Knowledge, Attitude & Practice of Bangladeshi Occupational Therapists in Occupational Therapy Practice: A Cross-sectional study

By

Sharmin Akter

Part-II Master of Science in Occupational Therapy Examination November 2025

Submitted in Partial Fulfilment of the Requirements for the Degree of

MSc in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Faculty of Medicine

University of Dhaka

Student's Declaration

- This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

- This dissertation is being submitted in partial fulfilment of the requirements for the MSc in Occupational Therapy.

- This dissertation results from my independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A Bibliography is appended.

- I confirm that if anything is identified in my work that I have done is plagiarism or any form of cheating that will directly award me a failure. I am subject to disciplinary actions of authority.

Signature: ……

Name: ……..

Date: ……

Thesis Supervisor's Statement

As supervisor of Sharmin Akter's MSc in Occupational Therapy Thesis work, I certify that I consider her thesis "**Knowledge, Attitude & Practice of Bangladeshi Occupational Therapists in Occupational Therapy Practice: A Cross-sectional study"** suitable for examination.

……

Professor Md. Obaidul Haque

Vice Principal

Bangladesh Health Professions Institute

Date: ……

Board of Examiners

Professor Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343.

Signature:……

Date: ……..…

Dr. Md. Shakhaoat Hossain
Associate Professor & Chairman
Department of Public Health and Informatics
Jahangirnagar University

Signature:……

Date: ……..…

Acknowledgement

First and foremost, I express my deepest gratitude to the Almighty Allah for His boundless blessings, guidance, and strength, which enabled me to complete this research project successfully. I am profoundly indebted to my parents and family members for their unconditional love, constant encouragement, and unwavering support throughout my academic journey and research endeavor.

I would like to convey my heartfelt appreciation to my esteemed supervisor, Professor Md. Obaidul Haque**,** Vice Principal of the Bangladesh Health Professions Institute (BHPI) for his invaluable supervision, insightful feedback, and continuous guidance at every stage of this study. His mentorship and encouragement have been instrumental in shaping the direction and quality of this research.

My sincere thanks are also extended to Professor Sk. Moniruzzaman, Head of the Department of Occupational Therapy, BHPI for his kind support and for providing the necessary facilities and academic environment to conduct this study. I wish to express my special gratitude to Md. Habibur Rahman, Assistant Professor and Course Coordinator of the M.Sc. in Occupational Therapy program, for his cordial guidance, valuable advice, and continuous support throughout the research process. I am also thankful to Md. Saddam Hossain, Assistant Professor of Occupational Therapy, BHPI, and Shahid Afridi, Lecturer at SCMST, for their kind assistance and cooperation at different stages of this work. This research would not have been possible without the generous participation of the Bangladeshi Occupational Therapists who willingly shared their time and experiences. I am sincerely grateful for their contribution and trust. I also apologize to anyone who has contributed to this study in any capacity but whose name I may have inadvertently omitted.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

ADLs: Activities of Daily Living

BHPI: Bangladesh Health Professions Institute

BOTA: Bangladesh Occupational Therapy Association

CPD: Continuous Professional Development

CRP: Centre for the Rehabilitation of the Paralysed

EBP: Evidence-Based Practice

IRB: Institutional Review Board

KAP: Knowledge, Attitude, and Practice

LMIC: Low- and Middle-Income Country

OT: Occupational Therapy

OTPF-4: Occupational Therapy Practice Framework (4th Edition)

SPSS: Statistical Package for the Social Sciences

WFOT: World Federation of Occupational Therapists

Abstract

Background: Occupational Therapy (OT) is a vital client-centred health profession in Bangladesh, yet a comprehensive understanding of the professional competencies of its practitioners remains underexplored. Assessing the Knowledge, Attitude, and Practice (KAP) of occupational therapists is crucial for identifying strengths, gaps, and avenues for professional development to enhance service quality and align with global standards.

Aim: This study aimed to explore the Knowledge, Attitude, and Practice of Bangladeshi occupational therapists regarding occupational therapy practice and to examine associations with key demographic and professional variables.

Methods and Materials: A quantitative, cross-sectional study was conducted over six months among 320 registered occupational therapists practicing across Bangladesh. Participants were selected via convenience sampling from diverse healthcare, academic, and rehabilitation settings. Data were collected using a structured, self-administered questionnaire encompassing socio-demographic details and validated self-developed KAP scales. Descriptive statistics (frequencies, percentages, means, standard deviations) and inferential statistics (Fisher exact test, correlation analyses) were employed for data analysis using SPSS version 16.0.

Results: The findings revealed exceptionally high levels of KAP among participants. The majority demonstrated good knowledge (96.9%), positive attitudes (97.2%), and good professional practices (98.1%). Over 94% of therapists correctly identified the core focus of OT as promoting functional independence. Strong adherence to evidence-based practice, documentation, and interdisciplinary collaboration was reported. However, significant associations were found between KAP levels and demographic

factors. Therapists aged 30 years or younger and those with 1-10 years of experience exhibited significantly better knowledge than their older and more experienced counterparts (P<0.001). Practice quality was also significantly higher among urban practitioners compared to those in semi-urban and rural areas (P=0.001). Furthermore, educational attainment was positively associated with more favorable attitudes (P=0.001).

Conclusion: Bangladeshi Occupational Therapists possess a strong foundational knowledge, highly positive professional attitudes, and consistently good clinical practices. The profession is well-positioned with a motivated and competent workforce. However, the study highlights critical challenges, including a potential knowledge-update gap among senior therapists and significant urban-rural disparities in practice quality. To sustain and build upon this strong foundation, the implementation of structured continuous professional development (CPD) frameworks, expansion of postgraduate education, and targeted support for rural practitioners are strongly recommended.

Keywords: Knowledge, Attitude, Practice, Occupational Therapy, Bangladesh.

CHAPTER I: INTRODUCTION

1.1 Background

The Knowledge, Attitude and Practice (KAP) model has been frequently utilized in educational research to measure the way individuals gain knowledge, attitude into practice. Such KAP surveys are now widely used as an indispensable tool for the assessment of the impact of therapeutic interventions and for analysis of behavioral outcomes across a range of sectors including health, environment and education in general. Assessing the KAP of OT educators is useful for identifying deficiencies and suggestions to develop curriculum, professional development, and policy. Johnston et al., (2003) KAP Questionnaire was selected as it covers the knowledge, attitude and behaviour towards professional's care. It was invented by Johnston and co-workers. (2003) for the assessment of Knowledge, Attitude and Practice of professionals with respect to OT Practice.

One of the key components to positioning is Occupational Therapy (OT) and having a staff member with OT experience. As a client-centred health profession, OT is generally concerned with maintaining health and well-being related to occupation in people across their lifespan living with biological, psychological or social challenges. Despite being increasingly significant in the world of health on an international level, there is still a huge discrepancy in the way Occupational Therapy is even conceptualised and interpreted, especially within developing countries. This involved a cross-sectional analysis to determine the current level of knowledge, attitude and practice about occupational therapy in one region. It is expected that by examining these elements the study will offer useful information on obstacles, errors and breakthrough opportunities of OT knowledge and application. The results are expected to be used for evidence-based advocacy and capacity building in OT practice.

Awareness demonstrates understanding of principles, scope and potential benefits of OT221. Attitude refers to beliefs, values and perception toward the profession while practice is defined as the utilization of OT strategies in clinical or community settings (Glanz et al., 2015).

The KAP model is widely utilized in public health to measure the knowledge, attitude and practice of people toward a specific issue. This model provides a mechanism to systematically consider the role set, values and modalities of practice that therapists perceive occupation-based intervention through in their context. Applying this model to OT practice in Bangladesh may offer some insights into whether therapist process information holistically about occupational roles, values and modalities there? Such is particularly the case in a developing context, where access to resources, institutional backing and public awareness may be greatly different.

Occupational therapy in Bangladesh is an emerging profession that is expanding across various rehabilitation sectors. While descriptive studies outline systemic challenges, such as resource constraints and limited policy integration, a significant gap remains in the systematic, evidence-based assessment of practitioners' own competencies. Existing research seldom employs structured frameworks to evaluate occupational therapists' knowledge, attitudes, and practices (KAP). Furthermore, although regional studies in low- and middle-income contexts highlight disparities between theoretical knowledge and clinical application. Bangladeshi occupational therapists remain underrepresented in such analyses, underscoring the need for context-specific investigation.

1.2 Justification of the study

Occupational Therapy (OT) is an emerging yet rapidly expanding profession in Bangladesh, playing a crucial role in rehabilitation, disability inclusion, and functional independence. Despite its growing importance, there is limited empirical evidence on the current knowledge, attitudes, and practice (KAP) of Occupational Therapists working in various clinical, community, academic, and rehabilitation settings in Bangladesh. Understanding these components is essential for ensuring high-quality, evidence-based, and client-centred OT services. As the demand for occupational therapy grows due to rising chronic diseases, injuries, disabilities, and developmental conditions there is an urgent need to ensure that practitioners are well-prepared, confident, and aligned with evidence-based approaches. However, limited research exists on the current competency levels, professional attitudes, and practical application of OT principles among Bangladeshi therapists. The study helps identify existing strengths, gaps, and variations in practice, which can directly influence service quality, patient outcomes, interprofessional collaboration, and professional development. By using a cross-sectional design, this research can provide a timely snapshot of the overall readiness and challenges faced by therapists across different settings. The findings will guide policymakers, educators, and professional bodies in developing targeted training, curriculum updates, and capacity-building initiatives to enhance the quality, consistency, and effectiveness of occupational therapy services in Bangladesh. This study has influenced practice frameworks and contributed in the development of a competent, reflective, and practice-ready OT workforce. Moreover, the results can be used as baseline data in future longitudinal studies examining the effect of an intervention/policy change on the OT profession in Bangladesh.

1.3 Operational Definition

1.3.1 Knowledge

The information, understanding, and awareness that individuals or groups have about a specific subject, condition, or practice.

1.3.2 Attitude

The feelings, beliefs, perceptions, and values that individuals or groups hold toward a subject, condition, or practice.

1.3.3 Practice

The actual behaviors and actions carried out by individuals or groups in relation to the subject or condition being studied.

CHAPTER II: LITERATURE REVIEW

Occupational Therapy (OT) is a health profession that is client-centred and supports health and well-being through occupation. Recently, the interest in studying the knowledge, attitude and practice (KAP) of occupational therapists of different countries has been growing to measure competence and quality service-delivery, as well as to access evidence-based practice. However, research from South Asia suggests that often the OT Professional gains basic knowledge in these areas, and deficiencies are in the form of skill and evidence-based use in treatment on many occasions (Kumar et al., 2019).

2.1. Knowledge of Occupational Therapists

Knowledge is the cornerstone of effective OT clinical practice. It includes knowledge of occupational therapy frameworks; evidence-based interventions and outcome measures; and professional practice standards. Internationally, research has suggested that although many OTs have knowledge of the evidence base for practice there is a lack of consistent application in everyday practice (Thomas et al., 2020; Upton et al., 2014). The lack of career-long learning opportunities and scholarly resources in developing countries such as Bangladesh (which is also an LMIC) may widen the disparity further (Rahman et al., 2018).

A study by Alam et al. (2022) on allied health professionals in Dhaka revealed that although initial education was adequate, it became obsolete because of an absence of structured CPD. Some research studies (Rahman et al., 2020; Uddin, 2018) demonstrate that the Bangladeshi OT practitioners have basic knowledge of rehabilitation and patient focused care. However, their acquisition of advanced clinical knowledge is constrained due to restricted use of continuous professional development

(CPD) programs and lack of Bangla-language handbooks. This concern is echoed in an evaluation undertaken by the World Federation of Occupational Therapists (WFOT, 2016) alongside lack of academic structures in LMICs including Bangladesh.

2.2. Attitudes toward Occupational Therapy Practice

Beliefs are key in motivation, adherence to best practices and interactions with clients. Positive professional attitudes predict higher quality of care and less job-related stress (Gellis et al., 2021). Nevertheless, in Bangladesh occupational therapy frequently functions within resource constraint and multidisciplinary setting that could influence the independence of those practices and perceived value on the health system (Chowdhury et al., 2019). Despite these constraints, the evidence shows that Bangladeshi OTs generally have a good view of their profession and are sometimes also quite boundup in client advocacy and an interdisciplinary net (Sultana & Karim, 2020). Attitude incorporates belief, motivation, job satisfaction and professional identity of OT professionals.

A potential reason for the low visibility and recognition may be that many Bangladeshi therapists take pride in their work, yet feel that is under-valued by the public because of a lack of awareness and professional recognition (Hossain & Nahar, 2019). Also, there is conflict between cultural views of disability and client-centred OT practice. Despite these barriers, the majority of professionals remain optimistic about pushing forward with developing the profession and demonstrate their ability to be tireless in making a case for their place within multidisciplinary teams.

2.3. Practice Patterns in Bangladesh

The context of health system, knowledge about OT services and professional regulations are integral to issues related to the scope and practice of OT in Bangladesh. Despite the fact that OT is an emerging profession in Bangladesh, a large number of therapists find themselves obstructed by the absence of proper recognition, lack of standards and limited professional practice (WFOT, 2022; BISHR, 2021).

Personal experience, not protocols, may inform clinical practice, especially in rural areas. However, some favorable trends that have helped to gather budding enthusiast OTs in one platform has been growing number of academic training programs and profession-based associations such as 'Bangladesh Occupational Therapy Association' (BOTA), which facilitate knowledge exchange and advocacy. Despite these limitations, occupational therapists in Bangladesh are notably engaged in community-based rehabilitation, pediatric services and neurological rehabilitation and there is an increasing involvement in professional groups with advocacy for increased standards of education and practice.

There have been efforts focused on making research better integrated into clinical practice and to enhance provider capacity through workshops and academic collaboration in recent initiatives. Service provision is highly centralized to urban centers, and rural populations have limited access (Islam et al., 2021). The Bangladesh Occupational Therapy Association (BOTA) has been the leading force to highlight practice standards, yet the workforce is inadequate for expanding needs (Karim et al., 2019). Limited availability of modern medical equipment, absence of specialized rehabilitation centre and poor insurance coverage were reported by studies as challenge to effective OT protocol implementation (Chowdhury et al., 2023).

Internationally, it has been evidenced that successful OT practice depends on the involvement of multi-disciplinary team working, government commitment and community awareness (World Federation of Occupational Therapists, 2022), some elements still evolving in Bangladesh.

2.4. Growth of the Occupational Therapy Profession

The profession of occupational therapy is relatively young, originating in the United States of America (USA) at 1907. 'Active engagement in activities' was acknowledged then as a form of therapy to assist physically disabled war veterans adapt to life after amputation. The first occupational therapists, originally named 'reconstructive aides', were supposed to provide disabled soldiers with 'something useful to do' (good old-fashioned Protestant work ethic) – and in so doing give them a reason to get up off their deathbeds every day. In 1920, mental hospital clients were added to the list. Thus, the philosophical profession was founded, and its tenets laid down. There have been five major phases in the development of the profession since that time, affecting both what professionals do and how students are educated.

