institution-based rehabilitation, SCI individuals spend a specific period at the hospital or institution, so throughout that time they adopt few strategies to adjust to the environment. In this following theme, two sub-themes will be discussed under the main theme.

##### **4.5.1 Sub-theme one: Building therapeutic rapport with opposite-gender OTs.**

Most male SCI individuals emphasize the significance of the building and maintaining positive rapport with female therapists as part of their adjustment process during their rehabilitation. A participant with paraplegic SCI reported that.

“At first, when I came here, I had some difficulty in getting used to the place because as my dialect is Sylheti, I couldn't talk to anyone properly, then slowly when ten to fifteen days passed. After that, madam also asked me, and I also answered, talking. we used to talk during therapy. I didn't talk like this at first. When I went to therapy, madam asked anything, and I answered. after frequently talking and answering like this, I become free in communication.”’

Through this long statement, the participant explain how he had difficulties due to his local accent and, overcome the difficulty and adjusted with the therapists and other SCI individuals by building rapport with the female therapists during therapy sessions.

Another participant emphasizes the importance of positive relationships with their female therapists for better adjustment during their rehabilitation period and he also added: “If I had a bad relationship with her (female OT) then. I couldn’t adjust to this place (CRP) and stay here for my therapy.”

#### **4.5.2 Sub-theme two: Psychosocial support from female OTs.**

Some participants highlighted the mental and psychosocial support they had received from their female OTs and strongly acknowledged that this support helps them to get adjusted and continue their rehabilitation with courage. A male participant with tetraplegic SCI said that:

“When I first came to this place, ma'am, I was totally zero both physically and mentally at that time. I thought that there was no hope back then. But Madam (female OT) always went to the ward and explained to me everything (treatment process and prognosis). Slowly, I gathered courage and worked with her”.

Other participants reported that their female occupational therapists always make them feel valued and respected which encourages them throughout the rehabilitation period. Following this topic, one participant shares his thoughts by saying: “As we are already sick with Spinal cord injury, so we feel so pleased and cheerful through talking with our female therapists during therapy.”

#### **4.6 Theme Six: Satisfaction Regarding Female Occupational Therapist’s Professionalism.**

Most male SCI individual expresses their satisfaction regarding the female occupational therapists, based on their experience. According to some participants' interview data, male SCI individuals valued the female occupational therapist’s strong sense of

responsibility and practical skills during therapy sessions which they acknowledged as the therapist's professionalism. Few participants specifically mentioned some instances where they explain how a female occupational therapist handles each patient seriously and displays proactive performance. One Participant reported that:

“There is a thing called negligence. Suppose she (female OT) is giving therapy to one patient and then going to another patient and suddenly that patient fell, those circumstances never happened. As we don't have body balance. But she (female OT) was quite serious and alert, she was always beside me during therapy, and took care of whether the patient falls, or whether any accident occurs or not. Her therapy is good and efficient.”

Additionally, two more participants reported that female OTs don't use their mobile phone during therapy sessions usually but even if they need to use the phone, they took permission and use it very precisely. One participant explicitly expresses his pleased feeling about this topic by saying:

“I have got therapy for two months. During this time, whenever they (female OTs) need to talk on the mobile for some time or a minute. They got permission from seniors and then talked outside. Female occupational therapists don't use phones that frequently.”

One participant mentions the adequacy of the therapy given by female occupational therapist and said that: “Her (female OT) therapy was pretty good. Fair enough to me.”

This statement interprets the participant's satisfaction regarding the amount of therapy given by female OTs.

Another two male SCI individuals pleurably reported that female OT's always take consent from them before starting the therapy or touching them which depicts the female OT's good sense of professionalism.

Almost all participants spontaneously share their satisfaction regarding the female OT's good communication skills. One participant happily reported: "Whenever madam saw me, she asks "M Bhai! How are you?" I answered, "I'm fine". I would also say when I saw her "Madame, where are you going, are you fine?" Male SCI individuals appreciate female OTs' social communication with their female therapists.

Another participant talked about the female therapist's cheerful attitude in communication during therapy sessions by saying: "When I get therapy from madam, I feel good with madam, madam used to give me therapy for one hour, and I felt very good in that one hour, through laughing, talking with her and full of joy." This statement, it is clearly illuminating the participant's satisfaction with female OTs' communication which is one of the prior aspects of professionalism.

## CHAPTER V: DISCUSSION

This qualitative study aimed to explore the Male SCI individual's experience about their opposite-gender occupational therapists during institution-based rehabilitation at CRP. Six themes emerged from the data transcripts of eight participants, highlighting the need for further discussion. The findings will be discussed based on the objectives of this study.

The first objective of this study was to know the opinion of male with SCI regarding their preferred gender of occupational therapists during rehabilitation. The findings suggest that while initially, most participants had no preference for the gender of their therapist, many developed a preference for female therapists after receiving therapy from an opposite-gender therapist. This preference was often conveyed to therapists for future sessions. While no specific study has been conducted regarding male SCI individuals' preference for therapists' gender, studies in other healthcare professions have shown that female patients tend to have a stronger preference for same-gender healthcare professionals than male patients. The reason behind this patient prefers same-gender health professionals at the time of sensitive tests or consultancy (Dagostini et al., 2022; Nolen et al., 2016; Fink et al., 2020). However, Another study Seidler et. al. (2021) added that in some cases, male patients also prefer certain therapist's gender. Reasons for this preference include greater comfort and sense of empathy with the preferred therapist, and a reduced sense of judgment when presenting to therapy with a female therapist. Notably, the development of gender preference for therapists over the treatment or rehabilitation period has not been significantly studied. It is important to consider these findings when assigning occupational therapists to male SCI individuals and to provide them with the



option to choose a therapist that aligns with their preference to ensure the best possible care.

