

A Cross-Sectional Survey of Occupational Therapy Education in Saudi Arabia: Challenges and Prospects

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Abstract - Occupational therapy is an important part of health care that helps people become more independent and improve their quality of life through useful tasks. The goal of this cross-sectional study is to find out what problems occupational therapy school in Saudi Arabia faces and what its future looks like. The goal of the study is to find out what problems occupational therapy school programmes in Saudi Arabia have in common. The results of this study will help us learn more about occupational therapy schooling in Saudi Arabia and help us figure out how to fix the problems that have been found. The data will also give lawmakers, educators, and other people with a stake in the growth and improvement of occupational therapy education in the country important information.

Keywords - Occupational therapy, education, Saudi Arabia, challenges, prospects, healthcare, curriculum, faculty, clinical training, research

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INTRODUCTION

Occupational therapy (OT) is a type of health care that focuses on helping people of all ages face physical, mental, and social obstacles so they can do useful things and be independent. In Saudi Arabia, occupational therapy has grown and become more well-known over the past few years. As more people learn about the benefits of occupational therapy and how important it is for recovery and disability support, the demand for its services has grown (Alotaibi, et al., 2019).

To make sure that occupational therapy services are of good quality, it is important to have a well-established and successful method for teaching occupational therapy. Occupational therapy education programmes are very important because they train workers who are skilled and knowledgeable and can meet the needs of a wide range of people. But because the field is always changing, it's important to look at the present state of occupational therapy schooling in Saudi Arabia to find problems and find ways to make it better (Sarsak, 2019).

REVIEW OF LITERATURE

(WFOT, 2017) The World Federation of Occupational Therapists People, communities, and whole populations may all benefit from occupational therapy's attention on productive activity. The primary objective of the discipline is occupation-centered practising, which facilitates participation and socialisation inside the workplace (Fisher & Bray Jones, 2017). Occupation-centered practise is defined by Fisher and Bray Jones (2017) on page 241 as "an occupational therapist maintaining his or her profession-specific perspective and making sure that he or she puts occupation at the centre of his or her professional reasoning and connects everything he or she does to the core paradigm of occupational therapy."

However, it is unclear how schools are incorporating a focus on the workplace into their curriculum. Teaching, learning, and assessment in an occupation-centered education are all designed to help students make connections between classroom material and real-world applications they may use on the job. Both the day-to-day tasks that students do

and the overarching structure of the whole programme are a part of occupation-centered education (Hooper et al., 2020). Employment-focused curricula (Di Tommaso et al., 2016; Fisher, 2013; Whiteford & Wilcock, 2001) are intended to better prepare students for the workforce. Several articles (Hooper, 2006a; Hooper et al., 2018; Price et al., 2017; Whiteford & Wilcock, 2001; Yerxa, 1998) acknowledge the significance of occupation-centered education in influencing the profession and highlight the significance of students learning about occupations from both individual and institutional viewpoints. Consequently, occupational therapy education must centre on occupation, although it is currently unknown how occupation is being taught in academic settings.

The curriculum for occupational therapy programmes is developed jointly by the business community and academic institutions. The World Federation of Occupational Therapists (WFOT) published the Minimum Standards for the Education of Occupational Therapists in 2016. The Occupational Therapy Council (OTC) of Australia (2018) and the Accreditation Council for Occupational Therapy Education (ACOTE®) Standards in the United States of America (ACOTE, 2018) are two examples of national standards that guide education programmes. The Occupational Therapy Board of Australia (OTBA, 2018) created the Australian Occupational Therapy Competency Standards, which are used as a foundation for occupational therapy degrees. Statements from these publications may be used by occupational therapy programmes in their course design, development, and assessment. These declarations are necessary in particular circumstances. Over the last six years, the WFOT, ACOTE, OTC, and OTBA have revised their standards to incorporate requirements that students acquire a professional worldview in preparation for competent practising. "(Canty et al., 2020) There are currently no regulations defining what constitutes occupation-centered education practises in occupational therapy curricula or dictating how these criteria should be implemented.

According to Fisher (2013), focusing on one's work is crucial to reaching one's professional goals. Occupation-centered practising occurs when a therapist's perspective, identity, and competence are all intertwined with their profession (Fisher, 2013; Wilcock, 2006). Yet it is evident that it is challenging for occupational therapists, especially those who are just starting out in the field (Di Tommaso et al., 2016; Di Tommaso et al., 2019a; Fisher, 2013; Wilding & Whiteford, 2007). Workplace norms and culture, being a recent graduate, and a general lack of attention on the job itself in education and practises (Di Tommaso et al., 2016; Gillen & Greber, 2014) all operate as barriers that make this difficult to achieve. Occupational therapy students have a hard time grasping the concept of "work" (Howarth et al., 2018; Molineux, 2010; Wilding & Whiteford, 2007; Whiteford & Wilcock 2001; Yerxa, 1998). Graduate students

should be well-versed in the workings of the professional world.