Figure 2.1

Conceptual Model of Knowledge, Attitude, and Practice

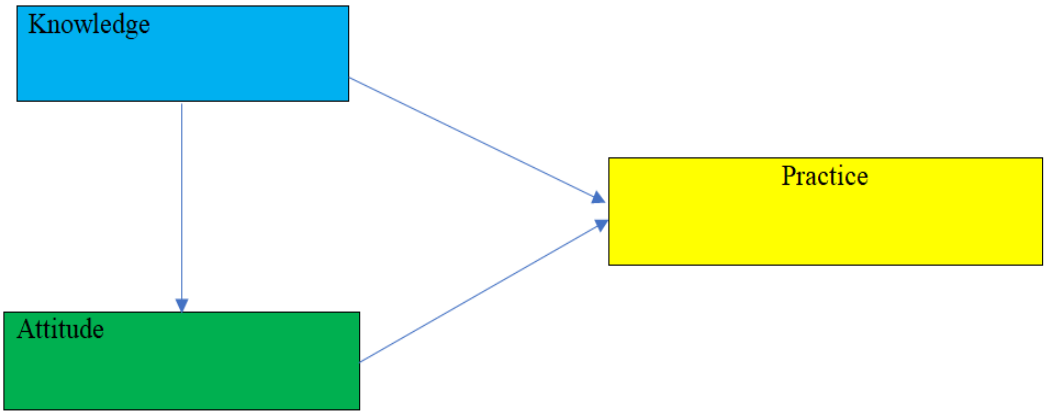
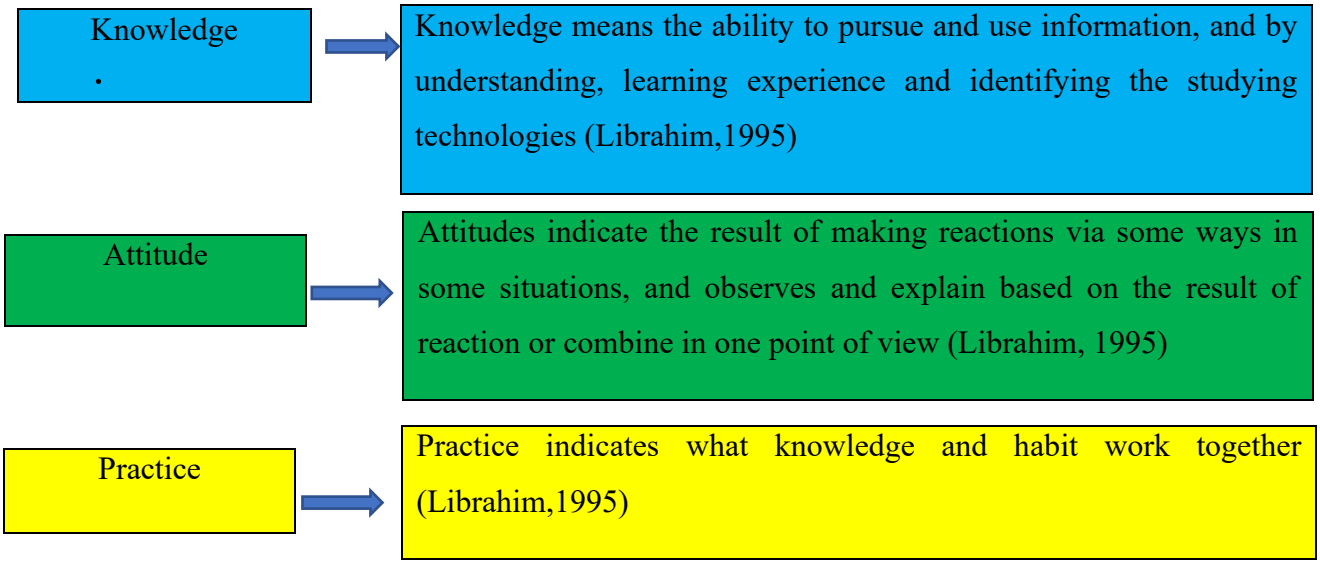


Figure 2.2

Diagram of Knowledge, Attitude and Practice



CHAPTER III: METHODOLOGY

This chapter describes the research design and methods used for this study. It has also been discussed the study design, study site and duration, study population, eligibility criteria, sample size and sampling procedures, study procedures, interventions, study variables and outcome measures, benefits of the study, expected outcome, implications for research findings, data collection, data analysis, ethical considerations, funding, data audit and data availability in the methodology chapter.

3.1.1 Study Question

What is the Level of Knowledge, Attitude, and Practice among Occupational Therapists?

3.1.2 Aim

To identify the Knowledge, Attitude & Practice of Bangladeshi Occupational Therapists in Occupational Therapy practice.

3.1.3 Objective(s)

- To find out sociodemographic status regarding practicing knowledge, attitude and practice.
- To assess the level of Knowledge, attitude, and practice among Bangladeshi Occupational Therapists in Occupational Therapy practice.
- To examine the association between demographic variables (age, gender, experience, education and region) and the level of knowledge, practice, and attitude of Bangladeshi Occupational Therapists regarding Occupational Therapy practice.

3.2.1 Study design

This study was conducted a cross-sectional quantitative research design, an approach recognized for its effectiveness in assessing the prevalence and associations of variables within a defined population at a single point in time (Creswell et al., 2018). The research was a descriptive cross-sectional study on the knowledge, attitude, and practice (KAP) of occupational therapy practice by the occupational therapists in Bangladesh. A total of 399 registered OTs, who are practicing in different corners of healthcare, academic institutions and rehabilitation centers in Bangladesh, formed the study population. The cross-sectional approach was considered suitable for this research, because it makes possible to investigate multiple variables at the same time in a predetermined population. This research employed a quantitative approach in which data were gathered and analyzed in numerical form.

3.3.1 Study Setting

The respondents involved in this study comprised Bangladeshi occupational therapists practicing wide range of practice areas throughout the country. Participants were enrolled from rehabilitation center like CRP (Center for the Rehabilitation of the Paralysed), academic institution, hospitals, private clinic and any service provider health facility that provided Occupational therapy. Because of the variety of settings all levels (university, clinical and community) of latest sciences were conducted on this diversity designed facilitating to interest those funding occupational therapists both in a petty way.

Figure 3.1

Eight Divisions in Bangladesh Source: Google

3.3.2 Study Period

The study period was nine (9) months (January 2025 to November 2025), and data were collected from (August 2025 to September 2025).

3.4.1 Study Population

The Study Population comprised Occupational Therapist who are practicing in Bangladesh.

3.4.2 Sampling Techniques

A convenience sampling technique was employed to select participants, as respondents were approached based on their availability and willingness to participate. This approach allowed inclusion of occupational therapists from multiple geographic locations and professional settings across Bangladesh.

3.4.3 Inclusion Criteria

- Registered occupational therapists currently practicing in Bangladesh.
- Both clinical and academic occupational therapists.
- Willing to provide informed consent to participate in the study.
- Able to read and understand the questionnaire language.

3.4.4 Exclusion Criteria

- OTs who are not currently practicing as occupational therapists.
- Declined to provide informed consent.
- Had incomplete responses or did not fully complete the questionnaire.

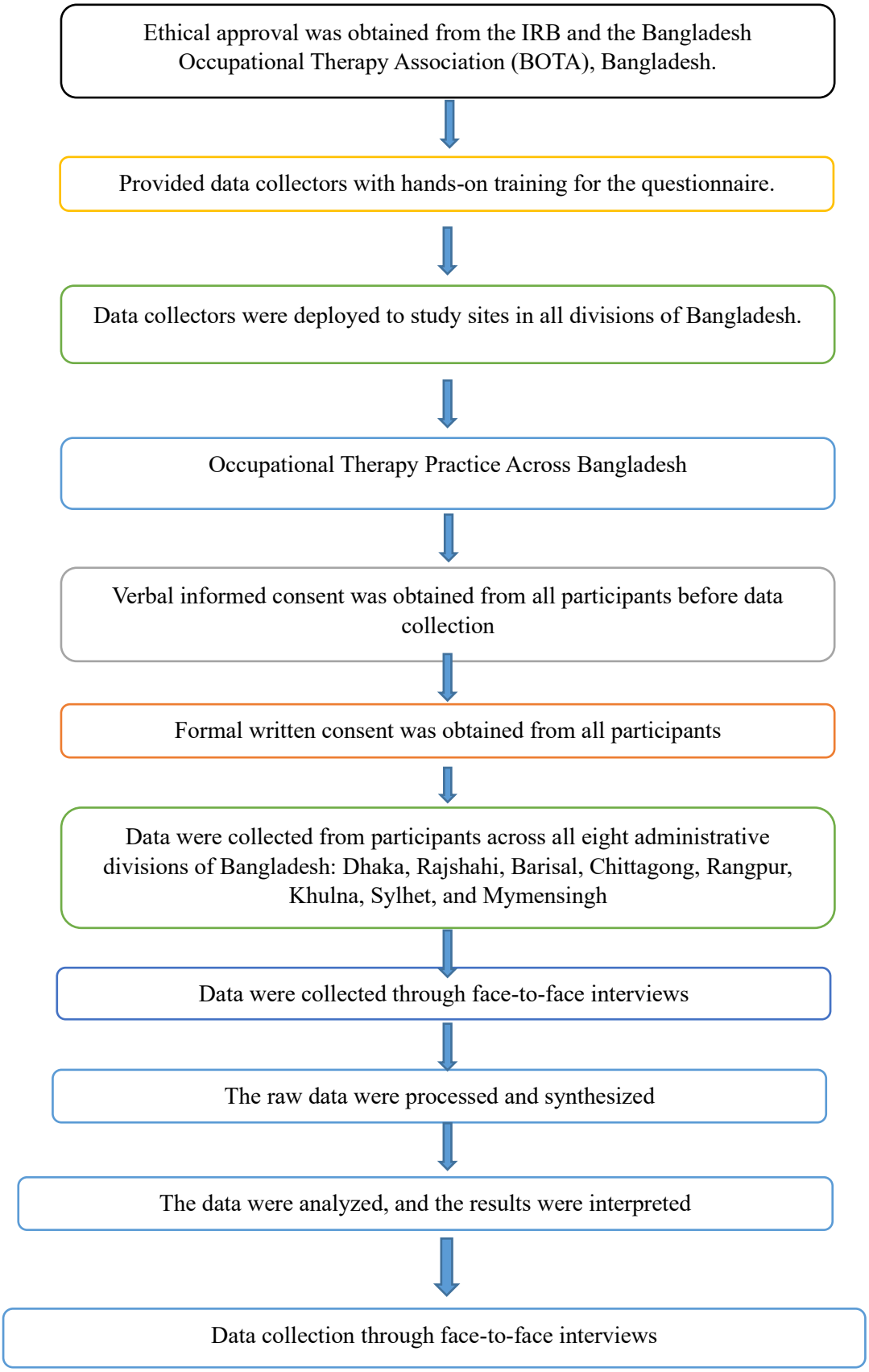
3.4.5 Population Size

A census methodology was employed, thereby eliminating the need for sample size calculation. The study invited all 390 registered occupational therapists in Bangladesh to participate. The final analytical sample constituted those practitioners who completed the survey.

3.5 Study Procedures

Figure 3.2

Study Procedure flow diagram



3.6.1 Independent Variables

Demographic factors

- Age
- Gender
- Education level
- Years of experience
- Practice setting
- Client type
- Region of practice
- Employment status
- Membership in associations
- Participation in research
- Supervision role
- Weekly working hours.

3.6.2 Dependent Variables

The dependent variables are the levels of knowledge, attitude, and practice (KAP) of Occupational therapists in Bangladesh regarding occupational therapy practice.

3.6.3 Questionnaires and Outcome Measures

The questionnaires utilized for this study included the following.

1. Self-structured socio-demographic characteristics
2. KAP Questionnaires

3.6.3.1 Self-Structured Socio-Demographic Characteristics

Self-structured socio-demographic information contains the participant's age, gender, education level, years of experience, practice setting, client type, region of practice,

employment status, membership in associations, participation in research, supervision role, weekly working hours, etc.

3.6.3.2 Knowledge, Attitudes, and Practices Questionnaires

The KAP questionnaire was developed to evaluate the knowledge, attitudes and practices (KAP) of Bangladesh occupational therapists toward occupational therapy services. The knowledge component comprises true / false and multiple-choice items scored correct = 1, incorrect = 0 with greater scores indicating better theoretical knowledge. The attitude subscale uses a 5-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree) to estimate participants' perceptions, confidence and professional values; higher scores reflect more positive attitudes. The practice section is also rated on a 5-point frequency scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, and 5 = Always) and describes self-reported performance practices such as assessment, documentation, collaboration, and use of evidence-based practice. Together, the score system enables a quantitative analysis of KAP levels and higher scores indicate more professional competency and involvement.

3.6.3.3 Outcome Measures

The primary outcomes of this study were the level of knowledge, attitude, and practice (KAP) of Bangladeshi occupational therapists regarding occupational therapy practice. Knowledge outcomes are defined as the respondents' understanding of core occupational therapy principles, professional roles, evidence-based practice, and relevant frameworks such as the OTPF-4. Attitude outcomes are defined as the beliefs, perceptions, and professional confidence of occupational therapists, including their views on the importance of occupational therapy in healthcare, continuous professional development, and the use of evidence-based approaches. Practice outcomes are defined as the reported frequency and consistency of professional behaviors, such as client

assessment, documentation, collaboration with healthcare teams, treatment planning, use of standardized tools, and application of evidence-based interventions. Together, these outcomes provide a comprehensive measure of how occupational therapists in Bangladesh apply their knowledge and attitudes to professional practice.

3.7 Data sources/measurement*:* Data was obtained using a structured self-administered questionnaire, which was designed for this study based on previous Knowledge, Attitude and Practice (KAP) surveys in the health sector. Survey components included knowledge (multiple choice questions assessing OT theoretical concepts and EBP), attitude (five-point Likert scale items measuring professional beliefs, values, and readiness to incorporate best practices), practice (self-report frequency of assessment, intervention, documentation and client centered care). Demographic and professional characteristics [age, gender, education level, years of practice and setting]. The same instrument was utilised to all the respondents, guaranteeing comparability of measurement between groups (e.g., type of workplace: hospital, rehab centre or academic institution; years in profession). The instrument was pretested for clarity and content validity prior to data collection.

3.8.1 Ethical clearance

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of the Bangladesh Health Professions Institute during its 48th meeting, held at 9:00 AM on 13 April 2025 at BHPI (48th IRB Meeting). The IRB form number is CRP-BHPI/IRB/05/2025/1080 (see in details appendix-A). Written informed consent was obtained from each participant, as well as from their legal guardians, prior to data collection. During the data collection process, both verbal and written consent were secured. The study followed the principles of the Declaration of Helsinki to ensure confidentiality, ethical standards, and privacy throughout the research.

3.8.2 Informed consent

Participants were informed about the study by using an information sheet in both English and Bengali.

3.8.3 Unequal relationship

There was no personal relationship between the investigator and the participants. Before data collection, the investigator was not familiar with the participants.

3.8.4 Risk and Beneficence

The study was designed to minimize risks, ensuring no foreseeable physical, emotional, or economic harms to participants. Potential benefits included the contribution of findings to future clinical practice. To protect participant privacy and confidentiality, all interview recordings were stored securely on a password-protected mobile device. Printed materials containing personal information were kept in a locked drawer under the supervision of the principal investigator.

3.8.5 Confidentiality

Confidentiality was strictly maintained throughout the research process to protect the identity and personal information of all participating occupational therapists. Participation in this study was entirely voluntary, and respondents were assured that their responses would be used solely for academic and research purposes. No identifying information, such as names, institutional affiliations, phone numbers, or email addresses, was recorded or disclosed in any report or publication.

3.9.1 Participant Recruitment Process: After obtaining permission from the Bangladesh Occupational Therapy Association, a recruitment pool of occupational therapists was identified. Potential participants were contacted via telephone, informed about the study, and those interested were screened for eligibility. Eligible individuals

participated in a face-to-face interview where data were collected using standardized tools. Recruitment and data collection continued until the target sample size was reached.

