OCCUPATIONAL THERAPY FOR MALAYSIA - A WAKE-UP CALL

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Abstract

Occupational therapy contributes to improving the health and wellbeing of individuals through active participation in everyday activities within a holistic care model. However, its development in Malaysia is stagnated and stifled by numerous internal and external factors. This paper aims to promote literacy about the profession by highlighting its scope of practice, the mandatory (national and international federation) and the non-evidence-based (medical hegemony) governing system and the workforce census in Malaysia. We highlight the disadvantages of an outdated medical hegemony system on the profession in Malaysia. The increase in autonomy through professional governance from its National and World Federation Board and the promotion of quality occupational therapy programmes are necessary for an increasing workforce. These actions can pave the way for affordable quality specialists' care for various clients across the lifespan, institutional needs, and Malaysia's public health sector.

Keyword: Occupational Therapy, Medical Hegemony, Autonomy, Health Sciences, Asia

Introduction

Occupational therapy contributes to improving the health and wellbeing of individuals by using everyday activities as therapy. The professional contributions of occupational therapy in Malaysia have been stagnated and stifled by various internal and external factors. Occupational therapy services have been available since the mid-1950s. Yet past research indicates a lack of public knowledge on the benefits of occupational therapy, poorly informed decision-makers, and weak professional leadership promoting the profession's potential to make greater contributions in the health care system as contributing factors (1-3). In many developing countries, the opportunity for occupational therapists to achieve professional autonomy and advancement is hindered by a governing layer of medical rehabilitation doctors. These medical doctors especially across Asia, functioning as gatekeepers in an entrenched medical practice model, limit the holistic scope of occupational therapy's biopsychosocial model of care and interdisciplinary teamwork found in other countries. The occupational therapy profession must be empowered as an independent discipline at its national/local level for its well-educated members to be autonomous practitioners and researchers (4). The institutional political regulation of a gatekeeper system that prevents self-regulating professions from providing services is not new and can create inefficiencies in the health care system (5).

The struggle with medical hegemony issues is well documented in developed countries (5, 6). Today, these countries have made significant progress on the autonomy and professional matters of health sciences. Gatekeeping as the unethical governance creates an oppressive environment that prevents development, obstructs service delivery of the profession, unjustly limits interdisciplinary health care, and controls access to evidence-based, cost-effective health care services (7). Gatekeeping is also associated with a lower healthcare efficiency (4), and impedes efforts to provide affordable direct care. Removing medical dominance and increasing professional autonomy allows members of the health sciences professions to participate interdisciplinarily, grow their service deliveries, and ultimately contribute to a more effective approach. In essence, different health professions view the client's barriers to participation from a different lens and often have unique intervention strategies. Therefore, greater interdisciplinary autonomy facilitates the creation of more innovative solutions. This paper aims to conceptualize professional-experiential reflections to promote literacy on the long-neglected newer health professions in Malaysia.

Materials and Methods

This case study inquiry utilized experiential reflections on events that shape the occupational therapy profession in the developed countries. The results serve to make connections to inform the understanding of observed disadvantages from political, medical governance, that continues to stifle and stagnate the development of the occupational therapy profession in Malaysia.

Results

The informed opinions from the experts' analytical reflections on the Occupational Therapy profession highlighted several themes connected to the stagnation of the profession in Malaysia. Concepts and ideas derived from indepth discussions were analysed to consolidate themes that can promote the literacy level on occupational therapy. Three themes/concepts that were intricately connected were prioritised, i.e. the scope of professional practice (to increase recognition of the profession), mandatory versus non-evidence-based political governance, and census of workforce in Malaysia over time.

