Health Professionals’ Knowledge of Occupational Therapy in Jordan

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ABSTRACT. The purpose of this study was to determine if Jordanian health professionals have adequate understanding of occupational therapy. A convenience sample of 556 Jordanian physicians, nurses, and physical therapists from two hospitals completed a developed questionnaire about occupational therapy including general knowledge, areas of practice, therapy goals, treatment strategies, and perceptions. Results showed that physical therapists were more informed about occupational therapy than physicians and nurses, although the level of knowledge of occupational therapy was limited for all three groups. The implications of the results are discussed in addition to exploring ideas about improving the awareness of the profession.

KEYWORDS. health professionals, occupation, rehabilitation

INTRODUCTION

Rehabilitation is restoring a previous level of health or maximizing the potential of people. Successful rehabilitation depends heavily on well-organized collaboration from different disciplines, where each discipline understands and recognizes the role of other members (Koch, Gitchel, & Higgins, 2009). Unfortunately, the role of occupational therapists is not always clear to all health professionals.

In a survey of occupational and physical therapists, Lysaght and Wright (2005) asked to identify a list of services as “occupational therapy only,” “physical therapy only,” or “both.” Results showed that there were few significant differences between occupational and physical therapists in their perceived approaches to therapy as well as the types of therapy provided (Lysaght & Wright, 2005). These results suggest that occupational and physical therapists themselves do not truly understand...
one another’s role in the rehabilitation setting and there is a need to further clarify
the boundaries of each profession.

This role confusion may create tension between the two practices in the rehabili-
tation settings, which could lead to detrimental effect on the quality of services
instead of teamwork and cooperation critical for comprehensive health care (Katz,
Titiloye, & Balogun, 2001).

Jamnadas, Burns, and Paul (2001) studied whether nursing and physician’s
assistant students get sufficient overview about the role of occupational therapy
and its implications in healthcare services in their professional curriculums. It was
concluded that most students in both the nursing and the physician’s assistant
curriculum responded to occupational therapy’s role within a very narrow scope,
consisting of mainly activities of daily living. Several other studies reported the lack
of knowledge among health care professionals and students on different aspects of
occupational therapy profession. They lacked knowledge about occupational ther-
apists’ contributions to patient care, areas of practice, the occupational therapy pro-
cess, and intervention techniques and media (Cox & Corr, 1996; Deitch, Gutman,
& Factor, 1994; Kraus, 2002; Patel & Shriber, 2000; Pottebaum & Svinarich,
2005).

Unfortunately, due to the fact that occupational therapy is still relatively new in
the Middle East in general and in Jordan in particular, similar studies about the
profession were not conducted before. Rehabilitation programs for those with
physical, psychological, or developmental disabilities are available in Jordan. Re-
habilitation services are available in private sector, for military personnel, and
through the governmental healthcare systems in Jordan. Furthermore, rehabilita-
tion services in Jordan started to improve due to the establishment of the Jordanian
Higher Council for the Affairs of Persons with Disabilities (HCAPD) few years ago
(HCAPD, 2011).

Occupational therapy started in Jordan two decades ago. Currently, there are
three bachelor-level occupational therapy programs in three public universities in
Jordan. All the three programs are accredited by the World Federation of Oc-
cupational Therapists (WFOT) and graduated about 500 occupational therapists.
Jordanian occupational therapists work mainly in pediatrics, psychosocial/mental
health, school-based, physical disability-, and/or community-based rehabilitation
settings. The Model of Human Occupation (MOHO) and the Occupational Adap-
tation (OA) are the main theories that the Jordanian occupational therapists uses
in their practice.

The Jordanian Ministry of Health, private insurance companies, non-
governmental organizations, and the Royal medical services (military) are
the main sectors that pay for occupational therapy services. Occupational therapy
services are still not widely spread all over the country’s different regions. While
there are several private rehabilitation centers that provide occupational therapy
services in Jordan’s capital city Amman and a few public hospitals, other highly
populated cities continue to lack occupational therapy services. This may be
because occupational therapy is still not well recognized by the public or by
the health team members themselves. If there is a lack of recognition to the
importance of occupational therapy services and the services it provides, it may
halt the holistic approach to patient care.
The purpose of this study was to identify whether the Jordanian health professionals, including physicians, therapists, and nurses, have adequate understanding of occupational therapy and to discuss the implications.