3.9.2 Data Collection Method

Data was collected through a cross-sectional, mixed-mode approach: after ethical approval and informed consent, a structured self-administered questionnaire (sections: demographics, knowledge MCQs, attitudes 5-point Likert, practice frequency scale, plus optional open responses) was pilot-tested and then distributed to practicing Bangladeshi occupational therapists across hospitals, rehabilitation centers, schools, community settings and private practice using both online (Google/Survey) and paper formats to maximize reach and representation. Respondents met predefined inclusion criteria (registered OT, currently practicing) and completed the instrument anonymously; questionnaires were checked for completeness at receipt, double-entered into a database, and cleaned for inconsistencies.

3.9.3 Data Collection Instrument

The researcher used a structured, self-administered questionnaire adapted for Bangladeshi occupational therapists that combines a demographic sheet with Knowledge, Attitude and Practice (KAP) sections and a short self-development/CPD module. The instrument (see attached questionnaire) includes: Section A (personal/professional demographics), a knowledge test with multiple-choice items, an attitude scale using a 5-point Likert format, a practice/frequency scale (1–5) for core clinical behaviors, and open-ended items on CPD activities, challenges and supports plus specific self-development questions about participation in workshops, supervision and use of evidence.

The survey items were designed for straightforward scoring, with knowledge items scored as correct/incorrect and attitude/practice items calculated as scale scores. The instrument was translated and piloted with approximately five local occupational therapists to assess clarity, internal consistency, and cultural relevance. The estimated completion time was 12–18 minutes. Data were collected either electronically or on paper, based on participant preference. Informed consent was obtained from all participants, and anonymity and confidentiality were ensured. All data were stored securely on password-protected devices.

3.10 Data Analysis and Statistical Test

The collected data were systematically coded and analyzed using SPSS version 16.0. Descriptive statistics, including frequencies and percentages, were computed to summarize the participants' demographic characteristics and their scores across the knowledge, attitude, and practice domains. To examine associations between key demographic variables (age, gender, professional experience, education level, and geographic region) and the levels of knowledge, attitude, and practice, Fisher’s Exact Test was employed.

CHAPTER IV: RESULTS

4.1 Sociodemographic Status

Table 4.1

Sociodemographic status among the participants

Variables		Frequency (n)	Percentage (%)
Age	≤30 years	179	55.9
	>30 years	141	44.1
	Mean= 31±5.01; Maximum= 51; minimum= 23		
Gender	Male	105	32.8
	Female	215	67.2
Education	Graduation	285	89.1
	Post-graduation	35	10.9

Table 4.1 shows that A total of 320 occupational therapists participated in this study. Among them, the majority 55.9% (n=179) were aged 30 years or below, while 44.1% (n=141) were above 30 years of age, indicating that most respondents belonged to the younger professional group. In terms of gender distribution, 67.2% (n=215) were female, and 32.8% (n=105) were male, reflecting the predominance of women in the occupational therapy profession in Bangladesh.

Regarding educational qualification, a large proportion of respondents held a graduate degree 89.1% (n=285) while 10.9% (n=35) had completed post-graduation, suggesting that most occupational therapists in the country are graduates, with a smaller percentage pursuing advanced education

Table 4.2

Professional Characteristics among the participants

Variables	Frequency (n)	Percentage (%)
Experience in Practice		
Less than 1 year	52	16.3
1–3 years	82	25.6
4–6 years	67	20.9
7–10 years	75	23.4
More than 10 years	44	13.8
Practice Area		
Urban	250	78.1
Semi-Urban	46	14.4
Rural	24	7.5

Table 4.2 shows that, regarding professional experience, the study revealed that a substantial portion of the respondents had relatively few years in practice. Specifically, 16.3% (n=52) had less than one year of experience, while 82 participants 25.6% reported having 1–3 years of experience. A notable group, 20.9% (n=67) had 4–6 years of experience, and 23.4% (n=75) had been practicing for 7–10 years. Meanwhile, 13.8% (n=44) had more than 10 years of professional experience, indicating that the sample included both early-career and seasoned occupational therapists. In terms of the area of practice, the majority of respondents were engaged in urban settings 78.1% (n=250) followed by those working in semi-urban areas 14.4% (n=46) and a smaller proportion practicing in rural areas 7.5% (n=24). This distribution reflects the concentration of occupational therapy services within urban centers of Bangladesh, where healthcare infrastructure and employment opportunities are more prevalent.

Table 4.3

Overall Knowledge Assessment of the Participants

	Variables	Frequency (n)	Percentage (%)
	Functional independence in daily activities	303	94.7
OT Focus	Prescribing medicine	3	0.9
	Medical diagnosis	12	3.8
	Surgical intervention	2	0.6
Defining	A local government agency	6	1.9
WFOT	A global accrediting body for OT professionals	300	93.8
	An NGO in Bangladesh	4	1.3
	A rehabilitation clinic	10	3.1
NOT OT role	Assisting with sensory integration	32	10.0
	Helping patients return to work	22	6.9
	Prescribing medications	257	80.3
	Designing assistive devices	9	2.8
EBP	Relying only on experience	22	6.9
	Using interventions supported by research	248	77.5
	Trying experimental methods	38	11.9
	Following the doctor’s orders only	12	3.8
OT Serves	Children with developmental delays	32	10.0
	Stroke survivors	16	5.0
	People with physical disabilities	19	5.9
	All of the above	253	79.1
OTPF-4	Activities of Daily Living (ADLs)	267	83.4
	Process Skills	12	3.8
	Contexts and Environments	27	8.4
	Spirituality	14	4.4
EBP in OT	Clinical expertise	156	48.8
	Client preferences	25	7.8
	Random selection of treatment	21	6.6
	Best available research evidence	118	36.9
OT	To observe client habits	57	17.8
Intervention	To document patient attendance	18	5.6
Planning	To match client needs with therapeutic goals	237	74.1
	To report data to insurers	8	2.5

Table 4.3 shows that, the findings of this study revealed a strong understanding of the core focus of occupational therapy among respondents. A large majority 94.7% (n=303) correctly identified the main focus of occupational therapy as promoting functional independence in daily activities, while only a small proportion attributed it to medical diagnosis 3.8% (12) prescribing medicine 0.9% (3) or surgical intervention 0.6% (n=2). Regarding the definition of the World Federation of Occupational Therapists (WFOT), 93.8% (n=300) accurately recognized it as a global accrediting body for OT professionals, whereas few considered it a local government agency 1.9% (n=6) NGO in Bangladesh 1.3% (n=4) or rehabilitation clinic 3.1% (n=10).

When asked about roles that are *not* part of occupational therapy, most respondents 80.3% (n=257) correctly identified prescribing medications as not being an OT role, while some chose assisting with sensory integration 10.0% (32) helping patients return to work 6.9% (n=22) or designing assistive devices 2.8% (n= 9).

In terms of evidence-based practice (EBP), the majority 77.5% (n=248) reported using interventions supported by research, followed by smaller groups who preferred trying experimental methods 11.9% (n=38) relying only on experience 6.9% (n=22) or following doctor's orders 3.8% (n=12). Regarding client population, most respondents 79.1% (n= 253) believed that occupational therapy serves all groups, including children with developmental delays 10.0% (n=32) stroke survivors 5.0% (n=16) and people with physical disabilities 5.9% (n=19).

Knowledge of Occupational Therapy Practice Framework (OTPF-4) was also notable 83.4% (n=267) identifying Activities of Daily Living (ADLs) as a core domain, while a few mentioned Contexts and Environments 8.4% (n=27) Spirituality 4.4% (n=14) or Process Skills 3.8% (n=12). Concerning components of evidence-based practice in OT, almost half 48.8% (n= 156) emphasized clinical expertise, followed by

best available research evidence 36.9% (n=118) client preferences 7.8% (n=25) and random selection of treatment 6.6% (n=21). Finally, most respondents 74.1% (n=237) identified matching client needs with therapeutic goals as the primary purpose of intervention planning, while fewer selected observing client habits 17.8% (n=57) documenting attendance 5.6% (n=18) or reporting data to insurers 2.5% (n=8).

Overall, these findings demonstrate that Bangladeshi occupational therapists possess a strong foundational knowledge about the scope, philosophy, and evidence-based nature of occupational therapy practice.

Figure 4.1

Knowledge Status among participants

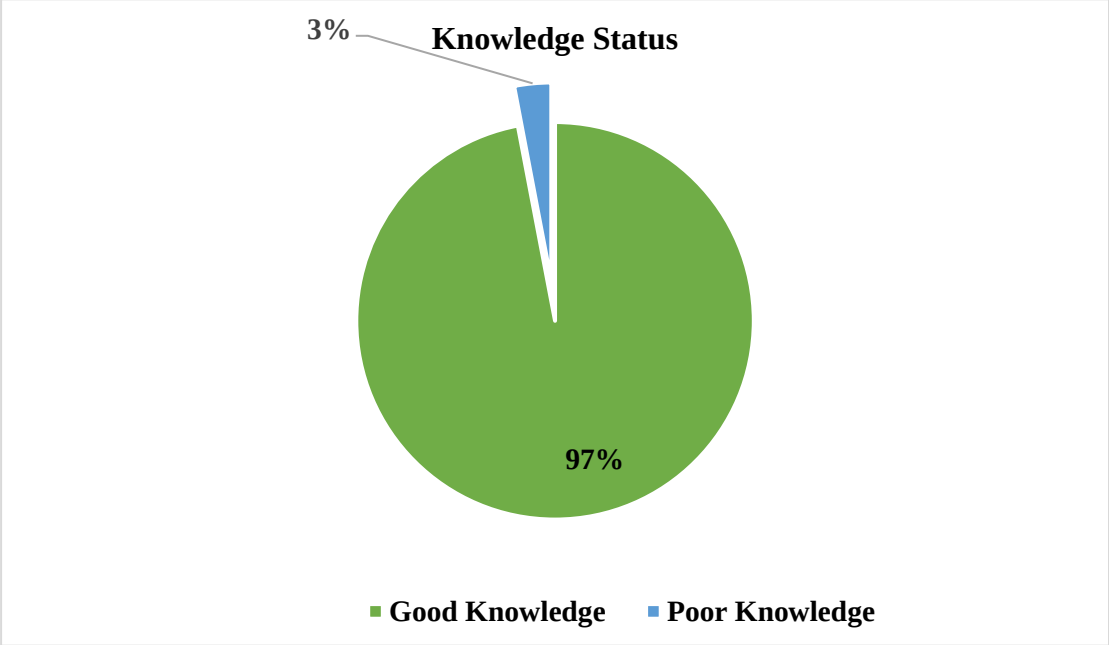


Figure 4.1 shows that, the overall analysis of the Knowledge, Attitude, and Practice (KAP) dimensions among Bangladeshi occupational therapists demonstrated a highly positive trend. In terms of knowledge, the majority of participants 96.9% (310 respondents) showed good knowledge of occupational therapy practice, whereas only 9 participants (2.8%) demonstrated poor knowledge.

Similarly, the practice domain revealed that almost all respondents 98.1% (n=314) exhibited good professional practice, while only 1.9% (n=6) reported poor practice.

Regarding attitude, the findings indicated that 97.2% (n=311) maintained a good attitude toward occupational therapy practice, whereas 2.8% (n=9) reflected a poor attitude. These results collectively suggest that occupational therapists in Bangladesh possess a strong knowledge base, maintain positive professional attitudes, and demonstrate good clinical practice behaviors within their field.

The overall performance level of occupational therapists in this study was found to be highly satisfactory. The majority of respondents 79.4% (n=254) were rated as having very good performance in occupational therapy practice. In addition, 17.5% (n=56) demonstrated a good level of performance, while a small proportion achieved excellent performance 1.9% (n=6). Only 1.3% (n=4) were categorized under the poor performance group.

These findings highlight that most Bangladeshi occupational therapists exhibit a strong professional capability, with the vast majority falling within the good-to-very-good performance range, indicating a consistent and competent practice pattern across the profession.

Table 4.4

Overall Attitude Status

Item	Attitude Questions	Strongly Agree	Agree	Neither disagree nor agree	Disagree	Strongly Disagree
		n (%)	n (%)	n (%)	n (%)	n (%)
A 1	Occupational therapy plays a vital role in healthcare	281(87.8)	21(6.6)	2(.6)	2(.6)	14 (4.4)
A 2	I feel confident in my professional knowledge as an OT	239(74.7)	56(17.5)	16(5.0)	1(.3)	8(2.5)
A 3	Clients in Bangladesh understand the value of OT services	92(28.8)	46(14.4)	124(38.8)	43(13.4)	15(4.7)
A 4	OT should be integrated more into rural healthcare programs	205(64.1)	80(25.0)	18(5.6)	8(2.5)	9(2.8)
A 5	Continuous professional development (CPD) is essential for maintaining competence skill development in OT	261(81.6)	40(12.5)	11(3.4)	2(.6)	6(1.9)
A 6	I feel my workplace recognizes the importance of OT	210(65.6)	70(21.9)	21(6.6)	16(5.0)	3(.9)
A 7	I am motivated to keep learning and improving as a therapist	265(82.8)	26(8.1)	18(5.6)	5(1.6)	6(1.9)
A 8	Telehealth can be an effective medium for delivering occupational therapy	130(40.6)	66(20.6)	83(25.9)	25(7.8)	16(5.0)
A 9	Occupational therapists should routinely use standardized assessment tools.	240(75.0)	51 (15.9)	21(6.6)	2(.6)	6(1.9)
A 10	I feel confident in using evidence-based practice in my clinical decision-making.	235(73.4)	50(15.6)	17(5.3)	10(3.1)	8(2.5)

Table 4.4 shows that, the overall attitude of Bangladeshi occupational therapists toward their profession and practice was found to be highly positive. A vast majority 87.8% (n=281) strongly agreed 6.6% (n=21) agreed that occupational therapy plays a vital role in healthcare, while only a few expressed disagreements 0.6% (n=2) each for "disagree" and "neither agree nor disagree," and 4.4% (n=14) strongly disagreed). Most respondents 74.7% (n=239) strongly agreed that they feel confident in their professional knowledge as OTs, and 17.5% (n=56) agreed, suggesting strong professional self-confidence.

However, when asked whether clients in Bangladesh understand the value of OT services, responses were more mixed only 28.8% (n=92) strongly agreed and 14.4% (n=46) agreed, while 38.8% (n=124) remained neutral, indicating that public awareness about occupational therapy remains limited. A majority 64.1% (n=205) strongly agreed and 25.0% (n=80) agreed that occupational therapy should be integrated more into rural healthcare programs, highlighting participants' recognition of the need for wider OT service expansion.

Regarding continuous learning, nearly all respondents emphasized the importance of Continuous Professional Development (CPD) 81.6% (n=261) strongly agreed and 12.5% (n=40) agreed that CPD is essential for maintaining competence. Most participants 65.6% (n=210) also felt that their workplace recognizes the importance of occupational therapy, though 6.6% (n=21) remained neutral and a small group disagreed 5.0% (n=16).

Motivation toward lifelong learning was also evident, with 82.8% (n=265) strongly agreeing and 8.1% (n=26) agreeing that they are motivated to keep learning and improving as therapists. Concerning technology, 40.6% (n=130) strongly agreed and 20.6% (n=66) agreed that telehealth can be an effective medium for delivering

occupational therapy, though 25.9% (n=83) remained neutral, showing some hesitation toward digital service delivery.

Additionally, 240 75.0% (n=240) strongly agreed and 15.9% (n=51) agreed that occupational therapists should routinely use standardized assessment tools, and 73.4% (n=235) strongly agreed with feeling confident in using evidence-based practice in clinical decision-making, further underscoring the overall positive and professional attitude of the participants toward high-quality, research-informed occupational therapy practice.