The second objective of this study was to determine the male with SCI person's comfort level during therapy sessions with opposite-gender occupational therapists. The main theme under this objective explains the male SCI person's state of comfort during therapy, with no specific sub-themes identified. Participants reported generally positive experiences during therapy sessions with female OTs, although few expressed subtle concern about uncomfortable situations, such as discussing sensitive personal issues like about their uncontrolled bowel-bladder during therapy with female therapists, and having opposite-gender therapists present during their sensory tests like ASIA. Wensley et. al. (2017) identified the importance of patient comfort which is a crucial aspect of rehabilitation institutions, as positive engagement and commitment with healthcare professionals can significantly impact a patient's comfort level. Male patients tend to feel comfortable with opposite-gender healthcare providers but sensitive issues might affect their comfort (Nolen et al., 2016). This finding supports the current study's results, highlighting the importance of addressing male SCI individual's comfort level during therapy sessions with female OTs, particularly in sensitive situations. These findings could have significant implications for healthcare professionals working with male SCI individuals.

The third objective of this study aimed to investigate the socio-cultural beliefs held by male with SCI about receiving therapy from occupational therapists of the opposite gender. The findings revealed two significant themes, shared beliefs about opposite-gender therapists and outlook on both male and female occupational therapists. The first

theme reflected the male SCI individual's social thoughts and opinions regarding getting therapy from opposite-gender occupational therapists. Despite belonging to different cultural backgrounds, most male participants shared a similar view that female patients tend to avoid opposite-gender therapists due to their social and religious values, but male individuals have no such concerns. The study by Fink et al. (2020) also found similar findings that female patients prefer same-gender physicians for sensitive reasons, but in the rehabilitation sector, there is no investigation on the influence of occupational therapists' gender on patients' decisions and values. Additionally, some participants acknowledged the existence of social taboos among local village people regarding therapy from opposite-gender therapists. However, in general, for male individuals, these social issues were not found to be a concern. This finding is noteworthy as it did not match with previous studies and indicates the need for further research to understand the socio-cultural beliefs of patients about gender and therapy.

This study's significant finding is the Male SCI individual's outlook on both male and female occupational therapists with two sub-themes. Participants expressed their opinion that both male and female OTs have the same therapeutic performance and knowledge. While there is no study regarding the comparison of occupational therapists' gender and therapeutic performance, ethical principles require that every occupational therapy practitioner maintain their practical competence and updated evidence-based knowledge to provide client-centred service according to the principles of the Occupational therapy code of ethics (AOTA, 2020). However, male SCI participants noted some differences between male and female OTs, such as female OT's social communication during therapy, physical strength, and amount of touch used by male and female therapists.

Previous studies found that patients rated female healthcare providers higher on communal qualities such as communication style and approachability, while male healthcare providers were described as more authoritative although the patient's gender did not mention in the study (Haynes et al., 2021). Although male SCI participants did not specify which type of touch is used less by female therapists, while Morris et. al. (2014) identifies that female OT practitioners use expressive touch more frequently than male practitioners for therapeutic purposes. Based on the findings, it appears that the gender discordance between male SCI individuals and their therapists does not significantly impact the therapy process itself. However, it does seem to affect the individual's personal experience of the therapy. This conclusion is based on the personal opinions shared by male SCI individuals regarding their own experiences.

The study's fourth objective was to understand the therapeutic relationship between the dyad of male SCI individuals and female occupational therapists, with two themes emerging: adjustment strategies during rehabilitation and Satisfaction regarding female occupational therapists' professionalism. The first theme had two sub-themes: building rapport with opposite-gender OTs and psychosocial support from female OTs. As participants spent over two months in rehabilitation, they discussed adjustment strategies, including building therapeutic rapport and receiving psychosocial support from female OTs. A review study highlighted the pivotal role of rehabilitation professionals, including female OTs, in addressing the mental health of SCI patients during rehabilitation (Schultz, K.R et al., 2022). While there were no findings on the association between male SCI individuals' adjustment process and psychological and social states, a previous study by Imai et al. (2020) emphasized the relationship between patients' coping attitudes towards

illness and mental adjustment. The study's results indicated a distinct finding in terms of how male SCI individuals perceive and adjust to the therapeutic relationship with their female occupational therapists during rehabilitation. These findings suggest the importance of need for male SCI person's psychosocial support and positive rapport with female OTs to get adjusted within the rehabilitation.

The study found that all male SCI individuals portray their satisfaction regarding opposite gender OT's professionalism, which encompasses parameters like behaviours, and responsibilities. Professional parameters include legal issues, ethics, and morality, while professional behaviour encompasses skills, relationships, and presentation. Professional responsibilities include those to the profession, self, community, employer, and client. Mason et al. (2018) notes that professionalism in occupational therapy is crucial for promoting client-centred practice, including communication, collaboration, and taking responsibility. Participants in the study reported their satisfaction with female OTs' sincerity, ethics, proactive behaviour, and communication skills. Communication is vital in building therapeutic relationships with clients, and male SCI individuals expressed their satisfaction with female therapists' exceptional communication expertise. Previous research suggests that patient satisfaction with physicians can vary by physician gender, with female physicians displaying more patient-centeredness and communication associated with higher satisfaction (Martinez et al., 2022). Seidler et al. (2021) found that male patients' preferred therapist's gender could influence their satisfaction with therapy. Surprisingly, no research exists on male SCI individuals' satisfaction with therapists' attributes or gender discordance in the patient-therapist dyad within the rehabilitation sector.

Overall findings of this qualitative study suggest that SCI individuals and occupational therapists' gender have possible influence on the rehabilitation process and shed light on male SCI individuals' experience of opposite-gender OTs. On this regard, this study contributes unique evidence in this area.

## CHAPTER VI: CONCLUSION

### 6.1 Strengths and Limitations

#### 6.1.1 Strengths

- This qualitative study comprehensively followed the accurate methodology throughout the study period under the responsible supervisor, to achieve the main aim and objectives.
- Conducted face-to-face in-depth interviews and triangulation through three field tests enhanced the validity and effectiveness of the interview.
- Detailed field notes captured contextual information and non-verbal cues, contributing to comprehensive data analysis.
- Utilized thematic analysis as a rigorous and systematic approach for data analysis, facilitating the identification of key themes.
- Adhering to all 32 criteria of the Consolidated criteria for reporting qualitative studies (COREQ) ensured comprehensive and transparent reporting of this research methods, data analysis and findings. This has contributed to the high quality and credibility of the study.

