

Familiarity with occupational therapy among secondary school youths planning to pursue medical studies in Poland

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Abstract

Introduction: Poland has been a member of the European Union for 17 years; however, the societal view of occupational therapy is limited and different from that in the other countries of the European Union or the world. The aim of the study was to determine the familiarity with occupational therapy among secondary school students who are the future candidates for higher medical studies and potential members of interdisciplinary teams.

Material and methods: The study encompassed 1865 randomly selected secondary school students (1212 women and 653 men). The research was conducted with the use of a questionnaire with 18 multiple choice questions.

Results: The majority of the respondents admitted that they were familiar with terms *occupational therapy* and *occupational therapist* but the terms were unknown to 416 persons. 1414 respondents indicated that in their opinion occupational therapist can work in rehabilitation centres. The highest number of the respondents indicated children with inborn defects, such as Down syndrome (1261 persons) in the groups of people that an occupational therapist may work with.

Conclusions: The presented results indicate a relatively low level of knowledge of the respondents about occupational therapy, which reflects the overall situation of the profession in Poland.

Keywords: occupational therapy, competencies of occupational therapists, familiarity with occupational therapy, youths

Introduction

Occupational therapy in Europe, and throughout the world, involves interventions that include various social groups and are connected with various human activities related to people's professions, social life, self-care, productivity and leisure time.

In Poland, occupational therapy functions as a medical profession is provided as part of the basic services offered by the National Health Fund, a state organisation responsible for free health care in Poland. Poland has also been a member of the European Union for 17 years; however, despite this, the societal

view of occupational therapy and the competences of occupational therapists as well as the awareness of the occupational therapists' profession and identity are limited and different from that in the other countries of the European Union or the world. In Poland, the basic role of an occupational therapist involves working with patients – primarily patients with intellectual disabilities (79% of occupational therapy patients), mental illnesses or various motor dysfunctions. Polish occupational therapists do not work with healthy persons, and they work only to a limited degree with socially excluded persons and persons in danger of social exclusion (e.g. homeless persons, prisoners, persons with addictions and unemployed persons) [1].

Polish occupational therapy is based mainly on three basic therapeutic methods. The first, and the most popular method, is

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art therapy (drawing, painting, sculpting, music, books, films, etc.), which is provided to patients primarily as an obligatory part of a rehabilitation programme or as a way to fill their free time. The second form of occupational therapy provided in Poland is ergotherapy, which is a manual therapy involving activities such as sewing, carpentry and gardening. This form of therapy is also an obligatory element of the everyday lives of patients living in nursing homes or receiving aid from occupational therapy workshops (OTW). The third method of occupational therapy involves sociotherapy, in which social interactions in the form of therapeutic games, exercises or social skills training are used, and it is very often aimed at psychiatric patients [2].

The limited perception of the profession of an occupational therapist in Poland also translates into a relatively low diversity in the places of employment available for such a specialist in comparison to the other countries of the European Union. Polish occupational therapists work mainly in occupational therapy workshops (facilities for conducting the social and vocational rehabilitation of persons with disabilities, mainly intellectual disabilities, and persons with mental illnesses), as well as employment support centres (places of employment for persons with disabilities, who have undergone rehabilitation in OTW, before entering the open job market), nursing homes (institutions that provide care, support and educational services for persons requiring round-the-clock care due to age, illness or disability), mental hospitals and sanatoria [3-5]. This situation is partially the result of the lack of a uniform educational system for occupational therapists in Poland. Until 2012, the professional title of occupational therapist was given to those persons who had graduated from two-year postsecondary schools; however, it was also applied to graduates of dedicated postgraduate study programmes (primarily the graduates of pedagogical programmes) and persons who had undertaken

relevant courses (where the duration of a course depended on the school that conducted it). Obtaining a BA diploma in occupational therapy has only been possible since 2012 (the first studies were opened at the University of Physical Education in Krakow, the University School of Physical Education in Wroclaw and the Poznan University of Medical Sciences) [6]. Currently, MA studies in occupational therapy are conducted only at two Polish universities. However, the introduction of university studies into the educational system for occupational therapists in Poland did not automatically remove the above-mentioned methods of obtaining the title of an occupational therapist, which has resulted in chaos and disinformation in the Polish society with regard to the role and competencies of such a specialist.