**METHODS**

**Design**
Following Polit and Hungler’s (1999) guidelines, a questionnaire was developed by the researchers to measure knowledge about occupational therapy. Institutional Review Board approval was attained from the Research Council at the Hashemite University in Jordan before conducting the study. This survey methodology was used to gather information from a wide number of health professionals and to quantify knowledge about the occupational therapy profession.

A questionnaire was developed with the categories concerning the knowledge about the occupational therapy profession developed based on description of the profession adopted by the WFOT. Specifically, it surveyed general knowledge about occupational therapy, areas of occupational therapy practice, goals of occupational therapy, occupational therapy treatment methods and media, and the participants’ impression of occupational therapy. The questions were in statement form and the respondents answered on a five-point Likert scale, with 1 being strongly disagree and 5 being strongly agree. Demographic information was also collected. To ensure its content validity, a panel of experts consisted of four occupational therapists, two physicians, two nurses, and two physical therapists, who reviewed the questionnaire. Feedback was taken into consideration and the questionnaire was revised accordingly.

**Participants**
The study questionnaire with a cover letter stating the purpose was distributed to a convenience sample of 600 physicians, nurses, and physical therapists practicing in Jordan for self-administration and then was collected. The cover letter emphasized participation was voluntary and participants would remain anonymous. The study mainly targeted those working at King Hussein Medical Center, the largest military medical center, and AL-Basheer Hospital, the largest government hospital. From the 600 distributed, 556 subjects participated at a return rate of 93%.

**Statistical Analysis**
The Statistical Package for Social Sciences (SPSS version 16 for Windows statistical software, Chicago, IL) was used for data analyses. Descriptive statistics were utilized to present the participants’ data. Cronbach’s alpha coefficient was used to measure the reliability (internal consistency) of the occupational therapy knowledge subscales. Pearson’s Chi square test, one-way analysis of variance (ANOVA), as well as Tukey’s post-hoc comparison were used as needed to compare data among the participants. The level of significance was set at 0.05.
RESULTS

Sixty percent of participants in the study were nurses (n = 336), 28% were physicians (n = 157), and 12% were physical therapists (n = 63). In total, about 20% of participants responded that they had not heard of occupational therapy before. The highest percentage of those who had not heard of occupational therapy were physicians (30%), followed by nurses (19%), while only 2% were physical therapists (see Table 1). Pearson’s Chi-square ($\chi^2$) test showed a statistically significant difference among these three professional groups, with physicians being the least who had heard of occupational therapy, and the physical therapists group knew occupational therapy well, $\chi^2 (2, N = 554) = 23.59, p = 0.0001$.

One third of participants (35.3%) utilized occupational therapy services or knew someone who did (see Table 1). Physicians represented the largest percentage (70%) among the three groups who did not utilize occupational therapy services or knew someone who did. Physical therapists represented the largest percentage among the groups who utilized occupational therapy services or knew someone who did. Pearson’s Chi-square ($\chi^2$) test showed that the differences in responding to this question among the three groups were statistically significant, $\chi^2 (2, N = 539) = 16.50, p = 0.0001$.

The vast majority of physical therapists knew at least one occupational therapist (98%), while two thirds of physicians in the sample (63%) did not know any occupational therapists (see Table 1). The differences between these groups were also statistically significant, $\chi^2 (2, N = 534) = 68.14, p = 0.0001$. Only 45 physicians (29%) reported that they referred patients to occupational therapy services and only 52 physicians (33%) did not know that occupational therapists work with patients with occupational performance problems.