#### 6.1.2 Limitations

- As all the qualitative data were collected from only one institution and the sample size also not broad, the findings of the study could not be generalized for all SCI individuals and institutions.

- A limited amount of information in Bangladesh regarding patient-therapists gender opposition in healthcare and rehabilitation to support the literature review and discussion.

## **6.2 Practice Implication**

To enhance the rehabilitation experience of male SCI individuals, female OTs can utilize the study findings to address the client's unique needs, interests, and values during therapy sessions and involve the patients in decision-making. It is also crucial for female OTs to consider their professional attitudes, needs, and boundaries while developing a positive therapeutic rapport with their opposite gender SCI patients. In the same vein, male OTs should strive to understand the client's intrinsic feelings, preferences, and values during the rehabilitation period. They must maintain their professional ethics, empathetic behaviour, and communication with the client for credible outcomes. All OT practitioners will benefit from the study's findings to create an inclusive environment that addresses the specific needs of male SCI individuals. It is essential for both male and female OTs to involve their patients in decision-making and ensure that they have a say in their therapy plan to promote client-centred care.

### **6.2.1 Recommendations for further research**

- Explore the Occupational therapist's experience regarding their practice experience with opposite-gender client.
- Identify the influence of patient's gender role on occupational therapy treatment process.

- Explore the client's preference and satisfaction level for the therapist's gender in other conditions like stroke.

### **6.3 Conclusion**

The aim of the present research was to explore the male SCI individual's experience regarding their opposite-gender occupational therapists during institution-based rehabilitation. Since occupational therapy is a client-centred practice, gender discordance can be a significant factor in the rehabilitation process. This study focused on male SCI individuals receiving occupational therapy from female OTs at the CRP rehabilitation unit in Bangladesh, where female clients commonly choose and receive therapy from same-gender therapists. On the other hand, male individuals do not choose any specific gender therapists for therapy. On this regard, the study revealed that male SCI individuals had positive experiences with their opposite-gender OTs. However, it also highlighted some important findings, such as male SCI person's adjustment strategies, comfort level, satisfaction, shared beliefs, and gender-related issues.

The study's findings offer valuable insights for occupational therapists to improve their professional performance and provide client-centred care for individuals with spinal cord injuries (SCI). Both male and female OTs can create a comfortable and friendly environment for SCI clients by addressing any gender-related issues collaboratively. This study focuses on gender discordance among male SCI individuals and female OTs during Institution-based rehabilitation (IBR) and its impact on client experience, satisfaction, and choice throughout the rehabilitation period. Addressing gender-related issues during rehabilitation can optimize the quality of rehabilitation services and reduce the subtle therapeutic relationship gap between male SCI individuals and female OTs. By doing so,



occupational therapists can provide better services and build a more welcoming atmosphere for their clients.

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## APPENDICES

### Appendix A: IRB Approval and permission Letter

#### IRB Approval Letter



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

Ref:

Date:

CRP/BHPI/IRB/09/22/631

28<sup>th</sup> September, 2022

Tanzina Akter  
 4<sup>th</sup> Year B.Sc. in Occupational Therapy  
 Session:2017-18, Student ID: 122170280  
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

**Subject: Approval of the thesis proposal “Experience of male individual with spinal cord injury regarding opposite gender Occupational therapist during institution-based rehabilitation” by ethics committee.**

Dear Tanzina Akter,  
 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 Md. Habibur Rahman as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Self-developed interview guide
3	Information sheet & consent form.

The purpose of the study is to explore the experience of male individual with spinal cord injury regarding opposite gender Occupational therapist during institution-based rehabilitation. The study involves use of a self-developed interview guide that may take 20 to 40 minutes to answer the questionnaire 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 27<sup>th</sup> August, 2022, at BHPI (32<sup>nd</sup> 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 accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

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

## Permission Letter for Data Collection

20<sup>th</sup> October 2022

To

In charge of Spinal Cord Injury Rehabilitation Unit  
Occupational Therapy Department  
Centre for the Rehabilitation of the Paralysed (CRP)  
Chapain, Savar, Dhaka-1343

**Subject:** prayer for seeking permission to collect data for the research project (dissertation).

Dear Sir,

With due respect, I am Tanzina Akter, 4th year B. Sc in Occupational Therapy student at Bangladesh Health Professionals Institute (BHPI)-an academic institute of CRP. As part of the Occupational Therapy course curriculum, I have to conduct a thesis entitled, "**Experience of male individual with spinal cord injury regarding opposite gender occupational therapist during institution-based rehabilitation**" under the thesis supervisor, Md. Habibur Rahman, Lecturer, Occupational Therapy Department, BHPI. The aim of the study is to explore the experience of male individual with spinal cord injury regarding opposite gender occupational therapist during institution-based rehabilitation.

Therefore, I look forward to your cooperation by giving permission for visit and data collection at SCI (in-patient) unit for my research project.