Discussion

Theme 1: Scope of Occupational therapy - beyond mere rehabilitative

Occupation Therapy is a less known healthcare discipline in many developing countries such as Malaysia. As an autonomous science-based profession with a holistic focus on therapeutic medium to treat patients, occupational therapy collaborates to problem-solve towards attainment of independent functioning and participation in life activities. These include those activities or occupations they need or want to do to overcome, or adapt to their functional limitations, and thereby enabling them towards functional outcomes for independence in daily living (8). The theoretical frames of reference in occupational therapy uniquely shape the development of the occupational therapy profession. Globally, evidence supports the cost-effectiveness and impact of offering occupational therapy services as a science-based discipline for their contribution to affordable health care system (7). Examples of cost effective evidences are in falls prevention, musculoskeletal injury, stroke rehabilitation, early intervention developmental disabilities, respiratory care and home care (9). Across developed countries, occupational therapy services have independent clinical departments in hospitals, mental health and addiction settings, community settings, private practices, and educational schools/faculties established within universities, all of which have contributed to further advancing its science-based foundation. The occupational therapy intervention process involves an intricate and complex series of analytical and professional reasoning that involves activity analysis of the person-occupational demands, with the client -as a person rather than just a diagnosis, to help them target optimal independent occupational performance. Occupational therapy works inter-professionally with any health/medical/social discipline relevant to the particular patient group. This position ensures that its science-based foundation develops as an independent, unique field to to improve the theoretical underpinnings and concepts related to human 'occupation' and 'occupational performances' (10). Occupational performance (i.e., the range of functional tasks and activities to be performed throughout life-meaningfully, purposefully, and independently by the individual) is the unique motivator for setting client-centred, functional goals to attain quality of life. Such occupational based engagement enhances valued roles and positively influences overall health and quality of life (11). The World Federation of Occupational Therapy (WFOT) has been an official partner of the World Health Organization (WHO) since 1959, undertaking a collaborative work programme to improve world health (10). As a recognized autonomous health profession, occupational therapy collaborates directly with all relevant discipline/s to integrate health and social wellness in the context of addressing their clients' activity goals. As Malaysia moves into 2022, it is still far behind in addressing the evidence-based call for all healthcare/educational settings. Health services and clinical studies embrace global recognition of occupational therapy practice as an autonomous professional service (with its known scope of clinical practice). The complexity of health and social needs in the 21st century demands quality professional tertiary-education to increase service

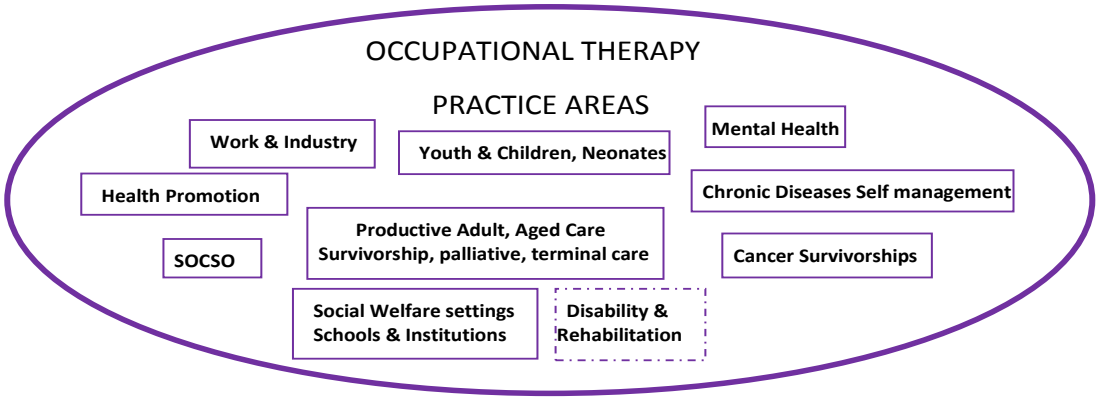

Figure 1: Occupational Therapy practice areas - beyond mere scope of rehabilitation

effectiveness and build up its educational system's research capacity (Figure 1).

Theme 2: Governance by the national council and World Federation of Occupational therapists

The Occupational Therapy profession is governed by each country's National Council/state/provincial body with an oversight on its education by the World Federation of Occupational Therapists (acting as the international professional organization). Globally, the profession is never under the governance of rehabilitation doctors. It is ironic that although the profession champions independence for its clients, its independent functioning is occupationally obstructed in the less developed countries. One reason is attributed to the lack of understanding and low literacy level of the healthcare about the profession. In Malaysia, the erroneously outdated belief of categorizing occupational therapy as 'belonging' to medical rehabilitation doctors is still continuing in the year 2021, and has detrimental effects on the therapists, the profession, and its services to the public. The political misalignment with numerous negative ramifications on care delivery, practice settings and job autonomy, has hindered the development of this science-based service provision in Malaysia. Such governance runs counter to the World Federation's guidelines. Such a gatekeeper system is political and redundant (and unethical), and does more harm than good as it restricts access through one discipline's limited knowledge of other fields, brings along their biases and obstructs the job autonomy of another's area (3-7).

Occupational therapy is an evidence-based interdisciplinary provider, like other autonomous professions in healthcare (12). In the USA, physicians are not allowed even to directly supervise occupational therapy assistants, as they are deemed not licensed as occupational therapists (13), as occupational therapists are the responsible health professional on these domains, targeting the barriers to daily life participation. The selection of optimal interventions is based on the occupational therapist's professional and clinical reasoning, scientific evidence factors, client life situation and preferences, the pragmatics of the health care environment's resources.