Two worldwide mapping evaluations conducted in 2013 and 2015 (Hooper et al., 2013; Roberts et al., 2015) categorised the subjects, themes, and impacts of educational research on the area. Both systematic reviews (Hooper et al., 2015; Roberts et al., 2015) identified a dearth of research on the how, why, and what of occupational therapy education. Numerous qualitative researches on career-focused education have been published since these evaluations were last conducted. Occupational therapy norms were revised at the same time as these studies were published. There has been no review or synthesis of these studies to determine the accuracy of their depiction of the teaching and learning professions, nor has their quality been assessed.

The findings from qualitative research may be analysed and compiled in several ways. A qualitative evidence synthesis (QES) is a method for systematically comparing, combining, or summarising the findings of qualitative investigations (Grant & Booth, 2009). Mental health intervention efficacy (Wimpenny et al., 2014); amyotrophic lateral sclerosis (ALS) patient quality of life (Soofi et al., 2017); and the personal significance of work (Eakman et al., 2018) have all been the subject of qualitative synthesis. Research in the field of education also makes use of qualitative systematic reviews. Tondeur et al. (2016), for instance, utilised them to investigate educators' perspectives and attitudes towards technology in the classroom.

METHODOLOGY

In this study, researchers used a cross-sectional approach. The information for the research came from a lengthy survey that was sent out in the months of October and November of 2022. To assess the state of OT training courses in Saudi, an online survey was conducted. Two people from the research team did a dry run and pretested the poll to make sure it was functioning properly. We utilised the feedback to fine-tune the survey questions before we began collecting responses. We looked for schools having OT departments or courses on the Ministry of Education's (MoE) website. Academic OT curricula were also researched on the Ministry of Defense's official website. When a university had more than one school, we treated each campus as its own university to determine where OT curricula were currently being offered. Programme directors from participating institutions were asked to fill out a survey about their academic offerings, the number of full- and part-time faculty members working on those programmes, and the faculty members' demographics (such as education level, employment status, scholarship awards, and gender). For the sake of this investigation, the term "faculty member" refers to anybody who had a role in providing instruction in any capacity (lectures, laboratories, or

practical exercises). Questions concerning certification requirements, pedagogical approaches, and the availability of hands-on learning facilities were also included in the survey. Finally, there were inquiries about potential roadblocks to expansion of the OT profession in SA and strategies for overcoming them.

Data was collected using Outlook Forms (Microsoft Corporation, Redmond, WA), and then exported and organised using Microsoft Excel (Office 365; Microsoft Corporation). As a result of the survey's design, we had to resort to using measures of central tendency and rate to shed light on the results. There was no time for statistical analysis because of the influx of information.

RESULTS

We combed through the MoE and MoD websites and came up with a total of 74 educational institutions. Only eight occupational therapy (OT) courses were located, and one of them was at a for-profit school. Table 1 displays the general features of the institutions.

Table 1: Institutions Characteristics

Characteristics	N (%)
Geographic regions^{††}	
Central	3 (37.5%)
Eastern	1 (12.5%)
Western	3 (37.5%)
Southern	0 (0.00%)
Northern	1 (12.5%)
Active programs	7 (87.5%)
Student	
Graduated over the past 5 years	606 (252 /354)
Currently enrolled	538 (187/351)
Expected to graduate in 5 years	1086 (433/653)

Sector	
Governmental	7 (87.5%)
Private	1 (12.5%)

Faculty member characteristics	
Full-time	76 (92.68%)
Part-time	6 (7.32%)
BSc holders	22 (32.83%)
MSc holders	34 (50.75%)
PhD holders	11 (16.42%)
MSc scholarship	16 (41.02%)
PhD scholarship	23 (58.98%)
Faculty member-student ratio ^a	1:13

Education degrees and styles	
Diploma degree offered	0 (0.00%)
BSc degree offered	8 (100%)
MSc or PhD degree offered	0 (0.00 %)
Clinical hours apart from internship	20.62 ±10.15
Research course as part of the curriculum	8 (100%)
Implementation of problem-based learning	7 (87.5%)
Implementation of clinical simulation in teaching	7 (87.5%)

Accreditation and recognition	
NCAAA obtained	0 (0%)
NCAAA in-process	4 (50%)
International recognition (WFOT)	5 (62.5%)
No accreditations were pursued	2 (25%)