Sincerely,

*Tanzina Akter*

Tanzina Akter

Roll: 19 Session: 2017-18

4th year, B.Sc. in Occupational therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

*Forwarded for your kind  
consideration and permission  
for data collection to conduct  
the research.*

*S. M. Muneed*  
20/10/2022  
Sr. Moniruzzaman  
Associate Professor & Head  
Dept. of Occupational Therapy  
BHPI CRP Savar, Dhaka-1343

## Appendix B: Information sheet, Consent Form, and Withdrawal Form

### Information sheet, consent form and withdrawal form (Bangla)

#### অংশগ্রহনকারীদের তথ্যপত্র

**গবেষনার বিষয়:** “প্রতিষ্ঠান-ভিত্তিক পুনর্বাসনের সময় বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্ট সম্পর্কিত মেরুদণ্ডের আঘাতপ্রাপ্ত পুরুষ ব্যক্তির অভিজ্ঞতা”।

**গবেষক:** তানজিনা আক্তার, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০১৭-১৮ ইং, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

**তত্ত্বাবধায়ক:** মোঃ হাবিবুর রহমান, লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩।

**গবেষনার স্থান:** স্পাইনাল কর্ড ইনজুরি ইউনিট, পক্ষাঘাতগ্রস্থদের পুনর্বাসন কেন্দ্র (সিআরপি), সাভার, ঢাকা -১৩৪৩ বাংলাদেশ।

আমি তানজিনা আক্তার, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৭-১৮ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের লেকচারার মোঃ হাবিবুর রহমান এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। গবেষণাটির শিরোনাম হলো 'প্রতিষ্ঠান-ভিত্তিক পুনর্বাসনের সময় বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্ট সম্পর্কিত মেরুদণ্ডের আঘাতপ্রাপ্ত পুরুষ ব্যক্তির অভিজ্ঞতা'। এই অধ্যয়নের উদ্দেশ্য হল প্রতিষ্ঠান-ভিত্তিক পুনর্বাসনের সময় বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্ট সম্পর্কিত মেরুদণ্ডের আঘাত প্রাপ্ত পুরুষ ব্যক্তির অভিজ্ঞতা সম্পর্কে জানা।

আপনার কাছ থেকে সম্মতি ফর্মে স্বাক্ষর করার আগে, গবেষণা প্রকল্প পরিচালনার বিশদ বিবরণ এই তথ্য পত্রের মাধ্যমে আপনাকে বিস্তারিতভাবে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান আপনাকে চুক্তিতে স্বাক্ষর করতে হবে। আপনি অংশগ্রহণ নিশ্চিত করলে আপনাকে আপনার সম্মতির একটি অনুলিপি হবে দেওয়া। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। আপনি যদি রাজি না হন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনি এই গবেষণায় অংশগ্রহণ করতে চান কি না তা আপনার ব্যাপার। আপনি যদি অংশ নিতে না চান তাহলে যেকোনো সময় আপনার অংশগ্রহণ প্রত্যাহার করার সুযোগ

রয়েছে। এটি আপনার চিকিৎসা গ্রহণের ব্যাপারে কোনো প্রকার বাধাগ্রস্ত করবে না এবং আপনার চিকিত্সাকে প্রভাবিত করবে না।

গবেষণা প্রকল্পে অংশগ্রহণ করার জন্য আপনি সরাসরি কোনো সুবিধা পাবেন না। এ গবেষণায় অংশগ্রহণ আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারণ হতে পারে। তবে আমরা আশাবাদী যে, এই গবেষণার ফলাফল থেকে প্রাপ্ত উপকারিতা উক্ত অসুবিধা কে অতিক্রম করবে। আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে এমন প্রশ্নগুলি নিয়ে উদ্বিগ্ন না হওয়া জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা কোথাও উল্লেখ না করে পরিচয় উন্মুক্ত হওয়ার ঝুঁকি কমান হবো। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য গোপন থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য প্রতীকীভাবে উল্লেখ করা হবো। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং তার তত্ত্বাবধায়ক তথ্যসমূহে প্রবেশাধিকার পাবেন।

(কোন প্রশ্ন বা অভিযোগের জন্য)

গবেষণা প্রকল্প সম্পর্কে আপনার কোনো প্রশ্ন থাকলে বা গবেষণা প্রকল্প সম্পর্কে কোনো প্রশ্ন থাকলে, আপনি এখন বা পরে যেকোনো সময় তা জিজ্ঞাসা করতে পারেন। সেক্ষেত্রে, আপনি গবেষককে দেওয়া নম্বরে যোগাযোগ করতে পারেন।

তানজিনা আক্তার

৪র্থ বর্ষ, সেশন: ২০১৭-১৮ ইং

বি.এস.সি ইন অকুপেশনাল থেরাপি

বিএইচপিআই, সিআরপি

যোগাযোগ নম্বর: 01637227353

## অংশগ্রহনকারীদের সম্মতি পত্র

(অনুগ্রহ করে অংশগ্রহনকারীকে পড়ে শুনান)

কোড নং:

আসসালামুআলাইকুম, আমি তানজিনা আক্তার, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৭-১৮ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক।

আমার গবেষণার শিরোনাম হল “প্রতিষ্ঠান-ভিত্তিক পুনর্বাসনের সময় বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্ট সম্পর্কিত মেরুদণ্ডের আঘাতপ্রাপ্ত পুরুষ ব্যক্তির অভিজ্ঞতা” এই অধ্যয়নের উদ্দেশ্য হল প্রতিষ্ঠান-ভিত্তিক পুনর্বাসনের সময় বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্ট সম্পর্কিত মেরুদণ্ডের আঘাত প্রাপ্ত পুরুষ ব্যক্তির অভিজ্ঞতা সম্পর্কে জানা। এই সাক্ষাৎকারটি সম্পন্ন করতে প্রায় ২০-৪০ মিনিট সময় লাগবে।

আমি প্রতিশ্রুতিবদ্ধ যে, এই গবেষণাটি আপনার জন্য ক্ষতিকর বা ঝুঁকিপূর্ণ হবে না। গবেষণায় অংশ নেওয়ার জন্য কোন প্রকার অর্থ প্রদান করা হবে না। আপনার দ্বারা প্রদত্ত সমস্ত তথ্য গোপনীয় হিসাবে বিবেচিত হবে এবং কোনও প্রতিবেদন বা প্রকাশের ক্ষেত্রে, তথ্যের উৎসের গোপনীয়তা নিশ্চিত করা হবে। এই গবেষণায় আপনার অংশগ্রহণ স্বেচ্ছায় হবে এবং গবেষণা চলাকালীন যেকোনো সময় আপনি আপনার অংশগ্রহন প্রত্যাহার করতে পারেন। সাক্ষাৎকারের সময় আপনার অপছন্দের নির্দিষ্ট প্রশ্নের উত্তর না দেওয়ার অধিকারও আপনার আছে।

এই গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আমি তানজিনা আক্তার বা আমার তত্ত্বাবধায়ক মোঃ হাবিবুর রহমান (লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি) এর সাথে যোগাযোগ করতে পারেন।

তাহলে, সাক্ষাৎকারটি শুরু করার জন্য আমি কি আপনার সম্মতি পেতে পারি?