Because this is the first time that a three-year BA diploma in occupational therapy can be obtained in Poland, the aim of the present study was to determine the familiarity with occupational therapy among secondary school students who are the future candidates for higher medical studies and potential members of interdisciplinary teams.

Materials and Methods

The study encompassed 1865 randomly selected secondary school students. The participants comprised 1212 women (65%) and 653 (35%) men. The researched students were between 17 to 19 years old (mean age = 18.25; *SD* = 0.6).

The highest number of the participants lived in villages (677 persons, 36.30%) and the lowest number of participants declared that they lived in a city with up to 10,000 residents (129 persons, 6.92%) (Tab. 1).

All of the study participants also declared the level of education of their parents. The highest number of participants declared

Table 1. Populations of the places of residence of the study participants.

Place of residence	Women		Men		Total	
	N	%	N	%	N	%
Village	477	25.58	200	10.72	677	36.30
City with the population of less than 10,000	85	4.56	44	2.36	129	6.92
City with the population of 10,000 to 50,000	205	10.99	129	6.92	334	17.91
City with the population of 50,000 to 100,000	90	4.83	51	2.73	141	7.56
City with the population of 100,000 to 500,000	73	3.91	51	2.73	124	6.65
City with the population of over 500,000	282	15.12	178	9.54	460	24.66

Table 2. Education levels of the parents of the study participants.

Education	Mother						Father					
	Women		Men		Total		Women		Men		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Primary	33	1.77	14	0.75	47	2.52	43	2.31	22	1.18	65	3.49
Secondary vocational	344	18.45	134	7.18	478	25.63	545	29.22	230	12.33	775	41.55
Secondary general	212	11.37	131	7.02	343	18.39	131	7.02	102	5.47	233	12.49
Higher vocational	154	8.26	88	4.72	242	12.98	165	8.85	90	4.83	255	13.67
Master's degree	373	20.0	224	12.01	597	32.01	279	14.96	168	9.01	447	23.97
Postgraduate studies	96	5.15	62	3.32	158	8.47	49	2.63	41	2.20	90	4.83

that their mother had an MA degree (597 persons, 32.0%) and that their father had completed secondary vocational education (775 persons, 41.55%). The lowest number of participants declared that their mother and father had only completed primary education (47 persons, 2.52%; and 65 persons, 3.49%, respectively) (Tab. 2).

Instruments and Procedures

The research was conducted with the use of a questionnaire (designed by the authors of this study) with 18 multiple choice questions. The first four questions concerned the age, sex, population of the place of residence and the parents' education level. The remaining questions asked the participants about their opinion of the places of employment of an occupational therapist, as well as the scope of duties and competencies of an occupational therapist, the range of knowledge that an occupational therapist should have, their familiarity with Polish and foreign organisations connected with occupational therapy, etc.

The questionnaire was carried out in randomly selected secondary schools in the Malopolskie Province. Second- and third-year secondary school students were invited to participate in the study. From all the students, only the persons who had declared a wish to pursue medical studies at university in the future filled in the questionnaire. In total, 1900 questionnaires were distributed, out of which 35 were excluded from the study due to incorrectly answered or unanswered questions. The study was conducted in accordance with the Declaration of Helsinki (1964). The research was one-time, anonymous and voluntary – approval of the bioethics committee is not required. The research took place with the consent of the institution, which the research is affiliated.

Data Analysis and Procedures

A statistical analysis was performed with Statistica 12.0 software. The collected data was processed using descriptive statistics methods (sample size, percentage, mean and standard deviation) and statistical analysis methods (the chi-squared test of independence). The level of statistical significance was assumed at $p < 0.05$.

Results

All the respondents were asked if they had ever encountered the terms occupational therapy and occupational therapist. The vast majority of the respondents admitted that they were familiar with these terms (1449 persons, 77.69%), including 1017 women (54.53%) and 432 men (23.16%). The terms were unknown to 416 persons (22.31%), including 196 women (10.46%) and 221 men (11.85%).