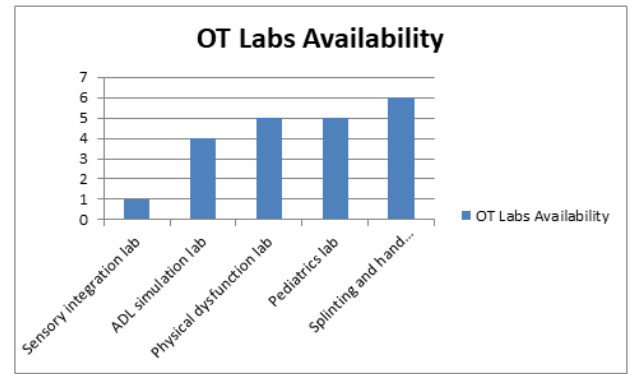


Figure 1: Educational and research institutes' occupational therapy labs

There was nowhere to get a college diploma. Only two of the eight institutions provided advanced degrees above the BSc; neither presented a Master of Science nor a Doctor of Philosophy. Over the last five years, 606 students have graduated from these eight institutions. At the time of the research, there were 538 students enrolled in OT courses. The course directors have projected that 1086 students would graduate during the following five years. The present research indicates that more women than men have graduated in the last five years (58.41%), are now enrolled (65.24%), and will graduate in the next five years (60.12%).

There were 76 full-time professors holding various academic credentials, and just 6 adjuncts. Currently, 39 employees have been awarded scholarships to further their education. There are 16 people receiving an MSc degree (41.02%) and 23 people receiving a PhD (58.98%). The present crew has 22 people with a BSc (32.83 percent), 34 people with an MSc (50.75%), and 11 people with a PhD (16.42 percent).

The eight institutions all denied having any kind of official relationship with the NCAA. There were four universities that indicated they were actively pursuing NCAAA approval. At the time of the study, just two institutions (25%) were reporting that they were not actively pursuing accreditation. The World Federation of Occupational Therapists (WFOT) has certified five (62.5%) institutions as legitimate, while the National Collegiate Athletic Association (NCAA) has not.

Each of the eight institutions claims to provide a study course. Additionally, seven institutions (or 87.5%) include problem-based learning and clinical models into their curriculum. Only one school in the survey (15.38%) did not have any kind of laboratory facilities. This was because the project was on hiatus, albeit the university assured us that new laboratories were being constructed. According to the heads of these programmes, their students make use of six (75%) splinting and hand therapy labs, five (62.5% each) physical dysfunction and paediatrics labs, four (50%) ADL simulation labs, and one (12.5% each) sensory integration lab. Figure 1 displays the many laboratories and the various organisations that make use of them.

The ratio of instructors to pupils varied from 1:6 to 1:17, with average being closer to 1:13. It was projected by the program's organisers that participation would increase by almost 50% during the following five years. Current faculty members receiving scholarships are likely to transfer to OT programmes. As a result, the present faculty member count will rise, resulting in a more favourable professor-to-student ratio.

The average number of clinical hours outside of the internship was 20.62 10.15, with a range of 10-36. Clinical placement sites were difficult to come by for six schools (75%) last year. In addition, student interns from all eight institutions reported that it was difficult to obtain appropriate clinical sites. Solution strategies discussed by programme directors included increasing the number of OT departments and posts, synchronising the placement of interns across hospitals, and shortening the length of the internship itself.

According to the directors of the various OT training programmes, there are a number of obstacles that prevent the OT field from expanding throughout the nation. These include a lack of research, financial incentives, and postgraduate courses; a shortage of personnel; a lack of contact between institutions; and a lack of understanding about the OT profession (n=7; 87.5%). Figure 2 displays the barriers to expansion in the OT field, together with the total number of responses.

Expanding the present scope of OT practise was also proposed by all respondents (n=8), as was implementing OT programmes in the public and commercial sectors (n=8). Possible solutions included easing professionals' ability to learn from one another, providing more funding for new OT departments, awarding more OT awards, and establishing professional standards and a domain of practise. The solutions to the issues are shown in Figure 3.