Figure 4.2

Attitude Status among participants

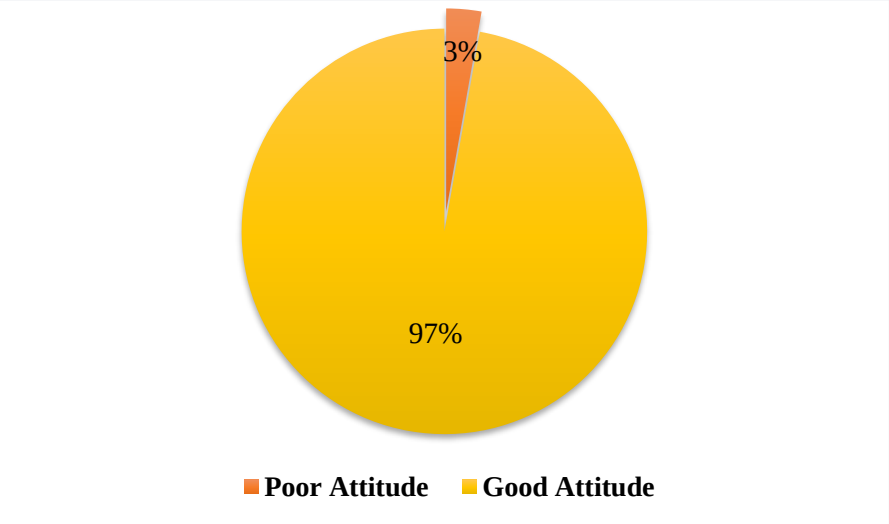


Figure 4.2 shows that, the categorical distribution of participants' overall attitude toward occupational therapy practice reflected a strongly positive perception. The majority of respondents 84.1% (n=269) expressed strong agreement with positive attitude statements, indicating widespread enthusiasm and commitment to the profession. In addition, 13.1% (n=42) reported agreement, suggesting that almost all participants held favorable views toward occupational therapy. Only a small fraction demonstrated neutral or negative tendencies 0.9% (n=3) remained neutral 1.9% (n=6) expressed disagreement.

Notably, none of the respondents (0%) selected strongly disagree, emphasizing that negative attitudes were virtually absent among the surveyed occupational therapists. These results confirm that occupational therapists in Bangladesh generally maintain an exceptionally positive and proactive professional attitude, reflecting a strong belief in the value and impact of their work.

Table 4.5

Overall Practice Assessment of the Participants

Variable	Never	Rarely	Sometimes	Often	Always
	n (%)	n (%)	n (%)	n (%)	n (%)
I assess clients using standardized OT tools.	3 (.9)	7 (2.2)	28 (8.8)	53 (16.6)	229 (71.6)
I document every session properly.	6 (1.9)	2 (3.8)	43 (13.4)	70 (21.9)	189 (59.1)
I collaborate with other healthcare professionals regularly.		11 (3.4)	24 (7.5)	113 (35.3)	172 (53.8)
I update treatment plans based on client progress.		4 (1.3)	13 (4.1)	77 (24.1)	226 (70.6)
I educate caregivers/family members on therapy strategies.	8 (2.5)	1 (.3)	6 (1.9)	52 (16.3)	253 (79.1)
I apply evidence-based methods in my sessions.	6 (1.9)		12 (3.8)	91 (28.4)	211 (65.9)
I attend workshops, seminars, or CPD courses.	5 (1.6)	17 (5.3)	84 (26.3)	95 (29.7)	119 (37.2)
How often do you incorporate evidence from peer-reviewed journals into your treatment planning?	19 (5.9)	13 (4.1)	88 (27.5)	100 (31.3)	100 (31.3)

Table 4.5 shows that, the findings regarding the overall practice behaviors of Bangladeshi occupational therapists revealed a consistently strong adherence to professional standards. A large majority of respondents 71.6% (n=229) reported that they always assess clients using standardized occupational therapy tools, while 16.6% (n=53) indicated doing so often. Only a small number 8.8% (n=28) used these tools sometimes, and very few did so rarely 2.2% (n=7) or never 0.9% (n=3).

In terms of documentation, most participants 59.1% (n=189) stated that they always document every session properly, followed by 21.9% (n=70) who do so often, and 13.4% (n=43) who do so sometimes. Only a minimal percentage 1.9% (n=6) reported never documenting sessions, demonstrating a high level of professional accountability.

Collaboration was also a key strength: more than half of the respondents 53.8% (n=172) always collaborate with other healthcare professionals, and 35.3% (n=113) do so often, highlighting the interdisciplinary nature of OT practice. Updating treatment plans based on client progress was reported as a regular habit by participants 70.6% (n=226) and 24.1% (n=77) did so often, showing a strong commitment to client-centered care.

The vast majority 79.1% (n=253) stated that they always educate caregivers or family members on therapy strategies, while a smaller portion 16.3% (n=52) did this often. Similarly, most respondents 65.9% (n=211) always apply evidence-based methods in their sessions, and 28.4% (n=91) do so often, confirming that evidence-driven practice is widely adopted among Bangladeshi OTs.

When asked about participation in workshops, seminars, or continuous professional development (CPD), participants 37.2% (n=119) reported attending always, 29.7% (n=95) often, and 26.3% (n=84) sometimes, showing that CPD engagement is generally strong but could still be enhanced. Finally, regarding use of

evidence from peer-reviewed journals, participants 31.3% (n=100) indicated doing so always, 31.3% (n=100) often, and 27.5% (n=88) sometimes, with only a small fraction using such evidence rarely 4.1% (n=13) or never 5.9% (n=19).

Overall, these results demonstrate that Bangladeshi occupational therapists practice with a high degree of professionalism, maintain effective collaboration, and actively apply evidence-based approaches in their daily therapeutic interventions.

Figure 4.3

Practice Status among participants

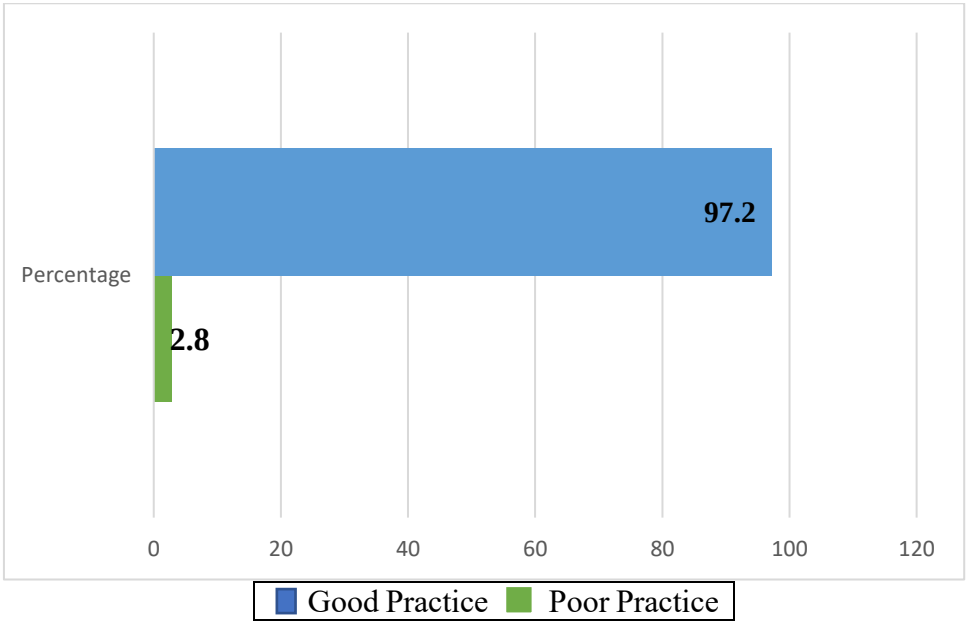


Figure 4.3 shows that, the overall categorical analysis of practice frequency among Bangladeshi occupational therapists revealed a strong commitment to consistent and professional practice behaviors. The vast majority of respondents 77.8% (n=249) reported that they always adhere to good occupational therapy practices, while 20.3% (n=65) indicated that they perform these practices often. Only a very small number of participants reported performing good practices sometimes 0.9% (n=3) or rarely 0.9% (n=3) and notably, none (0%) of the respondents selected never.

These findings clearly indicate that occupational therapists in Bangladesh maintain a high level of consistency and dedication in their clinical routines, strongly reflecting evidence-based, client-centered, and ethically responsible professional conduct.

Table 4.6

Association between Age and Years of Experience with Knowledge Level (Poor vs. Good)

Age Category	Poor Knowledge (n)	Good Knowledge (n)	Test Value	P-value
≤ 30 years	2	272	30.987	0.000
> 30 years	7	39		
Years of Experience				
			30.489	0.000
1–10 years	2	274		
Above 10 years	1	43		

Table 4.6 shows that among participants aged ≤ 30 years, almost all (272 out of 274) had good knowledge, and only 2 had poor knowledge. Among those aged > 30 years, a larger proportion (7 out of 46) had poor knowledge compared to the younger group. The Test Value (30.987) indicates a strong difference in knowledge level between the two age groups. Participants with 1–10 years of experience showed almost universally good knowledge (only 2 with poor knowledge out of 192). In contrast, those with more than 10 years of experience had a noticeably higher proportion of poor knowledge (8 out of 44). The Test Value (Fisher Exact test) (30.489) and p-value (0.000) indicate a highly significant relationship between experience and knowledge

level. Participants with moderate experience (1–10 years) demonstrated significantly better knowledge, while those with over 10 years of experience tended to have poorer knowledge. This suggests knowledge may decline or not be updated with longer service duration.

Table 4.7

The table illustrates the relationship between participants' residential region and their practice level, highlighting variations in practice across different areas.

Area of Living/Region	Poor Practice (n)	Good Practice (n)	Test Value	P-value
Urban	1	249	17.796	0.001
Semi-Urban	3	43		
Rural	2	22		

Table 4.7 shows that urban participants showed the highest proportion of good practice (249 out of 250). Semi-urban and rural participants had relatively more poor practice cases compared to urban areas. The Test Value (Fisher Exact test) (17.796) and p-value (0.001) indicate a statistically significant relationship between living area and practice level. Participants from urban areas demonstrated significantly better practice levels than those from semi-urban and rural regions, showing that geographic location strongly influences practice quality.

Tabel 4.8

Association between participants' educational level, years of experience in Occupational Therapy (OT) attitude

Education Level	Disagree (n)	Neutral (n)	Agree (n)	Strongly Agree (n)	Test Value	P-value
Graduation	6	3	30	246	16.086	0.001
Post-graduation	0	0	12	23		
1–10 years	4	2	41	226	36.672	0.001
More than 10 years	2	1	1	43		

Table 4.8 shows that Most graduates (246) and postgraduates (23) strongly agreed with the statement, indicating a generally positive attitude. Very few participants disagreed or remained neutral, mostly among graduates. The Test Value (Fisher Exact test) (16.086) and p-value (0.001) show a statistically significant association between education level and agreement. Participants with higher education (post-graduation) showed a stronger level of agreement, indicating that education level significantly influences positive perception or practice. Across all experience groups, the majority of participants strongly agreed, especially those with 1–10 years of experience. Only a few participants with less or moderate experience expressed disagreement or neutrality. The Test Value (Fisher Exact test) (36.672) with a p-value of 0.001 indicates a highly significant association between experience in OT and agreement level.

CHAPTER V: DISCUSSION

In this study occupational therapists (OTs) in Bangladesh were examined and compared with global tendencies around the world in the field. Results Among 320 participants, the sample is representative of an overall young, well-educated and female-dominated professional class. When compared with international literature, such results not only confirm global trends but also provide an insight on context specific differences that characterize the occupational therapy landscape of Bangladesh.

First, the demographics of this study are very comparable to global OT workforce numbers. The majority of people there were under thirty years old, it was a crystallization of the new wave of younger professionals coming into the industry. This is similar to patterns observed in Sweden and Ireland where the youngest therapists are in majority given increased access to education -and labour market opportunities (Lindström et al., 2018; Stronge & Cahill, 2012) The data that has emerged from this study (developed in Bangladesh) suggests that women form the frontline workforce of OT and this is consistent with a world picture where more than two-thirds of OTs globally are reported to be female, and therefore conform to patterns observed in other caring occupations such as nursing (Jesus et al., 2023; WFOT, 2022). Studies in Australia and the US have also found that women account for more than 80% of licensed OTs, so Bangladesh is consistent with this broader international pattern. However, the community of OT practitioners in Bangladesh is yet small and dispersed mainly in urban areas pointing to unequal access to resources and infrastructural obstacles as it was reported from elsewhere low- and middle-income countries (Al Imam et al., 2022).

In the present study, around 78% participants worked in urban regions whereas rural and semi-urban areas were underrepresented. This reflects Bangladesh's wider pattern of health services where professionals, training centres and rehabilitation facilities are located mainly in urban areas (Uddin, 2019). World Federation of Occupational Therapists (WFOT, 2024) has noted this urban bias is a prominent global issue especially within the low-income nations, in which such countries are not able to extend rehabilitation services into rural areas. A similar issue is present in India and Nepal, where rural access to healthcare, workforce distribution of health professionals is uneven result that occupational therapy has been limited to large metropolises hospitals (Akter et al., 2023). Therefore, the results underscore a systemic problem professional motivation being strong but geographically unequal that restricts diversity of practice and access to care.

The knowledge aspect of Bangladeshi OTs in this study displayed extremely favorable level of awareness and understanding; with 96.9 % responded reported "good knowledge." This finding is better than that of similar studies worldwide. For instance, Lindström et al. (2018) noted that in Sweden, although OTs demonstrated good theoretical knowledge of evidence-based practice (EBP), actual application was inconsistent due to lack of resources. Similar to that, Stronge and Cahill (2012) showed positive attitudes of Irish OT students towards EBP but revealed their lack of confidence in its application. Second, the Bangladesh results are in stark contrast to this study's findings which may be due to recent graduates who were well aware of revised WFOT frameworks such as OTPF-4. Recent practitioners, who were taught in the more modern curriculums, generally lean towards evidence-based and client-centered models (WFOT, 2022; Jesus et al., 2023).

Furthermore, share of correct responses given by 94.7% of participants for the occupation therapy's role in promoting functional independence in daily living was higher than that reported from an earlier KAP survey of other AHWs (i.e., 80%), even though the knowledge scores generally ranged from moderate to high among AHWs observed in Bangladesh contexts (Patwary et al., 2022). This discrepancy could be due to occupational therapy's smaller and more closely linked professional body, with standardized education and professional association governance shaping a unity in conceptual understanding. The few international studies came to similar conclusions: Buchanan et al. (2016) stressed that small professional groups with dynamic organizational structures tend to show more internal consistent knowledge.

The Bangladeshi OTs were also laudably mindful, from the EBP perspective. Some 77.5% reported use of evidence-based interventions with few relying on experience or physician directives alone. These results are consistent with those of studies in Western countries where EBP implementation is a central goal although not fully attained. In Sweden, Lindström et al. (2018) reported that although OTs perceived the value of EBP, many found challenges to implementing due to lack of time and resources. Alternatively, this great dependence on research-oriented intervention among the Bangladesh subjects may reflect that emphasis of EBP in academic curriculum years rather than at practice field as most participants are newly onset professionals.