Three questions were presented in the questionnaire that sought information about participants’ general impression of occupational therapy. Only 58% of participants believed that occupational therapy services have a positive effect on a patient’s quality of life (see Table 2), with the majority being physical therapists (73%) as opposed to 54% of the nurses and 62% of the physicians. The differences among the three groups in response to this question were significant, $\chi^2 (8, N = 552) = 22.17, p < 0.01$. However, in response to the question whether participants were convinced about the importance of occupational therapy to patients and their families, 76% of nurses and physical therapists and 73% of physicians were in agreement with the statement, although the Pearson Chi-square ($\chi^2$) test still showed a statistically significant difference among the three group in responding to this question, $\chi^2 (8, N = 550) = 25.06, p < 0.01$.

Only 40% of physicians and 48% of nurses believed that they have adequate information about occupational therapy and the services they provide. On the other hand, 76% of the physical therapists believed they did have adequate information about occupational therapy (see Table 2). The responses of the three groups to the question were statistically different, $\chi^2 (8, N = 550) = 35.12, p < 0.01$.

Participants’ knowledge of occupational therapy was also measured. Knowledge about occupational therapy was divided in the questionnaire into four categories (subscales): general knowledge about occupational therapy (10 items), knowledge about areas of occupational therapy practice (six items), knowledge about goals of occupational therapy practice (23 items), and knowledge about occupational
<table>
<thead>
<tr>
<th>Profession</th>
<th>Had you heard before about OT?</th>
<th>Had you or someone you know used OT services?</th>
<th>Do you know an occupational therapist?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes, n (%)</td>
<td>No, n (%)</td>
<td>Yes, n (%)</td>
</tr>
<tr>
<td>Physician</td>
<td>110 (70)</td>
<td>47 (30)</td>
<td>54 (37)</td>
</tr>
<tr>
<td>Nurse</td>
<td>272 (81)</td>
<td>62 (19)</td>
<td>166 (51)</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>62 (98)</td>
<td>1 (2)</td>
<td>62 (98)</td>
</tr>
<tr>
<td>Total</td>
<td>444 (80)</td>
<td>110 (20)</td>
<td>282 (53)</td>
</tr>
<tr>
<td></td>
<td>Total, N</td>
<td></td>
<td>Total, N</td>
</tr>
<tr>
<td></td>
<td>157</td>
<td></td>
<td>147</td>
</tr>
<tr>
<td></td>
<td>334</td>
<td></td>
<td>324</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td></td>
<td>63</td>
</tr>
</tbody>
</table>
### TABLE 2. General Impression About Occupational Therapy

<table>
<thead>
<tr>
<th></th>
<th>Strongly do not agree, n (%)</th>
<th>Do not agree, n (%)</th>
<th>Do not know, n (%)</th>
<th>Agree, n (%)</th>
<th>Strongly agree, n (%)</th>
<th>Total, N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapy services has no effect on patient’s quality of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>42 (27)</td>
<td>54 (35)</td>
<td>33 (21)</td>
<td>19 (12)</td>
<td>8 (5)</td>
<td>156</td>
</tr>
<tr>
<td>Nurse</td>
<td>68 (20)</td>
<td>114 (34)</td>
<td>52 (16)</td>
<td>62 (19)</td>
<td>37 (11)</td>
<td>333</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>23 (36.5)</td>
<td>23 (36.5)</td>
<td>3 (5)</td>
<td>7 (11)</td>
<td>7 (11)</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>133 (24)</td>
<td>191 (35)</td>
<td>88 (16)</td>
<td>88 (16)</td>
<td>52 (9)</td>
<td>552</td>
</tr>
<tr>
<td>I am convinced about the importance of OT to patients and their families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>1 (1)</td>
<td>3 (2)</td>
<td>37 (24)</td>
<td>58 (37)</td>
<td>56 (36)</td>
<td>155</td>
</tr>
<tr>
<td>Nurse</td>
<td>7 (2)</td>
<td>21 (6)</td>
<td>54 (16)</td>
<td>155 (47)</td>
<td>95 (29)</td>
<td>332</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>4 (6)</td>
<td>6 (10)</td>
<td>5 (8)</td>
<td>24 (38)</td>
<td>24 (38)</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>12 (2)</td>
<td>30 (5.5)</td>
<td>96 (17.5)</td>
<td>237 (43)</td>
<td>175 (32)</td>
<td>550</td>
</tr>
<tr>
<td>I think I have enough information about OT and the services they provide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>11 (7)</td>
<td>33 (21)</td>
<td>49 (32)</td>
<td>44 (28)</td>
<td>18 (12)</td>
<td>155</td>
</tr>
<tr>
<td>Nurse</td>
<td>17 (5)</td>
<td>74 (22.2)</td>
<td>81 (24.4)</td>
<td>122 (37)</td>
<td>38 (11.4)</td>
<td>332</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>2 (3)</td>
<td>9 (14.3)</td>
<td>4 (6.3)</td>
<td>28 (44.4)</td>
<td>20 (32)</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>30 (6)</td>
<td>116 (21)</td>
<td>134 (24)</td>
<td>194 (35)</td>
<td>76 (14)</td>
<td>550</td>
</tr>
</tbody>
</table>
therapy treatment methods and media (26 items). The questions were posed in both the negative and the positive (i.e., the occupational therapist uses purposeful activities to treat service recipients, the occupational therapist works only with children). Participants’ responses were manipulated to create a common orientation. A higher value meant that the participant had more knowledge. Reliability Cronbach’s alpha coefficient of each of the four subscales was found to be acceptable (see Table 3).