The respondents were also asked whether occupational therapists worked in their place of residence. The highest number of the respondents, that is, 771 persons (41.34%), including 505 women (27.08%) and 266 men (14.26%), answered 'yes'. Only a slightly lower number of persons replied 'I do not know', i.e. 686 persons (36.78%), including 413 women (22.14%) and 273 men (14.64%). The lowest number of the study participants stated that occupational therapists did not work in their place of residence. Such a reply was given by 408 persons (21.88%), including 294 women (15.76%) and 114 men (6.11%).

The respondents were also asked where, in their opinion, occupational therapists may work. The highest number of persons indicated rehabilitation centres (1414 persons, 75.82%), and the lowest number of the respondents chose the answer 'other institutions' (16 persons, 0.86%), which included individual support facilities, prisons and schools. The respondents also answered

a question about the groups of people that an occupational therapist may work with. The highest number of the respondents indicated children with inborn defects, such as Down syndrome (1261 persons, 67.61%); while the lowest number of respondents answered 'other persons' (21 persons, 1.13%), mentioning persons with incurable diseases, depression or disabilities, and persons who had undergone traumatic experiences (Tab. 3).

The respondents were also asked to express their opinion about the type of knowledge, and the level of its advancement, necessary to work as an occupational therapist. The respondents, first and foremost, indicated the necessity of having general medical knowledge (720 persons, 38.61%), an expanded knowledge of psychology (645 persons, 34.58%) and a detailed knowledge of interpersonal communication (653 persons, 35.01%). The lowest number of study participants selected the answer 'other' (21 persons, 1.13%), mentioning artistic knowledge, methods of working in occupational therapy, medical rescue techniques,

rehabilitation, sport and physical education (with one person for each answer, 0.05%). Another four persons admitted a lack of knowledge on this subject (0.21%) (Tab. 4).

The questionnaire asked the respondents to express their opinion about the type and the level of knowledge, with regard to a list of selected organisations, necessary for working in the profession of an occupational therapist. The highest number of the respondents concluded that a general knowledge of the activities of NGOs (746 persons, 40%), an expanded knowledge of the activities of social facilities (820 persons, 43.97%) and a detailed knowledge of the activities of occupational therapy workshops (835 persons, 44.7%) is necessary to perform the profession of an occupational therapist. The lowest number of the study participants selected the answer 'other'; however, none of these respondents specified which type of a facility they had in mind (Tab. 5).

Table 3. Places of employment of an occupational therapist and groups of persons that occupational therapists may work with in the opinion of the study participants.

	Women		Mec		Total		
	N	%	N	%	N	%	
Place of employment	Rehabilitation centres	946	50.72	468	25.09	1414	75.82
	Hospital wards	578	30.99	255	13.67	833	44.66
	Care and curative centres	790	42.36	330	17.69	1120	60.05
	Welfare and nursing centres	588	31.53	257	13.78	845	45.31
	Nursing homes	653	35.01	291	15.60	944	50.62
	Occupational therapy workshops	894	47.94	400	21.45	1294	69.38
	Other institutions	11	0.59	5	0.27	16	0.86
Persons	Mentally ill	513	27.51	265	14.21	778	41.72
	Persons with learning difficulties	608	32.60	284	15.23	892	47.83
	Neurological patients	476	25.52	209	11.21	685	36.73
	Socially excluded persons	547	29.33	271	14.53	818	43.86
	Working persons	279	14.96	181	9.71	460	24.66
	Unemployed persons	368	19.73	193	10.35	561	30.08
	Older persons	698	37.43	324	17.37	1022	54.80
	Children with inborn defects, e.g. Down syndrome	892	47.83	369	19.79	1261	67.61
Other persons	10	0.54	11	0.59	21	1.13	

Table 4. Fields of knowledge necessary for performing the profession of an occupational therapist in the opinion of the study participants.

Type of knowledge	Level of knowledge					
	General		Expanded		Detailed	
	N	%	N	%	N	%
Medicine	720	38.61	711	38.12	235	12.60
Psychology	268	14.37	788	42.25	645	34.58
Sociology	479	25.68	708	37.96	316	16.94
Pedagogy	350	18.77	703	37.69	547	29.33
Interpersonal communication	269	14.42	589	31.58	653	35.01
General law, social law and EU funds	716	38.39	345	18.50	100	5.36
Other	9	0.48	10	0.54	6	0.32

Table 5. Participant opinions about the type of facility, and the level of knowledge about its activities, necessary for working as an occupational therapist participants.