হ্যাঁ  না

অংশগ্রহনকারীর স্বাক্ষর ও তারিখ: \_\_\_\_\_

তথ্য সংগ্রহকারীর স্বাক্ষর ও তারিখ: \_\_\_\_\_

অংশগ্রহনকারীর আঙুলের ছাপ (যদি স্বাক্ষর করা সম্ভব না হয়):

## অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

প্রত্যাহার

করার

কারণ: .....

.....

.....

.....

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ

না

অংশগ্রহণকারীর স্বাক্ষর ও তারিখ :

\_\_\_\_\_

প্রত্যাহারকারীর আঙুলের ছাপ (যদি স্বাক্ষর করা সম্ভব না হয়):

## Information sheet, consent form and withdrawal form (English)

### Information sheet

**Research Topic:** 'Experience of male individual with spinal cord injury regarding opposite gender Occupational therapist during institution-based rehabilitation'

**Researcher:** Tanzina Akter, B.Sc. in Occupational Therapy (4 Year), Session: 2017-18, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka-1343.

**Supervisor:** Md.Habibur Rahman, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), savar, Dhaka-1343

**Place of Research:** Spinal Cord injury unit, Center of Rehabilitation of the Paralysed (CRP), Savar, Dhaka-1343, Bangladesh.

I am Tanzina Akter, 4th-year student of B.Sc. in Occupational Therapy at Bangladesh Institute of Health Professions under the Faculty of Medicine, University of Dhaka in Undergraduate Program (2017-18) session. Conducting a research project is mandatory to complete the Occupational Therapy B.Sc. course from BHPI. This research project will be completed under the supervision of Md. Habibur Rahman, Lecturer of Occupational Therapy Department. The study is titled 'Experience of male individual with spinal cord injury regarding opposite gender Occupational therapist during institution-based rehabilitation'. The purpose of this study is to explore the experience of male individuals with spinal cord injury regarding opposite gender Occupational therapists during institution-based rehabilitation.

Before taking your signature on the consent form, the details of this research project will be presented to you in detail through this information sheet. If you wish to participate in this study, you must sign the agreement. If you confirm your participation, you will be given a copy of your consent form. Your participation in this research project is optional. If you disagree, you do not have to participate. Whether or not you want to participate in this study is up to you. You can withdraw your participation at any time if you do not want to participate. This will not interfere with your treatment and will not affect your treatment process.

You will not receive any direct benefits for participating in the research project. Participating in this study may cause temporary inconvenience to your daily activities. However, we are hopeful that the benefits derived from the results of this study will outweigh the disadvantages. Please do not be concerned about questions that others may know about your identity. Not mentioning the participant's name or address anywhere will reduce the risk of identity disclosure. Any information collected for this research project will be kept confidential. Information collected about you will be referred to symbolically. Only the researcher concerned, and her supervisor will have access to the data.



(For any queries or complaints)

If you have any questions about the research project or have any questions about the research project, you can ask anytime now or later. In that case, you can contact the researcher at the given number.

Tanzina Akter

4th Year, Session: 2017-18

B.Sc. in Occupational Therapy

BHPI, CRP

Contact Number: 01637227353

## Consent letter of participants

(Please read out to the participant)

Code No:

Assalamualaikum, I am Tanzina Akhter, I am a 4th-year student of B.Sc. in department of Occupational Therapy at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka in Undergraduate Program (2017-18) session. Conducting a research project is mandatory to complete the Occupational Therapy B.Sc. course from BHPI.

The title of my research is “Experience of male individual with spinal cord injury regarding opposite gender Occupational therapist during institution-based rehabilitation” The purpose of this study is to explore the experience of male individuals with spinal cord injury regarding opposite gender Occupational therapists during institution-based rehabilitation. This interview will take approximately 20-40 minutes to complete.

I promise that this research will not be harmful or dangerous to you. No payment will be made for participation in the study. All information provided by you will be treated as confidential and in case of any report or disclosure, the confidentiality of the source of the information will be ensured. Your participation in this study is voluntary and you may withdraw your participation at any time during the study. You also have the right not to answer certain questions during the interview that you do not like.

If you have any questions about this research, you can contact me Tanzina Akter, or my supervisor Md. Habibur Rahman (Lecturer, Department of Occupational Therapy, BHPI, CRP).

So, may I have your consent to begin the interview?

Yes

No

Signature and Date of Participant:

Signature and Date of Data Collector:

-----

-----

Participant fingerprint (if unable to give signature):

### **Participant's Withdrawal Form**

(Applicable only for voluntary withdrawal)

Participant's Name:

Reason for Withdrawal:

.....  
.....

Whether permission to previous information is used?