Participants’ knowledge of occupational therapy varied significantly among the three health professional groups in three of the four subscales (Table 3). Significant differences were found across the three groups according to their general knowledge about occupational therapy, $F(2, 553) = 59.59, p = 0.0001$. Tukey’s post-hoc comparisons indicated that the mean score for the physical therapists in relation to general knowledge about occupational therapy ($M = 4.16, SD = 0.56$) was significantly higher than the other two groups. Physicians were found to have more general knowledge about occupational therapy ($M = 3.59, SD = 0.51$) than nurses ($M = 3.40, SD = 0.49$). According to the knowledge about goals of occupational therapy practice, there was also significant difference among the three groups, $F(2, 553) = 21.88, p = 0.0001$. Tukey’s post-hoc comparison indicated that the mean score for the physical therapists in relation to knowledge about goals of occupational therapy practice ($M = 3.91, SD = 0.50$) was significantly higher than the other two groups. Physicians were found to have more knowledge about goals of occupational therapy practice ($M = 3.65, SD = 0.51$) than nurses ($M = 3.52, SD = 0.39$).

Another significant difference was found between the three groups according to their knowledge of occupational therapy treatment methods and media, $F(2, 553) = 32.36, p = 0.0001$. Again, physical therapists were found to have more knowledge about occupational therapy treatment methods and media than the other two groups ($M = 3.92, SD = 0.55$). Physicians were also found to have more knowledge about occupational therapy treatment methods and media ($M = 3.53, SD = 0.49$) than nurses ($M = 3.43, SD = 0.38$). No significant difference among the three groups was found in their knowledge about areas of occupational therapy practice, $F(2, 553) = 2.739, p = 0.066$.