Type of facility	Level of knowledge					
	General		Expanded		Detailed	
	N	%	N	%	N	%
Medical facilities	655	35.12	763	40.91	211	11.31
Social facilities	396	21.23	820	43.97	353	18.93
NGOs	746	40.00	455	24.40	104	5.58
Educational facilities	503	26.97	685	36.73	218	11.69
OTW	214	11.47	454	24.34	835	44.77
Equipment designers	383	20.54	557	29.80	338	18.12
Other	13	0.70	8	0.43	7	0.38

The respondents were also asked whether they knew of any membership organisations for occupational therapists. The vast majority of the respondents (1820 persons, 97.59%) declared that they did not know of such organisations; this answer was given by 1180 women (63.27%) and 640 men (34.32%). Only 45 persons (2.41%) confirmed that they knew such organisations; however, none of respondents provided the name of any of them. This reply was given by 32 women (1.72%) and 13 men (0.7%).

In the questionnaire, the respondents were also asked whether they had ever heard about university studies in occupational therapy. The vast majority of the respondents (1390 persons, 74.53%), including 1005 women (58.89%) and 385 men (20.64%), declared that they had heard of such studies. The rest of the respondents (475 persons, 25.47%) declared that they had not heard of such a field of university studies. The group that gave this latter reply comprised 207 women (11.1%) and 267 men (14.37%).

Furthermore, the correlation between a familiarity with the term occupational therapy and selected variables was

investigated in the study. The conducted analysis revealed a statistically significant correlation between a familiarity with the term occupational therapy and the age of the respondent, the mother's level of education and the chosen field of university studies (Tab. 6).

Table 6. Familiarity with the term occupational therapy.

	Familiarity with the term occupational therapy	
	χ^2	<i>p</i>
Age	22.62620	0.00010
Place of residence	2.002973	0.84873
Mother's education	15.94439	0.00700
Father's education	3.320961	0.65063
Chosen field of university studies	133.5637	0.00000

Discussion

Steven Lewis [7] was right when he addressed the CAOT Conference in Saskatoon, stating that: Ultimately occupational therapy is in the battle for the public mind. This statement also describes the Polish conditions well. As is indicated by the results of the present study, the term occupational therapy was known to the majority of the study participants. However, the understanding of this occupation can be considered as fairly superficial.

The main places of employment for an occupational therapist mentioned by the respondents were rehabilitation centres and occupational therapy workshops. Rehabilitation centres, as the places of employment for occupational specialists, are also indicated by other researchers. For instance, Olaoye, Emechete, Onigbinde and Mbada [7] who researched students in medical fields of study, revealed that the respondents most often associated occupational therapists with rehabilitation facilities and special needs schools. Żmudzińska and Bac [5] revealed in their study that Polish occupational therapists are perceived as part of conducting therapeutic sessions in occupational therapy workshops. However, it should be emphasised that occupational therapy workshops are no longer the only place in Poland where occupational therapy can be conducted. Occupational therapy is also conducted (with various levels of intensity and results) in facilities such as: nursing homes, rehabilitation centres, sanatoria, mental hospitals, neurology and orthopaedic hospital wards, therapy centres, and care and curative centres. It can be assumed that the association between occupational therapists and occupational therapy workshops is connected to the fact that an academic education, and the educational and professional preparation of occupational therapists that follows according to the standards of the World Federation of Occupational Therapists (WFOT), has only a short tradition as it has just been conducted since 2012. Prior to 2012, occupational therapists were educated only in postsecondary schools, and the educational curriculum did not prepare them sufficiently for working in health care institutions (e.g. hospitals). Therefore, the graduates educated in the two-year system took up employment in institutions such as occupational therapy workshops and in other places connected with the broadly understood field of social aid.

It is worth emphasising that the present study encompassed persons intending to pursue medical studies and potentially work in medical professions. It is worth mentioning that the research sample in the present study comprised mostly women (65%) – in Poland, the profession of an occupational therapist is occupied by women in the vast majority of cases, and the personnel working in medical professions may also be described as feminised. These trends are characteristic not only of Poland.