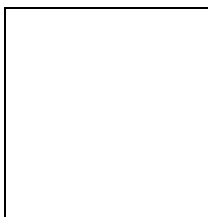
Yes/No

Participant's Name:

Participant's Signature:

Date:

Participant fingerprint (if unable to give signature):



## **Appendix C: Interview Guide**

### **Interview guide (English)**

#### **General information**

Participant Code:

Date of Data Collection:

Age:

Gender:

Occupation:

Marital Status:

Education:

District:

Type of Injury:

Cause of injury:

Main Caregiver:

Assistive Device: Yes / No

What type (if the answer is 'yes'):

The number of female and male occupational therapists who have providing occupational therapy to you so far in CRP and duration:

Female: \_\_\_\_\_ Duration:

Male: \_\_\_\_\_ Duration:

**Please answer the following questions:**

1. After coming to CRP, did you specifically want to receive therapy from a female or male therapist? If yes, explain why.
2. How is your experience of mutual understanding and cooperation with your female therapist? Explain in detail with examples.
3. How's your experience or feeling while your female occupational therapist gives you the therapy through touch? Describe in detail.
4. Could you please elaborately explain your overall feeling of comfort while working with your female occupational therapists?
5. Do you have any socio-cultural, or religious beliefs and values about receiving therapy from opposite gender therapists? If yes, explain in detail.
6. Do you think your socio-cultural beliefs and values influence your attitude towards your opposite gender therapist? Explain your opinion on this.
7. Have you ever found it difficult to share any decision or opinion with a female therapist? If so, explain why with examples.
8. Do you think the therapeutic relationship between you and your female therapist affects your therapy experience? How do you think it does?
9. As a male person with spinal cord injury, what are your thoughts on receiving occupational therapy from opposite gender therapist? Elaborate based on your experience.
10. Do you have a desire or interest in receiving therapy from opposite gender occupational therapists in the future? Explain for yes and no based on previous experience.

Objectives	Questions
1. To know the opinion of male with SCI regarding their preferred gender of occupational therapists during rehabilitation.	1. After coming to CRP, did you specifically want to receive therapy from a female or male therapist? If yes, explain why.  9. As a male person with spinal cord injury, what are your thoughts on receiving occupational therapy from opposite gender therapist? Elaborate based on your experience.

	<p>10. Do you have a desire or interest in receiving therapy from opposite gender occupational therapists in the future? Explain for yes and no based on previous experience.</p>
<p>2. To determine the male with SCI person's comfort level during therapy sessions with opposite-gender occupational therapists.</p>	<p>3. How's your experience or feeling while your female occupational therapist gives you the therapy through touch? Describe in detail.</p> <p>4. Could you please elaborately explain your overall feeling of comfort while working with your female occupational therapists?</p>
<p>3. To Investigate the socio-cultural beliefs held by male with SCI about receiving therapy from occupational therapists of the opposite-gender.</p>	<p>5. Do you have any socio-cultural, or religious beliefs and values about receiving therapy from opposite gender therapists? If yes, explain in detail.</p> <p>6. Do you think your socio-cultural beliefs and values influence your attitude towards your opposite gender therapist? Explain your opinion on this.</p>
<p>4. To understand the therapeutic relationship between the dyad of male SCI individuals and female occupational therapists.</p>	<p>2. How is your experience of mutual understanding and cooperation with your female therapist? Explain in detail with examples.</p> <p>7. Have you ever found it difficult to share any decision or opinion with a female therapist? If so, explain why with examples.</p> <p>8. Do you think the therapeutic relationship between you and your female therapist affects your therapy experience? How do you think it does?</p>

## Interview guide (Bangla)

### সাক্ষাৎকার প্রশ্নাবলী

#### সাধারণ তথ্য

অংশগ্রহনকারীর কোড:

তথ্য সংগ্রহের তারিখ:

বয়স:

লিঙ্গ:

পেশা:

বৈবাহিক অবস্থা:

শিক্ষা:

জেলা:

শারিরিক অবস্থার (আঘাত) ধরন:

আঘাতের কারণ:

প্রধান যত্নকারী:

সহায়ক ডিভাইস: হ্যাঁ / না

কি ধরনের (যদি উত্তর 'হ্যাঁ'):

সি আর পি তে এখন পর্যন্ত যারা আপনাকে অকুপেশনাল থেরাপী দিয়েছিল/দিচ্ছে তাদের মধ্যে নারী ও পুরুষ থেরাপিস্টের সংখ্যা এবং তাদের থেকে থেরাপী নেওয়ার সময়কাল:

নারী: \_\_\_\_\_ জন

সময়কাল:

পুরুষ: \_\_\_\_\_ জন

সময়কাল:

### দয়া করে নিম্নের প্রশ্ন গুলোর উত্তর দিন:

১. সি আর পি তে আসার পর আপনার কি বিশেষভাবে নারী বা পুরুষ থেরাপিস্টের কাছ থেকে থেরাপী সেবা নেওয়ার ইচ্ছা ছিল? যদি হ্যাঁ হয় তাহলে কেন ছিল ব্যাখ্যা করুন।
২. আপনার সাথে আপনার নারী থেরাপিস্টের পারস্পরিক বোঝাপড়া এবং সহযোগিতার অভিজ্ঞতা কেমন? উদাহরণ সহ বিস্তারিত বলুন।
৩. আপনার নারী থেরাপিস্ট যখন অকুপেশনাল থেরাপী পরিসেবাগুলো আপনাকে স্পর্শের মাধ্যমে প্রদান করে থাকে তখন আপনার অভিজ্ঞতা কেমন হয়? বিস্তারিত বর্ণনা করুন।
৪. নারী অকুপেশনাল থেরাপিস্টের সাথে কাজ করার সময় আপনার সার্বিক স্বাস্থ্যের অনুভূতি কেমন থাকে সেটা বিস্তারিত ভাবে আলোচনা করুন
৫. বিপরীত লিঙ্গের থেরাপিস্টের কাছ থেকে থেরাপি নেওয়ার বিষয়ে আপনার কি কোনো বিশেষ সামাজিক, সাংস্কৃতিক, বা ধর্মীয় বিশ্বাস এবং মূল্যবোধ আছে? যদি হ্যাঁ হয়, তাহলে বিস্তারিত ব্যাখ্যা করুন।
৬. আপনি কি মনে করেন যে আপনার সামাজিক-সাংস্কৃতিক বিশ্বাস এবং মূল্যবোধগুলি বিপরীত লিঙ্গের থেরাপিস্টের প্রতি আপনার আচরণকে প্রভাবিত করে? এ বিষয়ে আপনার মতামত ব্যাখ্যা করুন।
৭. আপনার কি কখনো মনে হয়েছে নারী থেরাপিস্টের সাথে যেকোনো সিদ্ধান্ত বা মতামত শেয়ার করতে আপনার অসুবিধা হয়েছে? হলে কেন উদাহরণ সহ বলুন।
৮. আপনি কি মনে করেন আপনার এবং আপনার নারী থেরাপিস্টের পারস্পরিক চিকিৎসাগত সম্পর্ক আপনার থেরাপী নেওয়ার প্রক্রিয়া কে প্রভাবিত করে? করলে কীভাবে করে বলে আপনি মনে করেন?
৯. একজন মেরু রজ্জুতে আঘাত প্রাপ্ত পুরুষ ব্যক্তি হিসেবে বিপরীত লিঙ্গের থেরাপিস্টের কাছ থেকে অকুপেশনাল থেরাপী নেওয়ার বিষয়ে আপনার মতামত কি? নিজের অভিজ্ঞতার উপর ভিত্তি করে বিস্তারিত বলুন।
১০. আপনার কি ভবিষ্যতে বিপরীত লিঙ্গের অকুপেশনাল থেরাপিস্টের কাছ থেকে থেরাপী নেওয়ার ইচ্ছা বা আগ্রহ আছে? পূর্বের অভিজ্ঞতার উপর ভিত্তি করে হ্যাঁ এবং না এর পক্ষে বিস্তারিত বলুন।