Promoting direct care could meet patients' satisfaction, eliminate unnecessary health costs, and time in the Malaysia health delivery. The economic impact of having direct services as part of health care provision is even more critical today, given the reality of an ever-shrinking healthcare budget to cut unnecessary services. When direct access is prohibited, the increased cost will further strain dwindling healthcare dollars**.** In addition, the negative ramification of such an unevidenced based model of governance spills into undergraduate education where medical students are also receiving misinformation on the therapy profession. Policymakers may also overlook these affordable care services since these therapists have either no direct representation or are wrongly represented by rehabilitation doctors. Research to stimulate the grossly neglected domains of occupational participation of occupational therapy even at pressing periods of the current pandemic (14, 15) is handicapped by low job autonomy and the small size of the occupational therapy workforce. Position statements on the profession's autonomy status and its responsibility for self-governance have been issued by its World Federation for developing countries with a hegemonic medical model - to help address their lack of knowledge, poor recognition of occupational therapy and a low level of literacy on the profession.

Thus, the Malaysian Ministries of Health and Higher Education should step in and correct these anomalies, starting with its organisational chart. OT is an independent department, and placing it under an unethical hagemony governance will only obstruct, stagnate and also, highlight the country's backward policies for newer health professions.

Theme 3: Gross stagnation on the progress of Occupational Therapy in Malaysia

Human resource management with a leaner but effective healthcare team calls for targeted, strategic and direct collaborations that focuses on patients' essential care plans. Occupational therapists are trained to adapt their integral approach, which considers the patient-related variables and preferences, professional-related and human capacity factors, interpersonal and, organizational factors during their treatment goal settings with the clients (16). The benefits from occupational therapy interventions include functional independence, less long-term health utilization (12, 17), functioning in older people (18, 19), and return to work and/or staying at work (20). Other areas are, enhancing the driving performance of community-dwelling older adults (21), increasing community-based participation, falls efficacy and quality of life (22) and addressing cancer specific issues (23). These inherent values of therapy services makes it a useful discipline with practical outcomes across its established practice areas.

The primary issues faced by Malaysian occupational therapy are a lack of university-based educational programmes, and human resources to proactively plan for and develop a greater quality workforce for its education, clinical and research sectors. In North America, Occupational therapy's formal inception at the turn of the century was the introduction of university-based educational programmes. As early as the 1950s, the profession in the developed countries have accelerated the quality of its education, research and clinical practice as well as knowledge dissemination. Across the globe, the entry-level credential for the profession is at the bachelor degree or equivalent level, while entry- level masters are required in all parts of North America and doctoral level entry is coming in the United States of America. Doctoral level practitioners are in greater demand. Yet in Malaysia, in the year 2021, the profession remain underdeveloped, trapped in the colonial era of training and hegemony practices with very few Occupational Therapists with a doctorate.

Another issue is the critical lack of awareness of the field by the Ministry of Higher Education and key stakeholders leading to the neglect to provide budgets for educational programmes congruent with the profession's international growth. In Malaysia, the first doctorate trained occupational therapy academician was only in 2009. At mid 2021, there are less than eight educated occupational therapists with doctorates in Malaysia, and only a mere 1,892 occupational therapists for a population of 33 million in Malaysia. Table 1 provides a census of occupational therapy in the three settings of public, private, and schools (including academics and practitioners working in school settings). In comparison, a small country like Sweden, with a population of barely 10 million, has approximately 1,000 qualified occupational therapists. They are mostly doctorate-educated to serve their nation and are leading the contribution for occupational science, an emerging basic science, which supports the practice of occupational therapy (24). Despite over 60 years of occupational therapy in the Malaysian healthcare system, the profession is underdeveloped and stagnated in the colonial era's diploma-level apprenticeship training model and is struggling under an outdated medical hegemony system (25, 26).

Table 1: Stagnated growth of occupational therapists in Malaysia (0.20 percent therapist per 10,000 population)

PRACTICE AREA	2008 (25 million population)	2021 (33 million population)
Public Hospitals	407	1552
Private Settings	40	289
Educational Settings	30	51
TOTAL	477	1892

Malaysia is a country that is now classified as an upper-middle-income country. Still, it has one of the lowest ratios of 'therapists-to-patient' population in the world at 0.2 therapists for 10,000 people (Figure 2). In comparison to other professions in Malaysia, Figure 2 presents the numbers serving in private and public sectors (in bar chart) and the total number for the year 2010 with the ratio of therapists per 10,000 population (27). It must be highlighted that these ratios for medical doctors would be even much higher in 2021 because of the high multiplication effects, as Malaysia has the highest number of medical schools per population in 2017 (28).