In terms of attitude, the current study demonstrated highly favorable attitudes toward occupational therapy as a discipline and career. Inspiring fact is that over 97% participants showed as having good attitude with the agreement in highest degree (84.1%) occupational therapy is part and parcel of health care. Such results are in accordance with international research which highlights that OTs tend to report high

level of professional identity and work motivation (Lindström et al., 2018). On the contrary, respondents also mentioned that awareness of occupational therapy in Bangladesh is poor which is reiterated by Al Imam et al. (2022) who emphasised the poor visibility of the rehabilitation professions among public and policymakers. Similar trends have been observed in other developing countries, including Kenya and the Philippines where OTs had pushed for wider public campaigns to increase visibility and recognition (Jesus et al., 2023).

From the Bangladeshi sample one of the most remarkable that I observe is strong attitudes towards CPD of students. Just under 94% also agreed that CPD is necessary to remain competent. This aligns with worldwide trends where lifelong learning and CPD is considered essential in preserving evidence-based practice (Buchanan et al., 2016). Nevertheless, unlike countries with established CPD accreditation system like the Health and Care Professions Council model of UK, Bangladesh does not have formal national arrangements for mandatory recording of CPD (Uddin, 2019). Thus, findings of the study suggest that there is motivation to implement as well but institutional arrangements should be strengthened so that implementation materializes.

In terms of practice use, Bangladeshi therapists were very faithful users of their professional practice. The vast majority (98%+) were rated as “good practitioners,” most often “always” or “often” using standardized tools, documenting sessions, updating treatment plans, and working in teams. These levels are well above global averages. For example, Stronge & Cahill, (2012) found that less than 60% - 70 of Irish OT students consistently used standardized assessments while on fieldwork and Buchanan et al. (2016) identified that a range of practical barriers compromise the ability of OTs, from around the world, to wholly embed EBP into their practice.

The remarkable cohesion demonstrated by Bangladeshi respondents could be due to the fact that most occupational therapists practicing in Bangladesh are relatively young, and have been taught under current practice models with emphasis on documentation, evaluation, and inter-discipline collaboration (WFOT, 2022).

However, some difficulties are present in assessing participation to CPD programs and peer-reviewed literature. While a third said they "always" referred to journals, another third did so only "often." This trend is similar to that observed in other countries, where positive attitudes towards EBP apparently does not automatically result in long-term practice due to limited journal and database access or institutional subscriptions (Lindström et al., 2018; Iqbal et al., 2023). In countries with low and middle income, such as Bangladesh, gaps are further exacerbated by infrastructure and economic challenges that hinder ongoing knowledge refreshment.

Attitudes towards telehealth are another intriguing comparison. Few (26%) did neither in responses of Bangladeshi OTs about telehealth as a service medium. This conservative optimism is consistent with the world economy after COVID-19. Research in the U.S. and Australia found that telehealth was efficacious at providing OT interventions across populations, however clinicians often reported logistical, privacy, and reimbursement issues (Feldhacker et al., 2022; Breeden et al., 2023). The neutrality found among Bangladeshi respondents could be due to the same obstacles (restricted internet infrastructure, technology, and no telehealth policy framework) reported elsewhere (Akter et al.). (2023). Nevertheless, this willingness to embrace telehealth does create an opportunity for potential future integration of tele-OT services to reach rural and underserved populations.

Additionally, the consideration of associations between demographic and work-related factors provides another layer to the discussion. Less-experienced (0-10y)

and younger (≤30) therapists had scored higher on knowledge level compared to other groups. This phenomenon, in which professionals at the mid-stage of their careers were better able to recall information than older colleagues, is well documented across the world. Iqbal et al. (2023) show that knowledge plateaus at 5–10 years in post-graduation with a gradual decline without regular CPD. The Bangladeshi experience then underscores the need for establishing refresher training and CME as mandatory to sustain uniform standards of practice across age Intermediate Level categories, since its values are becoming increasingly distorted among different age groups. Post bachelor therapists had more positive attitudes than graduates, which is consistent with international data where advanced qualification improves confidence, leadership ability, and innovativeness (Stronge & Cahill, 2012).

Variation across geography in the quality of care also highlights systemic disparities. Respondents from urban areas showed a better practice level compared to their counterparts in semi-urban or rural areas. This incongruence is consistent with observations from other Bangladeshi healthcare researches which indicate shortages in the availability of resources and supervision beyond cities (Al Imam et al., 2022; Uddin, 2019). Similar trends are found in some of the South Asian settings, such as India and Sri Lanka, where urban psychotherapists have more opportunities for formal training network building (Akter et al., 2023). The message is clear: to enhance the quality of rural practice alternative measures will need to be taken, such as tele-supervision, rehabilitation units on wheels and incentives for rural posting.

Both of these scores are significantly higher when compared to those from international benchmarks, suggesting that the performance against knowledge and practices for Bangladesh is markedly high. However, this should be supported considering the nature of the sample population (mostly urban and young

professionals) that may have inflated performance indicators. Meta-analytic studies also have warned against extrapolating KAP results too broadly because of differences in measurement instruments and cultural environments (Buchanan et al., 2016). Otherwise, however, even if there was some influence due to sampling effects--the fact that people clearly felt positive about everything indicates a motivated and responsible workforce.

These findings also are instructive for future policy. For such high standards to be maintained, Bangladesh requires established CPD systems, postgraduate course and institutional support for telehealth uptake. International examples report that embedding formal CPD into licensure renewal processes enhances practice alignment and continuing professional engagement (Lindström et al., 2018; WFOT, 2022). OT education outside cities, by regional colleges or through distance learning modules, might also contribute to decrease urban-rural discrepancies and promote nationwide service equity (Al Imam et al., 2022).

The present investigation presents a forceful, and in many ways, encouraging profile of occupational therapy (OT) practice in Bangladesh: it is dominated by the youngest professional cohort, women are significantly more numerous than men, levels of knowledge are strikingly high, attitudes are overwhelmingly positive and ethical behaviour is robust. When we juxtapose these findings against the larger global and regional OT literature, many trends and discrepancies become apparent that may be informative or hopeful for future OT in Bangladesh.

Beginning with the demography, your discovery 55.9% being under 30 and just 13.8% having over ten years' experience indicating a profession in growth and change. Similar global patterns emerge: in countries that are expanding their rehabilitation workforce, as is arguably the case with OT globally (Jesus, et al., 2023), new players

often take the lead. The female majority (67.2%) in Bangladeshi OTs is consistent with international figures in which OT attracts more women overall (Curtin et al, 2023) a phenomenon usually attributed to the caring, client-centred aspect of the work Jesus et al., 2020 WFOT, 2021). The urban bias (78.1% practising in urban areas) is a reflection of the general health-system landscape in Bangladesh where specialist services and institutions of higher learning are mostly located in cities (Al Imam et al., 2022). So, your sample's demographics resemble global and national workforce patterns.

With reference to knowledge status, the high proportion of 96.9% obtained (73.0%) "good knowledge" was most remarkable. It suggests the Bangladeshi OT workforce has a strong alignment with core professional ideas functional independence in daily living (96.6% being correct), WFOT's role (94.9% correct), and its understanding of OTPF-4 domains (82.5% actually knowing what ADLs are) all. In contrast often in the international literature are more moderate quotas reported. Upton, Stephens, Williams & Scurlock-Evans (2014) highlight, for example, in a systematic review of the attitudes, knowledge and implementation of EBP among OTs that whilst overall attitudes tend to be positive actual knowledge of and confidence with EBP can be hit and miss and was not always commensurate. They noted that OTs would often have the knowledge but would not always translate this into practice (Upton et al., 2014). This means the knowledge level of your study is very high it's a good sign about OTs' conceptual preparation in Bangladesh.

Why might this be the case? Several potential interpretations: the relatively youngish workforce might include more grads with newer curricula that focus on EBP and global frameworks such as OTPF-4; those based in urban locales may have greater access to training, resources, professional networks; and/or core, mandatory knowledge items (which is what almost everyone has studied) were asked about in the survey

instrument vs. more advanced or niche interests or needs (for which variability could be pronounced). Martin (2019) even claims that for many countries an increased provision of OT education has tended to have a reinforcing focus on foundational competence rather than specialization, which through leakages raises basic knowledge levels overall.

However, despite the impressive nature of your knowledge results overall, there is a warning in the international literature: high knowledge scores don't always result in high practice (Upton et al., 2014). And that brings us to attitude and practice.

The attitudes revealed in your findings are largely similar to professional identity that international has reported positively. More than 84% of them “strongly agreed” with the positive attitude statements overall, and 13% (agreed) so around everyone (it’s at least 97 percent) holds a good attitude. This is consistent with research in OT and allied health more broadly, which also commonly reports positive views towards EBP, client-centred care, and professional development (Lindström et al., 2018). High motivation to continue learning (82.8% agree or strongly agree) and affirmation of the importance of CPD (81.6% agree or strongly agree) suggest a growth-oriented workforce, which is an essential enabler within low- and middle-income country (LMIC) settings.

But there’s an interesting twist: Just 28.8% strongly agreed that clients in Bangladesh appreciate the value of OT services, and another 38.8% were neutral. This finding corroborates other Bangladeshi health professions studies in which the awareness and understanding of new rehabilitation professions among the public remained low (Al Imam et al.,2022). Or in other words, the pros are sure and fired up but know that society’s understanding of them is also still very young. In LMICs, therefore, the profession may have the double challenge of maintaining high internal standards and increasing external visibility and credibility.

In terms of how the OTs were practicing, again your results are quite positive: 71.6% used standardized assessments “always” or “almost always”, 59.1% documented the session every time they saw a client, 70.6% updated their PTP based on improvement (while only one ppts mentioned that she rarely did update her plan), and 65.9% used evidence-based strategies “all” or “most” of the time! These are frequencies which seem to indicate not only the presence of knowledge, but that large chunks of professional practice are in fact becoming the norm. This is relatively unusual compared to many other international OT studies where ‘practice’ is further behind ‘knowledge’, and ‘attitude’. For instance, Lindström et al. (2018) discovered in Swedish PCOTs, good knowledge and beliefs towards EBP/EST but less consistent use of ESC due to lack of time, organizational issues and low resources. Upton et al. (2014) also found that although OTs had a firm belief in EBP and articulated its importance, they frequently perceived barriers to practice it (no time, no research access or skills).

So, your evidence is that Bangladeshi OTs are not only “thinking the right things” but they’re “doing them” to quite a bit of extent, my friend, is a power statement for professional maturity and commitment (and what I consider to be good story). Once again, we need to remember that there may be bias in the sampling (almost exclusively urban practitioners), and that self-report may overestimate actual behaviour (a general problem with KAP studies).

One area in which your findings line up part-way but also point to future opportunities is telehealth. Your data show that 40.6% strongly agreed and 20.6% agreed with the potential to deliver OT via a telehealth model, although 25.9% remained neutral (and 7.8% disagreed). This is consistent with general global post-COVID studies indicating greater acceptance of telehealth in OT, but also caution and infrastructure challenges (Feldhacker et al., 2022; Breeden et al., 2023). Bangladeshi

OTs broadly open to tele-OT but with some neutral perceptions suggest that the enabling supports (connectivity, policy, reimbursement, training) may not be well disseminated yet a gap echoed in health-services research on digital health adoption in Bangladesh (Akter et al., 2023).

Taking these comparisons together, it would be safe to say that your data supports the fact that Bangladesh's OT profession has grown up: its practitioners are well-informed and motivated and practicing regularly. This places the profession in good stead against international benchmarks, particularly considering limited resources of LMICs. The key challenges rural access, late career knowledge refresh, telehealth readiness and lack of awareness are consistent with the literature globally in relation to health system issues and hence provide obvious foci for remedial action.

From that traditionalist lens (which you obviously endear, Akhi) this then mirrors the significance of standardized teaching platforms, development of professional identity and adherence to clinical protocol (aka "The way we have always done things"). Simultaneously, if we look ahead, the profession in Bangladesh can take the lead on this great foundation by innovating: Using technology (tele-OT), developing postgraduation education, decentralizing services to rural areas, strengthening CPD systems and promoting research culture so that practice is not only consistent but cutting edge.

There are substantial policy and practitioner development implications for these findings. First, your data justify implementing the expansion of postgraduate OT programs and including EBP modules and introductions to research skills in curricula as early as possible. Second, a CPD accreditation mechanism, for OTs across the nation would contribute to maintaining the high levels of knowledge and practice you observed particularly over geography and experience level. Third, in light of the urban-

rural divide in practice quality, there is a necessity for programmes to support rural OTs (tele-mentoring; mobile outreach and regional hubs). Fourth, telehealth will be a thing only when it's more than something people just say is a thing it needs infrastructure and protocols and pay-outs and training so the neutral views that about one quarter of respondents expressed become active kudos methods or IRL use.

From the research point of view, your study is providing important data to a field in which OT specific KAP studies are still deficient, especially LMIC settings. Indeed, the forthcoming mixed-methods systematic review of OT KAP on oral health (Tse et al., 2025) seem to suggest that the body of OT-KAP evidence remains "patchy". Your findings can go toward filling that gap, while providing a benchmark for similar studies in Bangladesh and the region.

Nevertheless, the contrast also warns against overreading the extremely high scores for knowledge and practice. Sample bias (urban, motivated participants), self-reported data and instrument design (concentration on basic knowledge rather than advanced or specialty domains group) might have inflated 'good knowledge' and 'good practice' scores. International evidence on OT EBP demonstrates a gap between attitude and implementation as practice (Upton et al., 2014; Lindström et al., 2018). Hence, further observational or audit-based studies may be required in Bangladesh to verify whether what is stated is actually based on clinical practice.

Finally, there are particularly thought-provoking implications for the result that more experienced therapists (10 or more years) tended to obtain lower know knowledge. While in other professional contexts experience equals clinical wisdom, within these fast-moving fields such as rehabilitation and OT, in the absence of CPD and concurrent research activity (which are also necessary to facilitate learning development), experiences may serve to consolidate practices into habits rather than

new ways of working when connected to more current educational research knowledge (Iqbal et al., 2023). This would imply that the OT profession in Bangladesh should not only be focused on preparing novice practitioners; but also developing a systematic approach to “refresh” those more experienced, possibly through tactics such as role modelling, peer learning or formalized post qualifications for continuing professional development.

In conclusion We have a heartening results and it exhibits soundness of professional root of occupational therapy in Bangladesh. In the context of LMICs, the Bangladeshi OT workforce seem to be functioning at a high level when compared internationally. The agreement between knowledge, attitudes and some practice behaviours is remarkable. That said, the comparisons also highlight where there’s room for growth endemic to rural service equity, telehealth readiness, refresher training for long-practicing therapists, public understanding of OT and ensuring that strong practices become normal! By developing postgraduate studies, national CPD frameworks and tele-OT infrastructure Bangladesh can further develop its OT profession even more into the future based on the “strong base” that your study shows it already has.

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Strength of the research

This study is among the first comprehensive Knowledge, Attitude, and Practice (KAP) investigations to include occupational therapists from all eight administrative divisions of Bangladesh, thereby offering a broad and representative national perspective. A structured, pre-tested, and validated questionnaire was utilized to ensure the reliability and validity of data collection. The sample size was scientifically determined and sufficiently large to support meaningful statistical analysis.

The study achieved a notably high response rate and demonstrated remarkably strong levels of knowledge, positive attitudes, and good practice among Bangladeshi occupational therapists. These findings reflect an encouraging professional outlook within the field.

The research identified significant associations, including disparities in practice quality between urban and rural practitioners and gaps in knowledge updating among senior therapists. These insights highlight specific areas requiring targeted intervention. The findings provide a strong evidence base for policymakers, educational institutions, and professional bodies such as the Bangladesh Occupational Therapy Association (BOTA) to design and implement targeted strategies for continuing professional development (CPD), rural service expansion, and curriculum enhancement.