For instance, in 1990, only 4% of the occupational therapists working in Canada were men [8]. At present, many medical professions (including the profession of an occupational therapist) are described by researchers as feminised, although it has been indicated that men wanting to work in the profession of occupational therapy do not face structural barriers [9]. According to the data on the website of the United States Department of Labor [10] concerning the percentage of the sexes in employment, 92% of the persons performing the profession of an occupational therapist are women and 8% are men. This profession ranks second, after dental hygiene, on the list of the most feminised professions.

The poor recognisability of the profession of an occupational therapist and its related activities is indicated by numerous studies concerning the specialists working in various medical professions [11, 12]. Different results were obtained from a study conducted in Saudi Arabia (Makkah), according to which, specialists working in the professions connected with health care have a full and adequate knowledge of what occupational therapy involves [13]. However, an interesting trend can be observed when analysing the results of a research study conducted in Jordan. Tariah, Abulfeilat and Khawaldeh [14] revealed in their research that the doctors, nurses and physical therapists had little knowledge about occupational therapy. At the same time, a study by Alheresh and Nikopoulos [15], also carried out in Jordan, showed that the health care professionals employed in the rehabilitation facilities of three large hospitals in Jordan had a solid knowledge about occupational therapy and the role of occupational therapists.

In the present study, when the students answered a question about the knowledge necessary to become a professional occupational therapist, the respondents most frequently mentioned general medicine (38.6%) and psychology (34.58%); interestingly, the necessity to know the typical work methods of occupational therapy was mentioned extremely rarely. The obtained results may justify the conclusion that the respondents' knowledge about the specifics of the profession and the roles performed by an occupational therapist was fairly limited. It is worth stressing that in Poland, even though the profession of an occupational therapist has been present for decades, a detailed description of the roles that an occupational therapist should fulfil is lacking. The few publications that mention this subject generally indicate the occupational therapist's advisory and supportive role [4], as well as the role that an occupational therapist should fulfil as a part of geriatric care [16].

Importantly, the present study revealed that the majority of the respondents had heard of occupational therapy as a field of study at university. As has already been pointed out, the academic tradition of teaching occupational therapy in Poland

began just five years ago. It may also be concluded that the high number of positive answers stemmed from the respondents' wish to pursue medical studies.

Conclusions

Respondents, despite the declared interest in medical science, showed low level of knowledge about occupational therapy. The most important practical conclusion from the conducted research concerns the fact that intensified actions should be taken focused on increasing the knowledge of the respondents about occupational therapy – both as a field of study and a profession. Building awareness of occupational therapy among future students could contribute to increasing the number of people who undertake studies in this field, and then will work as a professionally active occupational therapists.

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Znajomość problematyki terapii zajęciowej wśród młodzieży licealnej planującej studiować na kierunkach medycznych w Polsce

Abstrakt

Wstęp: Polska od 17 lat jest członkiem Unii Europejskiej. Jednak społeczny pogląd na terapię zajęciową jest ograniczony i różni się od tego w innych krajach Unii Europejskiej czy na świecie. Celem pracy było określenie znajomości terapii zajęciowej wśród uczniów szkół ponadgimnazjalnych będących przyszłymi kandydatami na wyższe studia medyczne oraz potencjalnymi członkami zespołów interdyscyplinarnych.

Material i metody: Badaniem objęto 1865 losowo wybranych uczniów szkół średnich (1212 kobiet i 653 mężczyzn). Badanie przeprowadzono za pomocą kwestionariusza zawierającego 18 pytań wielokrotnego wyboru.

Wyniki: Większość respondentów przyznała, że zna pojęcia terapia zajęciowa i terapeuta zajęciowy, ale pojęcia te były nieznane 416 osobom. 1414 respondentów wskazało, że ich zdaniem terapeuta zajęciowy może pracować w ośrodkach rehabilitacyjnych. Najwięcej ankietowanych wskazało dzieci z wadami wrodzonymi, takimi jak zespół Downa (1261 osób) w grupach osób, z którymi może pracować terapeuta zajęciowy.

Wnioski: Przedstawione wyniki wskazują na stosunkowo niski poziom wiedzy badanych na temat terapii zajęciowej, co odzwierciedla ogólną sytuację zawodu w Polsce.

Keywords: terapia zajęciowa, zadania terapeuty zajęciowego, znajomość problematyki terapii zajęciowej, młodzież licealna