**DISCUSSION**

This study was conducted to explore the knowledge of physicians, nurses, and physical therapists about occupational therapy. The response rate was high (93%), which may indicate that the study drew the attention and interest of the participants. The majority were nurses due to the high number of nurses in comparison with physical therapists and physicians in the targeted institutions. Although most of the participants had heard of occupational therapy, 20% indicated they had not. This may be due to any of the following reasons: (1) the occupational therapists who work in the targeted institutions do not have high visibility or the means to increase visibility, (2) the channels of communication between members of the health team are limited, (3) the local media did not spread awareness about occupational therapy, (4) the occupational therapy programs within universities have not promoted occupational therapy to these settings effectively, or (5) the participants’ academic preparation did not introduce them to the role of the occupational therapist. Such
<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean (SD)</th>
<th>Cronbach's Alpha</th>
<th>Physician (n = 157) Mean (SD)</th>
<th>Nurse (n = 336) Mean (SD)</th>
<th>Physical therapist (n = 63) Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General knowledge about OT</td>
<td>556</td>
<td>3.5 (0.56)</td>
<td>0.758</td>
<td>3.59 (0.51)</td>
<td>3.40 (0.49)</td>
<td>4.16 (0.56)</td>
</tr>
<tr>
<td>Knowledge about areas of OT practice</td>
<td>556</td>
<td>3.6 (0.58)</td>
<td>0.704</td>
<td>3.63 (0.53)</td>
<td>3.55 (0.60)</td>
<td>3.73 (0.57)</td>
</tr>
<tr>
<td>Knowledge about goals of OT practice</td>
<td>556</td>
<td>3.6 (0.46)</td>
<td>0.797</td>
<td>3.65 (0.51)</td>
<td>3.52 (0.39)</td>
<td>3.91 (0.50)</td>
</tr>
<tr>
<td>Knowledge about OT treatment methods and media</td>
<td>556</td>
<td>3.5 (0.46)</td>
<td>0.759</td>
<td>3.53 (0.49)</td>
<td>3.43 (0.38)</td>
<td>3.92 (0.55)</td>
</tr>
</tbody>
</table>
findings are consistent with findings of other studies conducted in other regions of the world (Jamnadas et al., 2001; Lysaght & Wright, 2005).

The percentage of physicians who did not know about occupational therapy was the highest (30%) among the three groups. Only a few physicians knew people who utilized occupational therapy services or knew an occupational therapist. This is a significant finding because physicians need to be aware of the services that occupational therapists provide in order to properly refer patients who would benefit from such services. This lack of knowledge may result in depriving patients who need occupational therapy services, possibly affecting their overall function. Consequently, patients who do not get the chance to receive occupational therapy and proper rehabilitation services may become a burden on their families and the community. This in turn reflects the lower quality of services they may receive, as suggested by Katz et al. (2001).

The percentage of nurses who have not heard of occupational therapy was 19% (Table 1). These findings are also consistent with a study conducted by Jamnadas et al. (2001). The majority of physical therapists (98%) did indicate they were aware of occupational therapy. Physical therapists also were more likely to know an occupational therapist as well as individuals who was referred to occupational therapy. This significant difference from physicians is likely due to: (1) in Jordon, occupational therapists and physical therapists graduate from the same schools and may have shared classes together; (2) physical and occupational therapy departments in the targeted institutions are very close and both therapists work together under the umbrella of “rehabilitation department;” (3) occupational and physical therapists, in many instances, treat the same patient; and (4) sometimes, the occupational therapists and physical therapists treat patients jointly.

Only 29% of physicians reported that they referred patients to occupational therapy. This reflects the lack of knowledge about occupational therapy among physicians, which may lead to sub-optimal care for patients needing occupational therapy services and not receiving it. Furthermore, only 57% of physicians knew that occupational therapists can provide services to patients with occupational performance challenges. Physicians were unclear about the role of occupational therapy, including: occupational therapists’ contributions to patient care, areas of occupational therapy practice, the occupational therapy process, and treatment techniques and interventions. These findings are also consistent with results of other studies (Cox & Corr, 1996; Kraus, 2002; Patel & Shriber, 2000).

Fortunately, the majority of the participating physical therapists held positive impression about occupational therapy and its role in improving patients’ quality of life (Table 2). Nurses and physicians who believed that occupational therapy services can improve patients’ quality of life remain below the expected numbers, although not unexpected in relation to the nurses and physicians’ level of knowledge and exposure to occupational therapy, as seen in previous studies. Despite this discrepancy, the majority of the three groups indicated that occupational therapy is important for patients.