6.1.2 Limitations

The relatively small sample size may not fully represent all occupational therapists in Bangladesh. Limited participation from remote regions restricted geographical representation. Cultural and linguistic differences may have influenced participants' responses. The cross-sectional design limits the ability to establish causal relationships. Convenience sampling and underrepresentation of rural therapists may have introduced sampling bias. Reliance on self-reported data may have led to social desirability bias. The "Practice" component was not validated through direct observation. High KAP scores may reflect overestimation due to methodological limitations.

6.2 Practice Implication

6.2.1. Recommendation for Future Practice

- BOTA and relevant authorities should implement a mandatory CPD system linked to license renewal to ensure ongoing professional competence.
- Introduce incentive programs, tele-supervision, and outreach services to encourage OT practice in rural and semi-urban areas.
- Increase access to advanced OT education to promote clinical reasoning, leadership, and professional growth.
- Formulate national tele-OT guidelines and provide relevant training to improve remote service delivery.
- Conduct nationwide campaigns to promote understanding of occupational therapy among the public and healthcare sectors.
- Include larger and more regionally diverse samples and consider longitudinal designs to track changes in KAP over time.

6.2.2 Recommendation for Future Research

- Conduct longitudinal and intervention-based studies to evaluate changes in KAP and the long-term impact of training or policy initiatives.
- Utilize mixed-methods designs to explore contextual factors and knowledge gaps among different groups of occupational therapists.
- Implement observational research to validate self-reported practices and assess real-world professional behaviors.
- Expand the scope of investigation to include specialized OT fields and ensure balanced participation from rural practitioners.

6.3 Conclusion

This study concludes that occupational therapy in Bangladesh is characterized by a capable, predominantly young and urban-based workforce demonstrating strong foundational knowledge and practice standards. However, significant challenges including urban-rural disparities, gaps in knowledge updating among senior practitioners, and limited public awareness impede its development. To advance the profession, strategic actions such as implementing a mandatory Continuing Professional Development framework, enhancing rural support, and fostering interdisciplinary collaboration are essential. Addressing these issues is critical for achieving professional maturity, equitable service access, and the full integration of occupational therapy as a dynamic contributor to national healthcare.

CHAPTER VII: LIST OF REFERENCES

Akter, M., et al. (2023). Health inequalities in rural and urban Bangladesh: A scoping review. *BMC Public Health, 23*, 1808. https://doi.org/10.1186/s12889-023-16478-8

Akter, M., Hossain, M. M., Tasnim, S., & Gozal, D. (2023). Health inequalities in rural and urban Bangladesh: A scoping review. *BMC Public Health, 23*, 1808. https://doi.org/10.1186/s12889-023-16478-8

Al Imam, M. H., et al. (2022). Situation analysis of rehabilitation services for persons with disabilities in Bangladesh. *Disability and Rehabilitation, 44*(26), 7695–7706. https://doi.org/10.1080/09638288.2021.1939799

Al Imam, M. H., Hossain, M. S., Arafat, S. M. Y., Islam, M. R., & Afsana, K. (2022). Situation analysis of rehabilitation services for persons with disabilities in Bangladesh. *Disability and Rehabilitation, 44*(26), 7695–7706. https://doi.org/10.1080/09638288.2021.1939799

Ashby, S. E., & Chandler, B. E. (2010). An exploratory study of the role of occupational therapists in the practice of health education and health promotion. *Australian Occupational Therapy Journal, 57*(5), 365-374.

Breeden, L. E., Cronin, S., Ramadan, K. A., & Mucha, D. (2023). An examination of occupational therapy telehealth service delivery: Novice practitioner perspectives. *International Journal of Telerehabilitation, 15*(2). https://doi.org/10.5195/ijt.2023.6638

Breeden, L. E., et al. (2023). An examination of occupational therapy telehealth service delivery: Novice practitioner perspectives. *International Journal of Telerehabilitation, 15*(2). https://doi.org/10.5195/ijt.2023.6638

Brown, J., & Lee, S. (2019). Enhancing clinical reasoning through problem-based learning: A systematic review. *Journal of Occupational Therapy Education, 3*(2), 45–56.

Buchanan, H., et al. (2016). Survey instruments for knowledge, skills, attitudes and behaviour related to evidence-based practice in occupational therapy: A systematic review. *Occupational Therapy International, 23*(1), 59–85. https://doi.org/10.1002/oti.1398

Buchanan, H., Siegfried, N., & Jelsma, J. (2015). Survey Instruments for knowledge, skills, Attitudes and behaviour related to evidence-based practice in occupational therapy: a Systematic review. Occupational Therapy International, 23(2), 59–90. https://doi.org/10.1002/oti.1398

Buchanan, H., Siegfried, N., Jelsma, J., & Louw, Q. (2016). Survey instruments for knowledge, skills, attitudes and behaviour related to evidence-based practice in occupational therapy: A systematic review. *Occupational Therapy International, 23*(1), 59–85. https://doi.org/10.1002/oti.1398

Feldhacker, D. R., et al. (2022). Telehealth interventions within the scope of occupational therapy: A systematic review. *American Journal of Occupational Therapy, 76*(6). https://doi.org/10.5014/ajot.2022.049417

Feldhacker, D. R., Goodman, G., Weiss, L., Allen, N., & Gianino, J. (2022). Telehealth interventions within the scope of occupational therapy: A systematic review. *American Journal of Occupational Therapy, 76*(6), 7606205100. https://doi.org/10.5014/ajot.2022.049417

Hoffmann, T., Bennett, S., & Del Mar, C. (2017). *Evidence-based practice across the health professions* (3rd ed.). Elsevier Health Sciences.

Iqbal, M. Z., et al. (2023). Exploring if and how evidence-based practice among allied health professionals changes over time. *PLOS ONE, 18*(3), e0282065. https://doi.org/10.1371/journal.pone.0282065

Iqbal, M. Z., Iqbal, M. W., & Hussain, S. (2023). Exploring if and how evidence-based practice among allied health professionals changes over time. *PLOS ONE, 18*(3), e0282065. https://doi.org/10.1371/journal.pone.0282065

Jesus, T. S., et al. (2023). The global status of occupational therapy workforce and services: A systematic scoping review. *International Journal of Environmental Research and Public Health, 20*(11), 5913. https://doi.org/10.3390/ijerph20115913

Jesus, T. S., Landry, M. D., Hoenig, H., & Koh, G. C. H. (2023). The global status of occupational therapy workforce research worldwide: A scoping review. *American Journal of Occupational Therapy, 77*(3), 7703205080. https://doi.org/10.5014/ajot.2023.050089

Johnson, R., & Patel, M. (2018). Student perceptions of assessment in occupational therapy education. *Education in Health Professions, 7*(1), 12–19.

Larin, H., Oesefel, J., & Al-Shamlan, A. (2005). Preparing for teaching in an interprofessional environment: Evaluating knowledge, attitudes, and interest of health science students. *Journal of Allied Health, 34*(3), 122-126.

Lindström, A. C., Bernhardsson, S., & Larsson, M. E. H. (2018). Evidence-based practice in primary care occupational therapy: A cross-sectional survey. *Scandinavian Journal of Occupational Therapy, 25*(5), 377–387. https://doi.org/10.1080/11038128.2017.1337802

Lindström, A. C., et al. (2018). Evidence-based practice in primary care occupational therapy: A cross-sectional survey. *Scandinavian Journal of Occupational Therapy, 25*(5), 377–387. https://doi.org/10.1080/11038128.2017.1337802

Lyons, C., Brown, T., Tseng, M. H., Casey, J., & McDonald, R. (2011). Evidence-based practice and research utilisation: Perceived research knowledge, attitudes, practices and barriers among Australian paediatric occupational therapists. Australian Occupational Therapy Journal, 58(3), 178–186. https://doi.org/10.1111/j.1440-1630.2010.00900.x

Mamin, F. A., et al. (2018). Physiotherapy in Bangladesh: Inequality begets inequality. *Frontiers in Public Health, 6*, 80. https://doi.org/10.3389/fpubh.2018.00080

Mamin, F. A., Holi Ali, M., & Al Imam, M. H. (2018). Physiotherapy in Bangladesh: Inequality begets inequality. *Frontiers in Public Health, 6*, 80. https://doi.org/10.3389/fpubh.2018.00080

Martin, S., & Wagenfeld, A. (2019). Global perspectives on occupational therapy practice and education. *The Open Journal of Occupational Therapy, 7*(3), 1–4. https://doi.org/10.15453/2168-6408.1654

Miller, A., et al. (2022). Competency-based education in occupational therapy: Current trends and future directions. *International Journal of Health Education, 11*(3), 98–110.

Nguyen, L., et al. (2021). The impact of blended learning on student engagement in occupational therapy programs. *Journal of Allied Health Sciences, 9*(4), 33–41.

Parker, T., et al. (2020). Reflective practices in occupational therapy education: Enhancing student outcomes. *Occupational Therapy in Practice, 15*(1), 21–30.

Patwary, M. M., Alam, M. A., Bardhan, M., Disha, A. S., Haque, M. Z., & Hossain, M. R. (2022). Knowledge, attitudes and practices of healthcare workers in Bangladesh during the COVID-19 pandemic. *Frontiers in Public Health, 10*, 988063. https://doi.org/10.3389/fpubh.2022.988063

Patwary, M. M., et al. (2022). Knowledge, attitudes and practices of healthcare workers in Bangladesh during the COVID-19 pandemic. *Frontiers in Public Health, 10*, 988063. https://doi.org/10.3389/fpubh.2022.988063

Rabbani, M. G., Akter, O., Hasan, M. Z., Samad, N., & Mahmood, S. S. (2020). Knowledge, attitude and practice towards COVID-19: Bangladesh residents during the rapid rise period. *medRxiv* (preprint). https://doi.org/10.1101/2020.09.22.20198275

Rabbani, M. G., et al. (2020). Knowledge, attitude and practice towards COVID-19: Bangladesh residents during the rapid rise period. *medRxiv*. https://doi.org/10.1101/2020.09.22.20198275

Savira, F., et al. (2025). Telehealth versus in-person delivery of an occupational therapy home assessment: A cost comparison. *Journal of Telemedicine and Telecare.* https://doi.org/10.1177/1357633X241264502

Savira, F., Etherton-Beer, C., Vine, K., & Hill, K. (2025). Telehealth versus in-person delivery of an occupational therapy home assessment: A cost comparison. *Journal of Telemedicine and Telecare*. https://doi.org/10.1177/1357633X241264502

Smith, K., et al. (2020). Evidence-based teaching strategies in occupational therapy education. *Teaching and Learning in Occupational Therapy, 5*(1), 65–74.

Stronge, M., & Cahill, M. (2011). Self-reported Knowledge, Attitudes and Behaviour towards Evidence-based Practice of Occupational Therapy Students in Ireland. Occupational Therapy International, 19(1), 7–16. https://doi.org/10.1002/oti.328

Stronge, M., & Cahill, M. (2012). Self-reported knowledge, attitudes and behaviour towards evidence-based practice among occupational therapy students in Ireland. *Occupational Therapy International, 19*(1), 7–16. https://doi.org/10.1002/oti.328

Stronge, M., & Cahill, M. (2012). Self-reported knowledge, attitudes and behaviour towards evidence-based practice among occupational therapy students in Ireland. *Occupational Therapy International, 19*(1), 7–16. https://doi.org/10.1002/oti.328

Taylor, R., & Green, D. (2017). Aligning teaching methods with assessment objectives: Challenges and opportunities. *Advances in Health Professions Education, 6*(2), 15–24. https://doi.org/xxxxxx

Uddin, T. (2019). Disability and rehabilitation medicine in Bangladesh: An overview and future roadmap. *Journal of the International Society of Physical and Rehabilitation Medicine, 2*(4), 143–150. https://doi.org/10.4103/jisprm.jisprm_4_19

Upton, D., Stephens, D., Williams, B., & Scurlock-Evans, L. (2014). Occupational therapists' attitudes, knowledge and implementation of evidence-based practice: A systematic review of published research. *British Journal of Occupational Therapy, 77*(1), 24–38. https://doi.org/10.4276/030802214X13887685335544

Wilson, H., & Clarke, P. (2019). Challenges in clinical placements for occupational therapy students: A qualitative study. *Clinical Education Journal, 14*(3), 78–90

Appendix

Appendix A: Application for Ethical Approval

Date: 3.05.2025

The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh.

Subject: **Application for review and ethical approval.**

Sir,

With due respect, I would like to draw your kind attention that I am a student of M. Sc. in Occupational Therapy, Part-II at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct a research titled "Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice: A Cross Sectional study" with myself as the principal investigator and Prof. Md. Obaidul Haque, Vice Principal, Bangladesh Health Professions Institute (BHPI) as my thesis supervisor. The purpose of the study is to explore Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice.

Adopted Bengali Version of the self developed questionnaire will be used in the study which will take about 20 to 25 minutes. Data collectors will receive informed consent from all participants and collected data will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

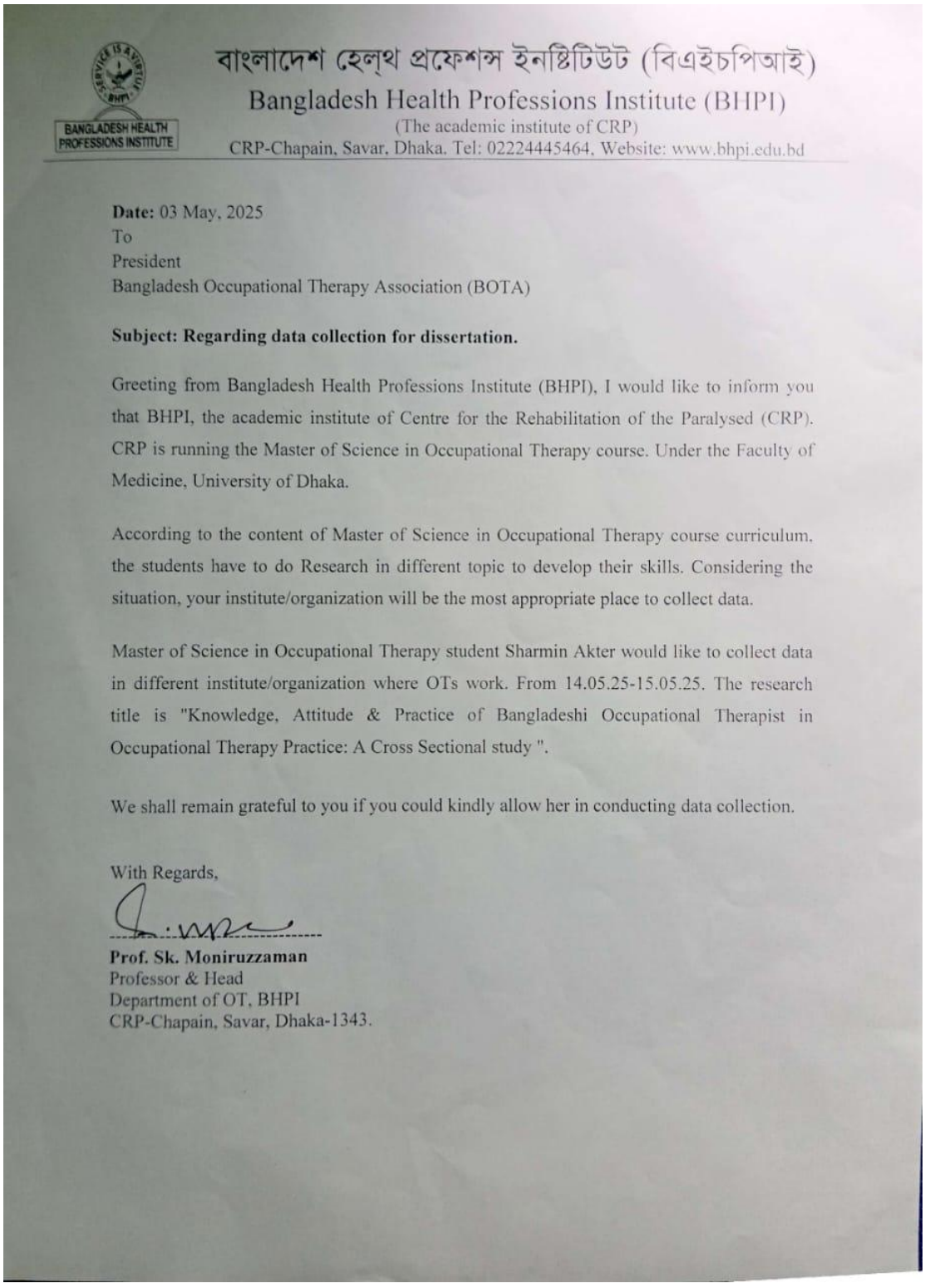
Sincerely yours,

Sharmin Akter
M.Sc. in Occupational Therapy, Part-II
BHPI, CRP, Savar, Dhaka-1343.
Roll: 05, Student ID:121230019

Recommendation from the thesis supervisor:

Prof. Md. Obaidul Haque
Vice Principal
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh.