## Appendix D: Field Notes

Participant 01

Date: 23.10.2022

Location: Halfway Hostel

Observations: The interviewee was a 32-year-old male with a spinal cord injury who appeared to be friendly and easy-going throughout the interview. He was cooperative and maintained a normal expression during the interview. His tone of voice was calm and steady, and he answered all questions with precision. Despite having limited speech, he seemed to have a positive outlook. He sat on a chair in front of the interviewer, and while discussing the occupational therapist and their clinical guidance during his rehabilitation process, he expressed a smiley facial expression.

Reflections: During the interview session, it was evident that the participant was emotionally stable and at ease. His smiley expression suggested that he was appreciative of the services provided by the female occupational therapists and the institution.

Participant 02

Date: 01.11. 2022

Location: Halfway Hostel

Observations: The interviewee was a 35-year-old male with a spinal cord injury who used his wheelchair during the interview as he felt comfortable doing so. Initially, he was interested in answering the questions and provided detailed responses. However, as time went on, he appeared slightly agitated but did not express his frustration. At times, he repeated certain topics and struggled with answering some questions. Additionally, he had a strong Sylheti accent, but the interviewer was able to understand him. Towards the end of the interview, he spoke more quickly and provided precise answers to the last two questions. Overall, the interviewee was cooperative.

Reflection: Based on the observation, it appears that the interviewee was initially interested in the interview but became slightly impatient as time went on. Despite his strong Sylheti accent, he tried to communicate clearly, and the interviewer was able to understand him. Throughout the interview, the interviewee remained cooperative and provided detailed and precise answers to most questions.

Participant 03

Date: 05.11. 2022

Location: red way hall

Observation: The interviewee was in his wheelchair, and his facial expression was initially somewhat subdued. However, he later indicated that he was interested in answering questions. He seemed to be an introverted person and spoke very precisely, without additional expressions. He remained calm and cooperative throughout the

interview, but at times, he responded to questions with minimal elaboration. Nevertheless, he expressed gratitude towards the occupational therapists and their services.

Reflection: The interviewee, who appeared to be introverted, was initially reserved but became more engaged as the interview progressed. Although he responded with limited elaboration at times, he remained calm, and cooperative, and expressed gratitude towards the occupational therapists.

Participant 04

Date: 08.11. 2022

Location: Halfway Hostel

Observation: The interviewee appeared to be cheerful and curious about the interview from the beginning. He sat on a bench in front of the interviewer and spoke in a clear tone of voice, answering all questions elaborately. He frequently smiled and laughed, indicating that he was in a good mood. He was cooperative and consistent in his speech throughout the interview.

Reflection: Based on the observation, the interviewee was in a good mood and exhibited a positive demeanour throughout the interview. He was clear and consistent in his speech, answering questions elaborately and expressing himself with smiles and laughter.

Participant 05

Date: 08.11.2022

Location: Halfway Hostel

Observation: The interviewee was a 32-year-old paraplegic with a spinal cord injury who was in his wheelchair during the interview. He appeared to be a cooperative person with good manners and was excited about the interview. He answered all questions to the best of his understanding. He seemed a little worried about his village accent and whether the interviewer could understand his speech, but the interviewer reassured him. His voice tone was medium and clear throughout the interview. He maintained a neutral facial expression, and no distinguished expression was noticed. However, at the end of the interview, he responded with limited words.

Reflection: Based on the observation, the interviewee was a cooperative and polite individual who expressed some concern about his accent but was able to communicate effectively. His neutral facial expression and limited response at the end of the interview may suggest that he was feeling neutral.

Participant 06

Date: 13.11.2022

Location: Red way hall

Observation: The interviewee appeared confident and spoke in a clear tone that was easy to understand. He arrived at the interview site with his wife, but she left when the interview started. He provided precise responses to each question without adding any

additional information or expressions. He did awkwardly smile when discussing an uncomfortable situation, he had experienced during therapy but otherwise remained calm throughout the interview. The interview site was quiet, which helped make the interview more effective and comfortable.

Reflection: Based on the observation, the interviewee presented himself confidently and provided clear, precise answers to the questions. While he did smile awkwardly at one point, he remained composed and calm throughout the interview. The absence of any distracting background noise or interruptions also helped to ensure that the interview was effective and comfortable.