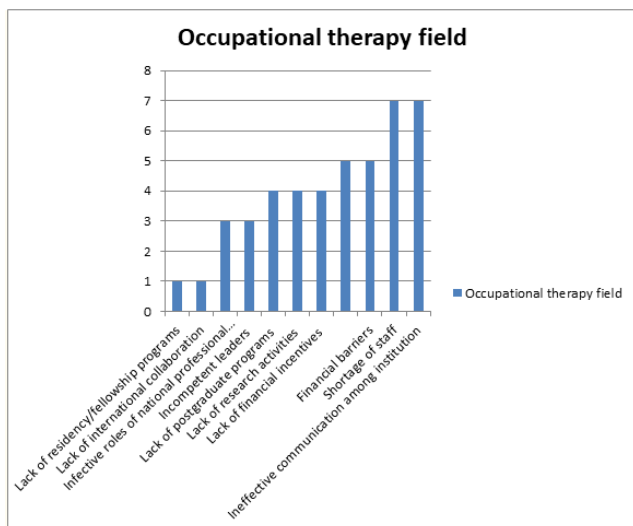


Figure 2: Limitations on the development of the occupational therapy field

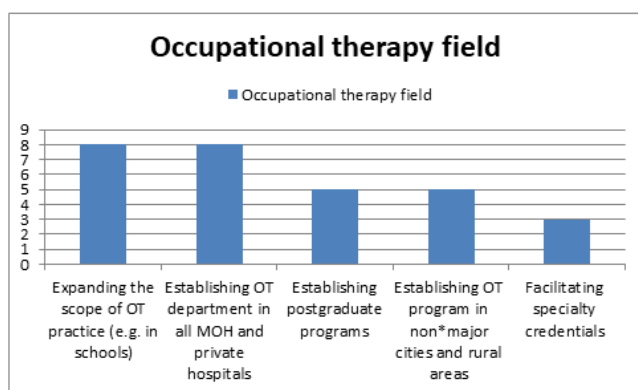


Figure 3: Options for growing the occupational therapy field are discussed

CONCLUSION

While occupational therapy (OT) education in Saudi has made great strides, there is still much need for improvement. Health professionals in SA's underserved eastern, northern, and southern regions may benefit from OT training courses so that they may provide OT to their patients. Schools, community centres, hospitals, and private homes for the elderly should all make use of occupational therapy. The prevalence of OT courses is a key reason for concern since not all schools have government permission. To provide better professional training and to increase the demand for and quality of graduates, it is vital to strengthen communication between schools and partners such as health services. Developing Saudi occupational therapy sector requires a strong foundation of postgraduate courses. The SCFHS has established a strong foundation for its new professional OT postgraduate diploma programmes. More research is needed to learn more about the

existing programmes and the obstacles revealed in the current study in order to assist OT education in SA progress.

REFERENCES

1. Al-Jadid MS. Disability in Saudi Arabia. *Saudi Med J* 2013;34(5):453-60.
2. Alkhunizan M, Alkhenizan A, Basudan L. Prevalence of mild cognitive impairment and dementia in Saudi Arabia: a community-based study. *Dement Geriatr Cogn Dis Extra* 2018;8(1):98-103.
3. Alotaibi NM, Manee FS, Murphy LJ, et al. Knowledge about and attitudes of interdisciplinary team members toward occupational therapy practice: implications and future directions. *Med Princ Pract* 2019;28(2):158-66.
4. American Occupational Therapy Association. Occupational therapy practice framework: Domain Process. *American Journal of Occupational Therapy* 2014;68(Suppl 1):S1-S48.
5. Ansari SA, Akhdar F. Prevalence of child disability in Saudi Arabia. *Disabil Rehabil* 1998;20(1):25-8.
6. Creek J. Occupational therapy defined as a complex intervention: a 5-year review. *British Journal of Occupational Therapy* 2009;72:105-15.
7. Darawsheh WB. Awareness and knowledge about occupational therapy in Jordan. *Occup Ther Int* 2018;2018:2493584.
8. Fraenkel JR, Wallen NE, Hyun HH. *How to design and evaluate research in education*. Vol. 7. New York: McGraw-Hill 1993.
9. Jer-Hao C, Ling-Yi L, Chou-Hsien L, et al. Perceptions of nursing and medical students on occupational therapy in Taiwan. *Health Env J* 2012;3(1):3-8.
10. Meny AH, Hayat AA. Knowledge about occupational therapy in Makkah, Saudi Arabia. Where do health care professionals stand? *Int Ann Med* 2017;1(11):6.
11. Olaoye OA, Emechete AA, Onigbinde AT, et al. Awareness and knowledge of occupational therapy among Nigerian medical and health sciences undergraduates. *Hong Kong J Occup Ther* 2016;27(1):1-6.
12. Sarsak HI. Perceptions of the occupational therapy profession among medical and health science students in Saudi Arabia. *Annals of International Occupational Therapy* 2019;3(2):78-83.
13. Tariah HSA, Abulfeilat K, Khawaldeh A. Health professionals' knowledge of occupational therapy in Jordan. *Occup Ther Health Care* 2012;26(1):74-87.
14. Vincent R, Stewart H, Harrison J. South Australian school teachers' perceptions of

occupational therapy reports. Aust Occup Ther J
2008;55(3):163-71.

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