Appendix B: Permission letter from BOTA



বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The academic institute of CRP)

CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

Date: 03 May, 2025

To

President

Bangladesh Occupational Therapy Association (BOTA)

Subject: Regarding data collection for dissertation.

Greeting from Bangladesh Health Professions Institute (BHPI), I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student Sharmin Akter would like to collect data in different institute/organization where OTs work. From 14.05.25-15.05.25. The research title is "Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice: A Cross Sectional study ".

We shall remain grateful to you if you could kindly allow her in conducting data collection.

With Regards,

Prof. Sk. Moniruzzaman
Professor & Head
Department of OT, BHPI
CRP-Chapain, Savar, Dhaka-1343.

Appendix C: Permission Letter for Data Collection

3rd May, 2025
To
Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Subject: Prayer for permission to collect data for the research project.

Sir,

With due respect, I would like to draw your kind attention that I am a student of M.Sc. in Occupational Therapy, Part-II at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP). In this Master's Program, I have to submit a research project to the University of Dhaka in partial fulfillment of recruitments of the degree of Master of Science in Occupational Therapy. The area of my research title is "Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice: A Cross Sectional study". As it is Quantitative research, I would like to conduct the interview of Bangladeshi Occupational Therapist in who are currently practices in Bangladesh.

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

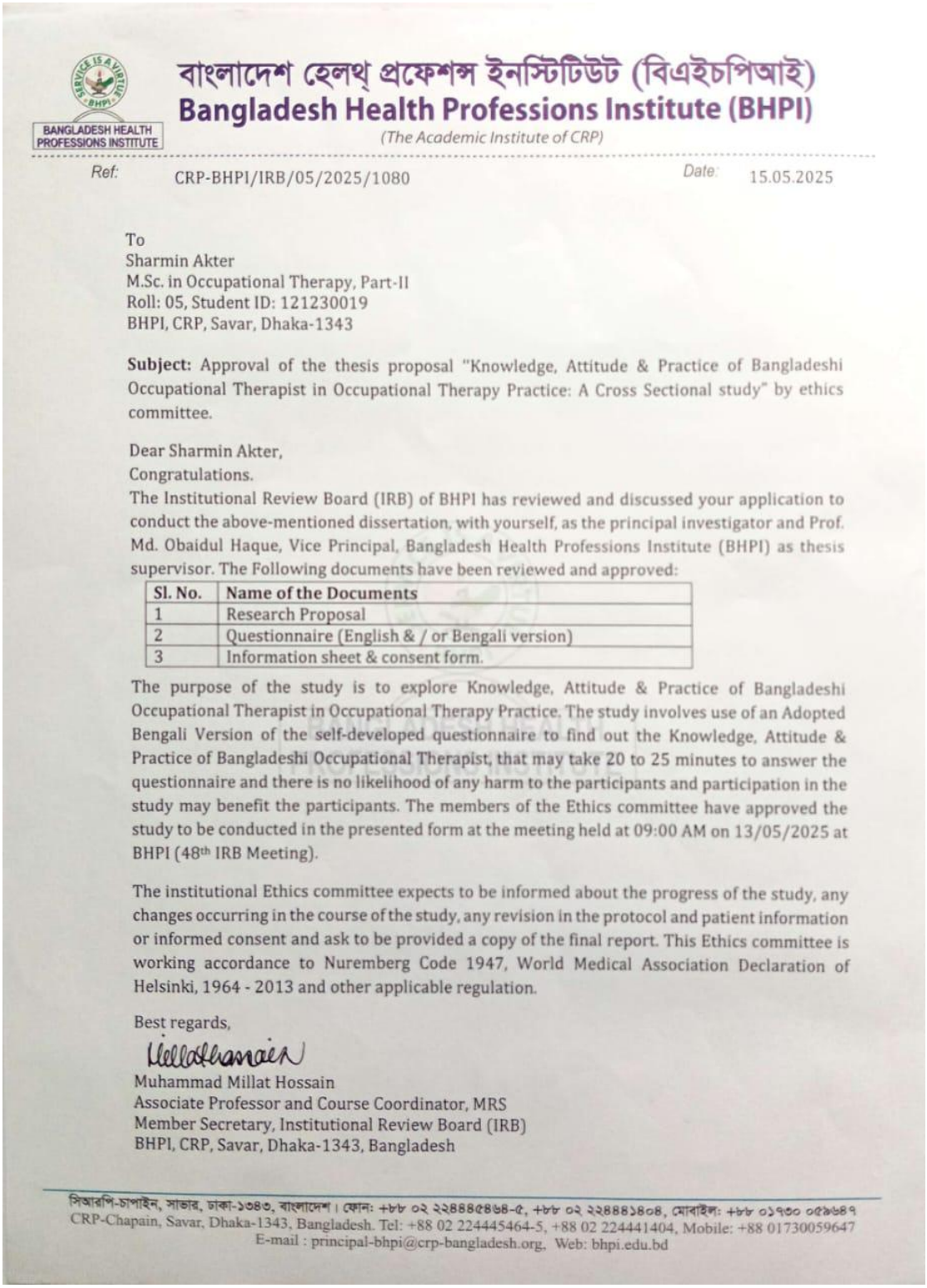
Sincerely yours,

Sharmin Akter
M.Sc. in Occupational Therapy, Part-II
BHPI, CRP, Savar, Dhaka-1343
Roll: 05, Student ID: 121230019

Comments and Signature of Head of the department:

Prof. Sk. Moniruzzaman
Professor & Head
Department of OT, BHPI
CRP-Chapain, Savar, Dhaka-1343

Appendix D: Ethical Approval Form



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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/05/2025/1080 Date: 15.05.2025

To
Sharmin Akter
M.Sc. in Occupational Therapy, Part-II
Roll: 05, Student ID: 121230019
BHPI, CRP, Savar, Dhaka-1343

Subject: Approval of the thesis proposal "Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice: A Cross Sectional study" by ethics committee.

Dear Sharmin 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 Prof. Md. Obaidul Haque, Vice Principal, Bangladesh Health Professions Institute (BHPI) as thesis supervisor. The Following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1	Research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form.

The purpose of the study is to explore Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice. The study involves use of an Adopted Bengali Version of the self-developed questionnaire to find out the Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist, that may take 20 to 25 minutes to answer the questionnaire and there is no likelihood of any harm to the participants and participation in the study may benefit the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 09:00 AM on 13/05/2025 at BHPI (48th 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 and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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

Appendix E: Consent Form

Consent Form

Assalamualaikum,

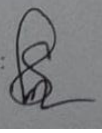
This is Sharmin Akter; I am a student of M.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI) which is the academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). In regards to fulfillment of M.Sc. Degree, it is mandatory to conduct a coursework on **MOT-102: Research Methodology and Biostatistics.** It will be very helpful if you accept my invitation and take part in case study.

My Research title "**Knowledge, Attitude and Practice (KAP) of students regarding teaching and assessment in Occupational Therapy Curriculum in Bangladesh**"

This case study result will be helpful to better design of Occupational Therapy treatment. It is also helpful to Rehabilitation professional. You will be not forced to participate at all. If you want to withdraw from the case study, you may do that at any time without any hesitation. I will collect some information by the interview and assess you by the standardized assessment tools. To collect data will take 20-30 minutes time. Only your personal details and assessment findings will be documented and used for the study purpose. Without me and my subject teacher will permit to know the data associated with case study. The investigator will maintain confidentiality of all proceedings. Without your permission, the data provided by you will never be used. If you have any questions you may ask me at any time. I will appreciate it if you can explain as much as possible and be as truthful as possible in your answers.

Sharmin Akter
M.Sc.in Occupational Therapy Student
BHPI

Participant's signature: Date:

Interviewer signature:  Date:

Appendix F: Information Sheet

Title: "Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice: A Cross Sectional study"

Investigator: Sharmin Akter, Student of M.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP- Savar, Dhaka- 1343. Roll: 05, Student ID: 121230019

Place: Areas of Occupational Therapy practice in Bangladesh where Bangladeshi Occupational Therapists are working.

Introduction: I am Sharmin Akter, M.Sc. in Occupational Therapy student of Bangladesh Health Professions Institute (BHPI); have to conduct a thesis as a part of this Master's course, under thesis supervisor Prof. Md. Obaidul Haque, Vice Principal, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka. You are going to have details information about the study purpose, data collection process, ethical issues. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me to stop. I will take the time to explain.

Background and Purpose of the study

You are invited to participate in this research because, as an Occupational Therapist, you possess valuable insights into the knowledge, attitudes, and practices related to Occupational Therapy in Bangladesh. The purpose of the study is to explore Knowledge, Attitude & Practice of Bangladeshi Occupational Therapist in Occupational Therapy Practice. This study aims to gain a deeper understanding of the knowledge, attitudes, and practices of Bangladeshi Occupational Therapists regarding Occupational Therapy in Bangladesh.

Research related information

All relevant information regarding the research will be thoroughly explained to you through the information sheet prior to obtaining your informed consent. Following your consent, you will be asked to complete a self-administered questionnaire, which is expected to take approximately 15–20 minutes. This questionnaire will include items related to socio-demographic characteristics, as well as specific and structured questions designed to assess the knowledge, attitudes, and practices of Bangladeshi Occupational Therapists in relation to Occupational Therapy practice. All information collected will be kept strictly confidential, and your identity will not be disclosed at any stage of the study.

Risks and benefits

You are being asked to share some personal and confidential information, and it is possible that you may feel uncomfortable discussing certain topics. Please be assured that your participation is entirely voluntary; you are under no obligation to take part in the interview, and choosing not to participate will not result in any negative consequences. While there may be no direct personal benefit from participating in this research, your valuable contribution will play an important role in helping to explore and better understand the knowledge, attitudes, and practices of Bangladeshi Occupational Therapists in Occupational Therapy practice.

Confidentiality

All information you provide will be kept strictly confidential and will not be shared with anyone outside the research team. The data collected during this research will be securely stored and accessible only to the researchers directly involved in the study. Physical documents will be stored in a locked cabinet, and digital data will be password-

protected. Your personal identity will not be disclosed at any stage, and no information will be attributed to you by name. Only the principal investigator and the study supervisor, Prof. Md. Obaidul Haque, will have access to the raw data. The findings from this research will be shared with you prior to any public dissemination. A brief presentation of the results will be organized and announced in advance. Subsequently, the research findings will be published to allow other interested individuals to benefit from the insights gained through this study.

Information withdrawal

You have the right to withdraw your participation and request the removal of any information you have provided at any point before a specified deadline. However, once the research findings have been published, it will no longer be possible to withdraw your data. If you choose to cancel your participation before publication, we will seek your explicit permission regarding whether the information you have already provided can still be used in the study.

Who to Contact

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact Sharmin Akter, Master of Science in Occupational Therapy, Department of Occupational Therapy, Cell phone: 016 30 88 82 32. This proposal is reviewed and approved by the Institutional Review Board (IRB), BHPI, CRP-Savar (CRP/BHPI/IRB/05/2025/1080) Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh. You can ask me any more questions about any part of the research study if you wish to. Do you have any questions?

Appendix G: Questionnaire [English Version]

Section A: Personal and Professional Information

1. **Age in……. years**
2. **Gender:**
    1. Male
    2. Female
3. **Highest Level of Education Completed:**
    1. Bachelor's Degree in OT
    2. Master's Degree in OT
    3. Doctorate in OT (e.g., OTD, MPhil, PhD)
    4. Other (please specify): _____
4. **Years of Experience in OT Practice:**
    1. Less than 1 year
    2. 1–3 years
    3. 4–6 years
    4. 7–10 years
    5. More than 10 years
5. **Current Practice Setting (Select all that apply):**
    1. Hospital (Inpatient/Outpatient)
    2. Rehabilitation Center
    3. Community Health Center
    4. School-Based Services
    5. Private Practice
    6. Academia/Teaching

7. Research

8. Other: _____

6. **Type of Clients Primarily Served (Select all that apply):**

1. Pediatrics

2. Adults

3. Geriatrics

4. Neurological Conditions

5. Orthopedic Conditions

6. Mental Health

7. Others: _____

Section B: Work Characteristics

7. Average Weekly Working Hours as an OT:

1. Less than 20 hours

2. 20–30 hours

3. 31–40 hours

4. More than 40 hours

8. Employment Status:

Full-time

1. Clinical/Private Practice

2. Academia/Teaching

3. Project/ Development Practitioner

4. Research

5. Others: _____

Part-time

1. Clinical/Private Practice

2. Academia/Teaching

3. Project/ Development Practitioner

4. Research

5. Others: _____

9. Monthly family expenditure:

10. Region of Practice:

1. Urban

2. Semi-Urban

3. Rural

11. Do you supervise students or junior staff?

1. Yes

2. No

12. Are you a member of any professional OT association?

1. Yes – Specify: _____

2. No

13. Have you participated in any research-related activities (e.g., data collection, authorship, intervention studies) in the last 5 years?

1. Yes

2. No

Section C: Knowledge Assessment

(Choose correct/incorrect OR multiple-choice format)

Instructions: Please select the most appropriate answer.

1. Occupational therapy primarily focuses on:

   a) Medical diagnosis

   b) Functional independence in daily activities

c) Surgical intervention

d) Prescribing medicine

2. The World Federation of Occupational Therapists (WFOT) is:

a) A local government agency

b) A global accrediting body for OT professionals

c) An NGO in Bangladesh

d) A rehabilitation clinic

3. Which of the following is NOT a role of an occupational therapist?

a) Assisting with sensory integration

b) Helping patients return to work

c) Prescribing medications

d) Designing assistive devices

4. Evidence-based practice in OT means:

a) Relying only on experience

b) Using interventions supported by research

c) Trying experimental methods

d) Following doctor's orders only

5. Which of these populations are served by OTs?

a) Children with developmental delays

b) Stroke survivors

c) People with disabilities

d) All of the above

6. Which of the following are core domains in the Occupational Therapy Practice Framework (OTPF-4)? (Select all that apply.)

a) Activities of Daily Living (ADLs)

b) Process Skills

c) Contexts and Environments

d) Spirituality

7. Evidence-based practice in OT includes which of the following components? (Select all that apply.)

   a) Clinical expertise

   b) Client preferences

   c) Random selection of treatment

   d) Best available research evidence

8. What is the role of activity analysis in OT intervention planning?

   a) To observe client habits

   b) To document patient attendance

   c) To match client needs with therapeutic goals

   d) To report data to insurers

Section D: Attitude Assessment

(Use a 5-point Likert scale: 1 = Strongly Disagree, 5 = Strongly Agree)

Instructions: Indicate your level of agreement.