#### Participant 07

Date: 15.11.2022

Location: halfway hostel

Observation: The interviewee was in his early sixties and was lying in bed at a halfway hostel. He was comfortable in this position and agreed to continue the interview from there. His wife was also present, but she remained silent throughout the interview. The male participant answered all of the interview's questions himself. Although the interview took place in the afternoon, and the participant felt a little sleepy, he assured the interviewer that he would continue the interview without any distractions. As a well-educated person, he provided precise and accurate responses to all the questions.

Reflection: Based on the observation, the interviewee's willingness to continue the interview from his bed, despite feeling a little sleepy, and his precise responses to the questions demonstrate his dedication and commitment to the interview process. His wife's presence, although silent, may have also provided him with some level of support during the interview.

#### Participant 08

Date: 21.11.2022

Location: sensory garden (SCI)

Observation: The interviewee was a bit shy but interested in continuing the interview. He was comfortable conducting the interview in the garden while sitting in his wheelchair and eating betel leaf. Although his voice tone was a bit upbeat, he spoke with very few words. Despite this, he was comfortable to talk with. However, at certain points during the interview, he seemed reserved and did not elaborate on his thoughts.

Reflection: Based on the observation, the interviewee's shyness, and limited use of words during the interview may suggest that he was not fully comfortable with the process. However, his willingness to conduct the interview in a location that was comfortable for him, and his overall demeanour suggests that he was interested in participating. The interviewer may need to consider this shyness when asking questions and allowing for adequate response time.

## Appendix E: Supervision Record Sheet

Bangladesh Health Professions Institute  
Department of Occupational Therapy  
4<sup>th</sup> 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: Experience of male individual with spinal cord injury regarding opposite-gender Occupational therapist during institution-based rehabilitation

Name of student: Tanzina Akter

Name and designation of thesis supervisor:

Md. Habibur Rahman  
Lecturer, Department of Occupational Therapy  
Bangladesh Health Professions Institute (BHPI)

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	24.08.22	BHPI Teacher's room	Study title, aim & objectives discussion	50 min	get sufficient feedback	Tanzina Akter	
2	29.08.22	BHPI Teacher's room	Objectives Correction and overall feedback	40 min	Previous confusion cleared	Tanzina Akter	

3	01.08.22	BHPI Teacher's room	Instruction Research Proposal & Interview guide	1 hours 45 mins	quite helpful for Proposal presentation	Tanzina Akter	
4	23.09.22	BHPI Teacher's room	Feedback & review on the research proposal	1 hours 30 mins	Constructed understanding	Tanzina Akter	
5	06.09.22	SOJ dept.	Discussion about literature review & developing Interview guide	1 hours	Practical and valuable interpretation of the session	Tanzina Akter	
6	17.10.22	SOJ dept.	study methods discussion & Interview guide correction	50 mins	Specific problem identified and correct the problem	Tanzina Akter	
7	10.10.22	BHPI Teacher's room	Instruction on data Collection Process & Interview	1 hours	comprehensive session on data collection	Tanzina Akter	
8	20.10.22	BHPI Teacher's room	Consent, Information & withdraw form check, feedback & discussion	1 hours 30 mins	very detailed and comprehensive learning about the topic	Tanzina Akter	
9	1.11.22	BHPI Teacher's room	Data collection Procedure review & Correction	40 min	Clear the doubts and successfully revised	Tanzina Akter	
10	21.11.22	BHPI Teacher's room	transcript, translate check review & discussion	1 hours	A helpful discussion for of the topic	Tanzina Akter	
11	18.12.22	BHPI Teacher's room	Discussion on analysis of data & review of DC	1 hours	revision and specific correction with useful feedback	Tanzina Akter	
12	24.12.22	BHPI Teacher's room	feedback on results writeup, coding themes	2 hours	Discussion on write-up and theme formation	Tanzina Akter	
13	27.12.22	SOJ dept.	transcript, translate and coding review & check	50 mins	comprehensive and partial portion was helpful for learning	Tanzina Akter	

14	09.01.23	SOI dept.	correction & review of the result write up	45 mins	impressive thoroughness of the discussion.	Tanzina Akter	
15	09.02.23	BHPI library	feedback on theme, results	3 hours	valuable and practical contribution to the discussion	Tanzina Akter	
16	14.02.23	BHPI library	Introduction section review & correction	2 hours	thoughtful session with different practical instances.	Tanzina Akter	
17	15.02.23	BHPI library	Methodology section review, discussion	2 hours	openness to feedback and willingness to learn	Tanzina Akter	
18	16.02.23	BHPI library	methodology section correction & formatting	2 hours	clear and apt communication through out the session	Tanzina Akter	
19	17.02.23	BHPI library	overall write-up formatting, APA style check	2 hours	attentive and active discussion on the topic	Tanzina Akter	
20	18.02.23	BHPI library	Result section review, Discussion & re-formatting	2 hours	productive and supportive session for better learning	Tanzina Akter	
21	19.02.23	BHPI library	Literature review reference review & discussion	2 hours	beneficial and informative session for better learning	Tanzina Akter	
22	20.02.23	BHPI library	overall write-up formatting & reference correction.	2 hours	comprehensive understanding of the subject	Tanzina Akter	
23	23.02.23	SOI dept.	overall result, themes review, correction & feedback	2 hours	grateful for the highly informative session	Tanzina Akter	
24	10.03.23	BHPI teacher's room	instruction on Discussion write-up	1 hours 30 mins	helpful feedback and build the solid foundation of writing	Tanzina Akter	

25	28.03.23	BHPI teacher's room	methodology re-check and result correction	1 hours	deep understanding of the topic matter	Tanzina Akter	
26	11.04.23	BHPI teacher's room	Review & discussion about Data analysis & methods	45 mins	the session provided insightful explanation	Tanzina Akter	
27	23.05.23	BHPI teacher's room	overall thesis write-up feedback & discussion	1 hours	the session cover the all key aspects in a comprehensive	Tanzina Akter	
28	15.05.23	SOI dept	thesis defense preparation discussion & feedback	20 mins	the session was valuable for my learning experiences.	Tanzina Akter	
29							
30							
31							
32							

Note:

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