Interestingly, the majority of physicians and nurses were aware that their knowledge about occupational therapy was very limited as less than 50% of physicians and nurses reported having adequate knowledge about occupational therapy. In addition to that, 24% of the physical therapists were aware that they do not have
adequate information about occupational therapy (Table 3). The later percentage is relatively high and denotes that this is a serious issue, considering that physical therapists study and should be working collaboratively with occupational therapists. Again, these findings are consistent with several other published studies (Jamnadas et al., 2001; Lysaght & Wright, 2005; Patel & Shriber, 2000). This may denote that lack of awareness of, and lack of knowledge about, occupational therapy is more of a global than a regional issue (Kraus, 2002). These results should inspire occupational therapy practitioners and occupational therapy academicians to consider devoting additional effort and time to increase awareness about occupational therapy as a profession among the rest of the health team members.

With the exception of the physical therapists, who proved to be more knowledgeable than the other two groups in the four subscales due to the aforementioned causes, participants’ level of knowledge about occupational therapy in the four subscales were similar and relatively below expected numbers (Table 3). Participants clearly have limited knowledge about occupational therapy, limited knowledge about the different areas and goals of its practice, and limited knowledge about occupational therapy treatment methods and interventions. This may have resulted due to limited observation of and collaboration with occupational therapy services, and the lack of understanding of the role of occupational therapy (Kraus, 2002; Patel & Shriber, 2000; Pottebaum & Svinarich, 2005).

**IMPLICATIONS FOR PRACTICE**

The findings of this study suggest that even physical therapists have a limited knowledge of the scope of occupational therapy’s practice. Participants do not appear to recognize the breadth and complexity of occupational therapy, as indicated by the results from specifically asking about goals, treatment methods, etc. The next step is to determine what can be done to address the deficiencies in knowledge. First, we may begin by educating both occupational therapy and other health professions’ students and practitioners as well as by advocating for the profession of occupational therapy. A simple, although arduous solution is to refine the educational curriculums of all health professions. If we are to expect health professionals to gain a deeper understanding of our profession, our best chance will be during their professional preparation and before stereotypes are engrained in their practice. As soon as we encourage health professionals to educate their students about occupational therapy, we must reciprocate by including information about the other health professions in our curriculum as well (Cox & Corr, 1996; Jamnadas et al., 2001). For example, introducing a mandatory course to the curriculums of all health professions, including medicine, such as “Introduction to Health Care Management” course can help in this regard. Part of this course should focus on the role of each health profession, including occupational therapy, and how the professionals can collaborate their efforts to better serve their clients. However, before we educate other professionals, the profession must take the time and effort to create a more concrete definition of occupational therapy, a definition that takes into consideration the language and the cultural differences between the nations. For example, while some cultures value the concept of independency, other cultures value the concept of interdependency. On the other hand, the word “occupation” means for
the majority of people in the world “a job,” which is different from the meaning of occupation according to occupational therapy profession. In the meantime, we can urge practitioners and students to become advocates for the unique contributions that occupational therapy offers. Being assertive and advocating our profession will appropriately address any misconceptions or stereotypes encountered in the workplace. To do that, occupational therapy practitioners need to show the progress of their clients to other professionals. Occupational therapists should do their best to make their clients and families better understand about the role of occupational therapy and to differentiate their role from other related health professions. The best way to do that is through the use of meaningful and purposeful activities (occupation), our unique tool in treating our clients. Hopefully, the work on advocacy and education will create an impetus towards education which will ideally cause a domino effect, resulting in raised awareness of occupational therapy that will reach all levels: occupational therapists, physical therapists, physicians, and nurses.

Most occupational therapy organizations such as the American Occupational Therapy Association (AOTA), the WFOT, etc., have websites with information about the profession. These websites must have a section with more details about what is occupational therapy, where occupational therapists practice, who can benefit from occupational therapy services, the types of treatments that occupational therapists can provide, where can one find these services, etc. These websites can be used as sources of information by the public as well as by the health professionals to gain better understanding about the profession, especially because most people now-a-days use the Internet as a main source of information. Websites that talk about the profession should be available in different languages. For example, in Jordan, some of the centers that provide occupational therapy services as well as the occupational therapy academic programs have websites that explain about the profession in Arabic language.