Statement	**1**	**2**	**3**	**4**	**5**
1. Occupational therapy plays a vital role in healthcare.					
2. I feel confident in my professional knowledge as an OT.					
3. Clients in Bangladesh understand the value of OT services.					
4. OT should be integrated more into rural healthcare programs.					
5. Continuous professional development (CPD) is essential for maintaining competence skill development in OT.					
6. I feel my workplace recognizes the importance of OT.					

7. I am motivated to keep learning and improving as a therapist.					
8. Telehealth can be an effective medium for delivering occupational therapy.					
9. Occupational therapists should routinely use standardized assessment tools.					
10. I feel confident in using evidence-based practice in my clinical decision-making.					

Section E: Practice Assessment

(Self-report frequency: 1 = Never, 5 = Always)

Instructions: Indicate how often you engage in the following.

Practice Behavior	**1**	**2**	**3**	**4**	**5**
1. I assess clients using standardized OT tools.					
2. I document every session properly.					
3. I collaborate with other healthcare professionals regularly.					
4. I update treatment plans based on client progress.					
5. I educate caregivers/family members on therapy strategies.					
6. I apply evidence-based methods in my sessions.					
7. I attend workshops, seminars, or CPD courses.					
8. I incorporate evidence from peer-reviewed journals into my treatment planning.					

Section F:

1. **How frequently do you engage in CPD activities (workshops, courses, and webinars)?**

a) Weekly

b) Monthly

c) Every 3–6 months

d) Once a year

e) Rarely

2. **How often do you collaborate with other professionals (PTs, SLPs, psychologists, etc.) in your practice?**

a) Daily

b) Weekly

c) Monthly

d) Rarely

e) Never

Appendix H: Questionnaire [Bangla Version]

অকুপেশনাল থেরাপি পেশাজীবীদের জন্য জনসংখ্যাগত তথ্য ফর্ম

অনুচ্ছেদ কঃ ব্যক্তিগত ও পেশাগত তথ্য

১. বয়স:
☐ ২৫ বছরের নিচে
☐ ২৫–৩৪ বছর
☐ ৩৫–৪৪ বছর
☐ ৪৫–৫৪ বছর
☐ ৫৫ বছর ও তার বেশি

২. লিঙ্গ:
☐ পুরুষ
☐ নারী
☐ নন-বাইনারি / তৃতীয় লিঙ্গ
☐ প্রকাশ করতে ইচ্ছুক নই

৩.অকুপেশনাল থেরাপিতে সর্বোচ্চ শিক্ষাগত যোগ্যতা:
☐ ব্যাচেলর ডিগ্রি (OT)
☐ মাস্টার্স ডিগ্রি (OT)
☐ ডক্টরেট ডিগ্রি (যেমন: OTD, এমফিল, পিএইচডি)
☐ অন্যান্য (অনুগ্রহ করে উল্লেখ করুন): _____

৪. অকুপেশনাল থেরাপি পেশায় অভিজ্ঞতার বছর:

- ☐ ১ বছরের কম
- ☐ ১–৩ বছর
- ☐ ৪–৬ বছর
- ☐ ৭–১০ বছর
- ☐ ১০ বছরের বেশি

৫. বর্তমান কর্মক্ষেত্র (প্রযোজ্য সবগুলোতে টিক দিন):
☐ হাসপাতাল (ইনপেশেন্ট/আউটপেশেন্ট)
☐ পুনর্বাসন কেন্দ্র
☐ কমিউনিটি হেলথ সেন্টার
☐ বিদ্যালয়ভিত্তিক সেবা
☐ ব্যক্তিগত চেম্বার
☐ একাডেমিয়া/শিক্ষাদান
☐ গবেষণা
☐ অন্যান্য: _____

৬. মূলত যেসব শ্রেণির ক্লায়েন্টদের সেবা প্রদান করেন (প্রযোজ্য সবগুলোতে টিক দিন):
☐ শিশু (পেডিয়াট্রিক্স)
☐ প্রাপ্তবয়স্ক
☐ বয়স্ক নাগরিক (জেরিয়াট্রিক্স)
☐ স্নায়ুবিক সমস্যা
☐ অস্থি-সন্ধি সম্পর্কিত সমস্যা (অর্থোপেডিক)
☐ মানসিক স্বাস্থ্য
☐ অন্যান্য: _____

অনুচ্ছেদ খঃ কাজের বৈশিষ্ট্য

৭. একজন অকুপেশনাল থেরাপিস্ট হিসেবে আপনার গড় সাপ্তাহিক কর্মঘণ্টা:
☐ ২০ ঘণ্টার কম
☐ ২০–৩০ ঘণ্টা
☐ ৩১–৪০ ঘণ্টা
☐ ৪০ ঘণ্টার বেশি

৮. চাকরির ধরণ:
☐ পূর্ণকালীন
☐ খণ্ডকালীন
☐ চুক্তিভিত্তিক
☐ স্বকর্মসংস্থানকারী
☐ অন্যান্য: _____

৯. আপনার কর্মক্ষেত্রের এলাকা:
☐ শহরাঞ্চল
☐ আধা-শহরাঞ্চল
☐ গ্রামীণ এলাকা

১০. আপনি কি শিক্ষার্থী বা জুনিয়র স্টাফদের তত্ত্বাবধান করেন?
☐ হ্যাঁ
☐ না

১১. আপনি কি কোনো পেশাগত অকুপেশনাল থেরাপি সংস্থার সদস্য?
☐ হ্যাঁ – নির্দিষ্ট করুন: _____
☐ না

১২. গত ৫ বছরে আপনি কি গবেষণামূলক কোনো কর্মকাণ্ডে (যেমন: তথ্য সংগ্রহ, লেখক হিসেবে অংশগ্রহণ, হস্তক্ষেপমূলক গবেষণা) অংশগ্রহণ করেছেন?
☐ হ্যাঁ
☐ না

অনুচ্ছেদ গঃ জ্ঞান মূল্যায়ন

(সঠিক/ভুল বা একাধিক নির্বাচনের প্রশ্ন)
নির্দেশনা: অনুগ্রহ করে সবচেয়ে উপযুক্ত উত্তর বা উত্তরগুলো নির্বাচন করুন।

১. অকুপেশনাল থেরাপির প্রধান লক্ষ্য হলো:
a) চিকিৎসাগত রোগ নির্ণয়
b) দৈনন্দিন কাজকর্মে কার্যকর স্বনির্ভরতা
c) অস্ত্রোপচারের হস্তক্ষেপ
d) ওষুধ নির্ধারণ

২. World Federation of Occupational Therapists (WFOT) হলো:
a) একটি স্থানীয় সরকারি সংস্থা
b) অকুপেশনাল থেরাপি পেশাজীবীদের জন্য একটি বৈশ্বিক স্বীকৃতি প্রদানকারী সংস্থা
c) বাংলাদেশে একটি এনজিও
d) একটি পুনর্বাসন ক্লিনিক

৩. নিম্নের কোনটি অকুপেশনাল থেরাপিস্টের কাজ নয়?
a) সেন্সরি ইন্টিগ্রেশন সহায়তা প্রদান
b) রোগীকে কর্মজীবনে ফিরে যেতে সহায়তা
c) ওষুধ নির্ধারণ
d) সহায়ক যন্ত্রপাতি ডিজাইন করা

৪. অকুপেশনাল থেরাপিতে প্রমাণভিত্তিক অনুশীলন (Evidence-based practice) অর্থ:
a) শুধুমাত্র অভিজ্ঞতার উপর নির্ভর করা
b) গবেষণাভিত্তিক কার্যকর হস্তক্ষেপ ব্যবহার করা
c) পরীক্ষামূলক পদ্ধতি প্রয়োগ করা
d) কেবলমাত্র চিকিৎসকের নির্দেশ অনুসরণ করা

৫. নিম্নের কোন জনগোষ্ঠীগুলো অকুপেশনাল থেরাপিস্টদের সেবা পেতে পারে?
a) বিকাশজনিত সমস্যাযুক্ত শিশু
b) স্ট্রোক থেকে সুস্থ হওয়া রোগী
c) শারীরিক প্রতিবন্ধী ব্যক্তি
d) উপরোক্ত সকল

৬. নিম্নের কোনগুলো Occupational Therapy Practice Framework (OTPF-4)-এর মূল ক্ষেত্রভুক্ত? (প্রযোজ্য সবগুলো নির্বাচন করুন):
ক) দৈনন্দিন জীবনের কার্যক্রম (Activities of Daily Living - ADLs)
খ) প্রক্রিয়াগত দক্ষতা (Process Skills)
গ) প্রাসঙ্গিকতা ও পরিবেশ (Contexts and Environments)
ঙ) আধ্যাত্মিকতা (Spirituality)

৭. অকুপেশনাল থেরাপিতে প্রমাণভিত্তিক অনুশীলনের উপাদানগুলো কী কী? (প্রযোজ্য সবগুলো নির্বাচন করুন):

a) ক্লিনিক্যাল দক্ষতা
b) ক্লায়েন্টের পছন্দ
c) চিকিৎসা পদ্ধতির এলোমেলো নির্বাচন
d) সর্বোত্তম প্রাপ্য গবেষণাভিত্তিক প্রমাণ

৮. অকুপেশনাল থেরাপি হস্তক্ষেপ পরিকল্পনায় অ্যাক্টিভিটি অ্যানালাইসিসের (Activity Analysis) ভূমিকা কী?

a) ক্লায়েন্টের অভ্যাস পর্যবেক্ষণ করা
b) রোগীর উপস্থিতি নথিভুক্ত করা
c) ক্লায়েন্টের চাহিদার সাথে থেরাপিউটিক লক্ষ্য মিলিয়ে নেওয়া
d) ইনস্যুরারদের জন্য তথ্য প্রতিবেদন তৈরি করা

অনুচ্ছেদ ঘঃ মনোভাব মূল্যায়ন

(**৫-পয়েন্ট লিকার্ট স্কেল ব্যবহার করুন: ১ = একেবারেই অসম্মত, ৫ = সম্পূর্ণ সম্মত**)

নির্দেশনা: অনুগ্রহ করে আপনার সম্মতির মাত্রা নির্দেশ করুন।

বিবৃতি	১	২	৩	৪	৫
১. অকুপেশনাল থেরাপি স্বাস্থ্যসেবায় গুরুত্বপূর্ণ ভূমিকা পালন করে।					
২. একজন অকুপেশনাল থেরাপিস্ট হিসেবে আমার পেশাগত জ্ঞানে আমি আত্মবিশ্বাসী।					
৩. বাংলাদেশে ক্লায়েন্টরা অকুপেশনাল থেরাপির মূল্য বুঝতে পারে।					
৪. অকুপেশনাল থেরাপি গ্রামীণ স্বাস্থ্যসেবা কর্মসূচিতে আরও বেশি অন্তর্ভুক্ত করা উচিত।					
৫. অকুপেশনাল থেরাপিতে দক্ষতা বজায় রাখতে অবিচ্ছিন্ন পেশাগত উন্নয়ন (Continuous Professional Development-CPD) অপরিহার্য।					
৬. আমি মনে করি আমার কর্মক্ষেত্র অকুপেশনাল থেরাপির গুরুত্বকে স্বীকৃতি দেয়।					
৭. একজন থেরাপিস্ট হিসেবে আমি শেখার ও উন্নতির জন্য উৎসাহী।					
৮. টেলিহেলথ অকুপেশনাল থেরাপি প্রদানের একটি কার্যকর মাধ্যম হতে পারে।					
৯. অকুপেশনাল থেরাপিস্টদের নিয়মিতভাবে মানসম্পন্ন মূল্যায়ন সরঞ্জাম ব্যবহার করা উচিত।					
১০. আমার ক্লিনিক্যাল সিদ্ধান্ত গ্রহণে প্রমাণভিত্তিক অনুশীলন ব্যবহারে আমি আত্মবিশ্বাসী।					

অনুচ্ছেদ ঙঃ অনুশীলন মূল্যায়ন

(**সেলফ রিপোর্ট ফ্রিকোয়েন্সি: ১ = কখনোই না, ৫ = সবসময়**)

নির্দেশনা: নিচের কাজগুলো আপনি কত ঘনঘন করেন তা নির্দেশ করুন।

অনুশীলন আচরণ	১	২	৩	৪	৫
১. আমি ক্লায়েন্টদের মূল্যায়নের জন্য মানসম্মত অকুপেশনাল থেরাপি টুল ব্যবহার করি।					
২. আমি প্রতিটি সেশনের সঠিক নথি রাখি।					
৩. আমি নিয়মিতভাবে অন্যান্য স্বাস্থ্যসেবা পেশাজীবীদের সঙ্গে সহযোগিতা করি।					
৪. আমি ক্লায়েন্টের অগ্রগতি অনুসারে চিকিৎসা পরিকল্পনা হালনাগাদ করি।					
৫. আমি পরিচর্যাকারী/পরিবারের সদস্যদের থেরাপি কৌশল সম্পর্কে শিক্ষা দিই।					
৬. আমি আমার সেশনে প্রমাণভিত্তিক পদ্ধতি প্রয়োগ করি।					
৭. আমি কর্মশালা, সেমিনার, অথবা পেশাগত উন্নয়ন কোর্সে অংশগ্রহণ করি।					
৮. আপনি কত ঘন ঘন পিয়ার-রিভিউড জার্নালের প্রমাণ আপনার চিকিৎসা পরিকল্পনায় অন্তর্ভুক্ত করেন?					

অনুচ্ছেদ চঃ মুক্ত উত্তরধর্মী প্রশ্নসমূহ (ঐচ্ছিক, গুণগত অন্তর্দৃষ্টি)

১. আপনি কত ঘন ঘন CPD কার্যক্রমে (ওয়ার্কশপ, কোর্স, ওয়েবিনার) অংশ নেন?
ক) সাপ্তাহিক
খ) মাসিক
গ) প্রতি ৩–৬ মাসে
ঘ) বছরে একবার
ঙ) বিরলভাবে

২. আপনি আপনার ক্লিনিক্যাল অনুশীলনে অন্যান্য পেশাজীবীদের (পিটি, এসএলটি, মনোবিজ্ঞানী ইত্যাদি) সাথে কত ঘন ঘন সহযোগিতা করেন?
ক) দৈনন্দিন
খ) সাপ্তাহিক
গ) মাসিক
ঘ) বিরলভাবে
ঙ) কখনোই না

৩. আপনি নিয়মিত আপনার অনুশীলনে কোন ধরনের মূল্যায়ন (Assessment) ব্যবহার করেন? (মুক্ত উত্তর)

৪. সাম্প্রতিক কোনো উদাহরণ বর্ণনা করুন যেখানে আপনি একজন ক্লায়েন্টের অকুপেশনাল পারফরম্যান্স উন্নত করতে কোনো কাজ বা পরিবেশ পরিবর্তন করেছিলেন। (মুক্ত উত্তর)

৫. বাংলাদেশের অকুপেশনাল থেরাপি অনুশীলনে আপনি কোন কোন চ্যালেঞ্জের সম্মুখীন হন? (মুক্ত উত্তর)

৬. আপনার অনুশীলন উন্নত করতে আপনি কিসের ধরণের সহায়তা বা প্রশিক্ষণ আশা করেন? (মুক্ত উত্তর)