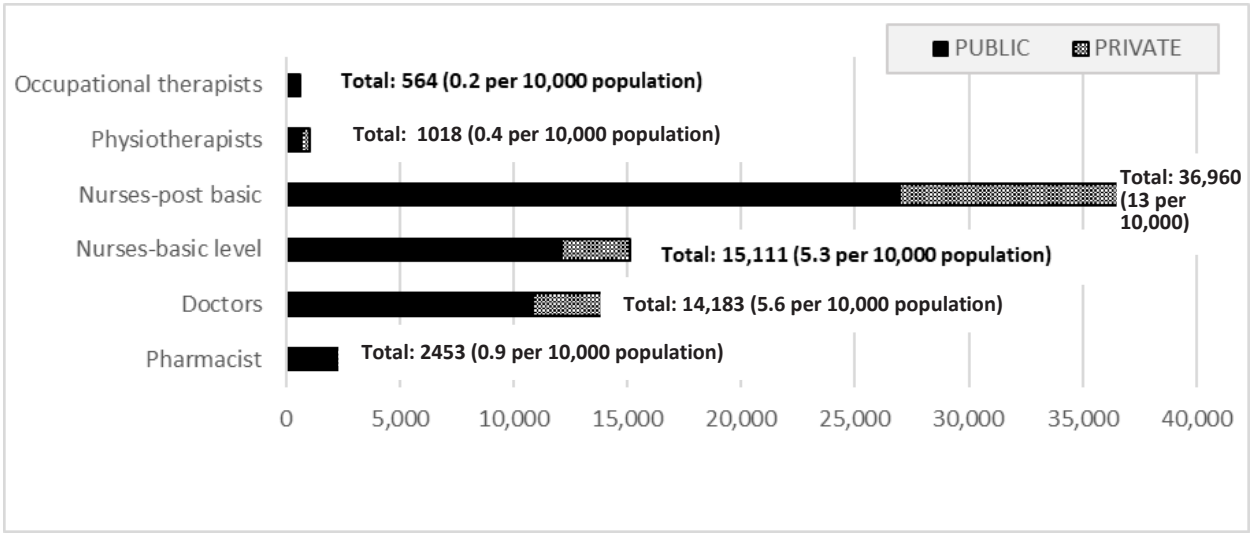

Figure 2: Ratio of occupational therapists compare to other disciplines in 2010 in Malaysia

A wake up call for Malaysia - way forward for occupational therapy

Overall, Malaysia's occupational therapy service system is critically underdeveloped, marred by a nonevidence-based political governance by rehabilitation doctors acting as a 'mediator' practice infringement that the World Federation of Occupational Therapists does not sanction. The profession is an autonomous discipline, and should not be under the governance of rehabilitation doctors. There is also an urgent need to develop the occupational therapy national council/board to regulate the field and adhere to mandatory guides from its international professional body. Malaysia's failure to invest in the educational upgrading of the occupational therapy discipline as a major health care team member is to disregard a known cost-effective intervention contributor to healthccare system and deny the Malaysian public access to the expanding science-base of this profession. All public universities in Malaysia should start offering undergraduate programmes for occupational therapy to prepare the workforce to serve the healthcare needs of the 33 million population. There are also employment opportunities to enhance contributions to school-based practice, community mental health settings, social welfare, schools, and preventive

social sectors. A greater budget is critically needed for occupational therapy to stimulate rapid research on the neglected domain of occupational participation and the continued development of its occupational science base for Malaysia. Globally, a survey on the impact of COVID-19, has important recommendations for efforts on the development of standards of care to supports and promote quality occupational therapy service, even for those struggling with the effects of "long COVID". Advocacy for direct access to occupational therapy for people in need is the right of the society. A strategy to address the occupational injustices on the therapy profession contributed by the outdated medical hegemonic system is by ensuring a professional pathway at universities, hospitals, social settings, and educational settings, with professional autonomy. Increasing and developing a quality occupational therapy workforce will pave the way for subspecializations within the profession for affordable quality specialists' care, for clients across the lifespan, special institutional needs (prisons, schools, centres) and communities.

Conclusion

With the shortage of occupational therapists in Malaysia and the inability of the field to further develop especially around the unique context of the Malaysian culture for more effective strategies for barriers to participation, the government needs to start developing its faculty of health sciences and the occupational therapy programmes. It is time for public universities in Malaysia to start their bachelor/honours degrees that provide either independent or dual degrees with more established international programmes and postgraduate subspecializations in occupational therapy. Profession specific leadership must be empowered with autonomy and independence to contribute towards ensuring that the country has a long-term plan for its workforce, educated and well equipped at the proper level and accreditations to contribute to affordable healthcare, social-welfare system for its rising population.

Competing interests

The authors declare that they have no competing interests.

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