Occupational therapy clinicians and occupational therapy academicians need to collaborate to ensure good representation of the profession. Working together, they need to make a concerted effort to participate in medical conferences as well as in conferences of other health professions. In these conferences, occupational therapists should present their clinical research studies, describe their unique role in assisting with specific diagnostic categories, and promote their profession. The occupational therapy clinicians have to take an active role in the interdisciplinary meetings in the hospitals and centers that provide occupational therapy services. It will be the educational programs role to model, educate, and challenge new therapists to take leading positions within team meetings, especially with physicians. Through a strong leadership and management course, occupational therapy students can be required to apply leadership principles and assume leadership roles during their fieldwork experience, which are important strategies to reinforce.

The social network websites such as Facebook, twitter, and others can be used by occupational therapy professionals to spread awareness about their profession. Adding pages and links on these websites that are designated only for the profession where people can find information about occupational therapy and links to related information with the possibility of asking questions and where the administrators of the pages can answer such questions can be one of the excellent choices that
occupational therapists and occupational therapy organizations can use to spread awareness about the profession. We live in an era where the public and the professionals currently use those websites. Reviewing the number of visitors of the Jordanian Society for Occupational Therapy web page on Facebook, we found out that plenty of people from different disciplines visited this page, shared discussions, and added their comments.

Occupational therapy students’ projects can be directed toward marketing the profession. Students can be encouraged to develop brochures, posters, videos, or any other means of marketing about the profession to different targets of people or professional and to implement their marketing plan. For example, the first author of this article requested his first-year students to implement a promotion plan for a target group of their choice as an assignment for the Introduction to Occupational Therapy course. Some of them targeted university students and presented them with posters, brochures, or lectures about the profession. Others prepared a video of their own work and presented it to high school students. They also targeted physicians and other professionals in their goal to promote the profession.

It is only in knowing and recognizing existing misconceptions or lack of knowledge that occupational therapy can address the issues. Although these misconceptions may be easy to accept without question, we must remember that their veracity must be authenticated using research. It is stereotypes and misunderstandings such as these that can influence other professionals’ understanding of occupational therapy, potentially becoming detrimental to the cooperative and optimal health care with which all healthcare professionals strive to provide their clients (Deitch, Gutman, & Factor, 1994; Kraus, 2002; Lysaght & Wright, 2005). A better understanding of occupational therapy fostered by research contradicting misconceptions, as well as the advocacy of our practitioners, will ultimately lead to better communication and collaboration within the rehabilitation team, allowing for more effective and efficient patient care.

For future research, it is recommended to conduct similar studies in the developed countries and compare the level of knowledge of the health professionals about occupational therapy among these countries. It is also recommended to include school teachers, the public, as well as other health professionals in a similar study. Public awareness about the profession can also be studied by conducting a similar study among university students, for example. Another recommendation for research is to study the best way that can be used to increase awareness about the profession and implement it.

**LIMITATIONS**

Despite the fact that the two hospitals recruited from were chosen because both provided occupational therapy services and have large numbers of potential participants, the generalizability of this study is limited due to the fact that both hospitals were large hospitals in the capital city and do not represent the rest of the hospitals and healthcare centers in Jordan. Only three professional groups were included in the study, which do not represent all health professionals in Jordan. Furthermore, this study was only quantitative in nature and did not gather more details about the
participants, such as years of experience, specific area of practice, and their level of education.

**CONCLUSION**

Physical therapists were more informed about occupational therapy than physicians and nurses in the participating hospitals. This might be due to close schooling proximity to the occupational therapy program and closer work environments afterwards. In general, the level of knowledge of occupational therapy among the three groups, physicians, nurses, and physical therapists, was limited. This may simply be rectified if occupational therapy practitioners and academicians work hard and target public campaigns to increase awareness about occupational therapy. Once the healthcare professionals become more aware of and knowledgeable about occupational therapy services, we speculate that the quality of rehabilitation services will dramatically improve and promote better quality of life for patients.

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