

## **Occupational therapy in Iran: Historical review**

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Occupational therapy in Iran is relatively young - established in 1971 - with a fluctuated development due to the Iranian revolution in 1979, and eight years war from 1981 to 1989. Today, there are ten Bachelor programs across the country approved by World Federation of Occupational Therapists (WFOT). Furthermore, occupational therapists have opportunities for further postgraduate training in both Master and PhD levels. Fast growing of occupational therapy due to social demands necessitated therapists to develop a professional organization. Therefore, Iranian Occupational Therapy Association (IROTA) was formally established in 1994. This paper aims to present an overview about occupational therapy in Iran. Iranian context including population, health status and culture is also reviewed. This follows with explanation about occupational therapy background, education and development. Finally, conception, development, purposes, and achievements of Iranian Occupational Therapy Association; present situation and future perspectives of occupational therapy are discussed.

**Keywords:** Iranian Occupational Therapy Association, History, Occupational therapy

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### **Introduction**

Since 2006 when for the first time a history regarding occupational therapy was developed and published by WFOT, occupational therapy in Iran has been changed in professional and educational aspects. Furthermore, many occupational therapists from all over the world have asked for the second revision and updating. At the same time, Iranian Rehabilitation Journal dedicated this issue to occupational therapy research in Iran. Therefore, a good opportunity come to place to develop a second version of the history of occupational therapy in Iran. This paper aims to provide an overview of occupational therapy (OT) in Iran and demonstrate its future perspective.

### **Iranian Context**

Iran is a big country (1648915 Km<sup>2</sup>) with a long history of more than 4000 years civilization situated in northern side of Persian Gulf, included a population of about 80 millions that 23.4% are less

than 14 years old (2). This was as a result of a population booming that happened following Iranian revolution in 1979. However, the national growth population rate has been reduced and currently is 1.1% (3). 5.7% of the population are 65 year or older. It is estimated to have 9 to 10 million older adults in 2021 (2). Rate of death (per 1000 population) for children under five years of age is 39 and 36 in female and male respectively. Vaccination and immunization have been improved during the last decades and these currently cover more than 85% of the target population (4). Life expectancy has been improved due to increase quality of health status and this is now 74.6 and 72.1 in female and male respectively (2). Today, 6% of national income is for health and only 0.1% of this is for welfare and rehabilitation.

There are not well-designed researches to identify accurate prevalence of different types of disabilities and disorders. However, it is estimated that 23 per

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1,000 of Iranian population suffer from some forms of disability (5). Another study in adults revealed that 21.3% in rural and 20.9% in urban areas suffer from a type of mental disorders such as depression and anxiety (6). These demonstrate the huge number of people require rehabilitation intervention in general and occupational therapy in specific. Iranian culture and context is unique and different from developed and neighboring countries by various means. Diversity of ethnic groups with their own specific values and beliefs can be considered as one of the reasons of uniqueness of this culture. Although, majority of Iranians are Fars, others include Turks, Kurds, Lours, Turkmans, Baluchis, Arabs, and Nomads with their own languages (7). From religion point, majorities are Moslem (both Shiites and Sunnites), and minorities included Christians, Jews, Zoroastrians, and others (8). Historically looking, Iranians have been affected by various events inside and outside their country. For example, the recent one was the Iranian revolution in 1979, and the other is long-term Middle East crises. All these have influenced the country and have leaded to what we can call Iranian culture, values and beliefs in this part of the world.

#### ***Occupational Therapy Background***

Occupational therapists believe human well-being is achieved by a balance among three interactive factors including physical, psychological and spiritual. Having faced with any difficulties causing disruption to such a balance would lead to a decreased quality of life for a person and significant others. Additionally, the physical, social and political context within which a person lives plays an important role in his/her health and well-being. However, contrary to the Western philosophy, Iranian culture acknowledges and further emphasis on spiritual aspects and eternity. As a result, in catastrophic events, these beliefs along with praying would play important roles to comfort people and provide a great source of adaptation.

In Iranian culture, activity and occupation are important for their health and prosperity in this life and futurity. Iranians believe "good act" is one of the ideal self. Religion's values also support this when great Prophet Mohammad recommended independent living and doing good deeds firmly in order to be inhabitants of paradise and being salvaged. However, when disabilities happen, people react differently and more often emotionally. As extent family are yet strong enough especially in small cities, family members tend to help these

persons with disabilities in their daily activities. The amount of support is sometimes too much that prevents them to achieve their potential level of independency. Often family members in a household step forward to provide the required help even at no request by the person. This causes conflicts with intervention plan and prevents it from effectiveness. Because, on one hand, occupational therapy encourages patients to become more independent and on the other hand family members act emotionally and help them excessively. This may provide the emotional comfort at the beginning for both the patient and the caregiver, but in a long run has negative consequences. Some examples of consequences include abundant physical and emotional pressure on caregivers and deviation from intervention goals which leads to increased dependency of patients on their caregivers.

Varieties of activities also are applied in rehabilitation centers majority in psychiatric departments that might be different from those in developed countries. Handicrafts such as ***Engraving***, Rug weaving, knitting, swing, crochet work, embroidery, Silver making, Sculpturing, Painting, Wood carving, Crockery making and some other Iranians handiworks, Ceramic and mosaic works have a long history in Iran. Among them, the art of ceramic is the oldest in the Great Persia and unearthed ceramic works dates back up to seven centuries B.C. Poetry is another activity that is very popular in Iran (9).

#### ***Occupational Therapy Education***

Occupational therapy started in 1971 under supervision of an occupational therapist - Britta Pagh Jensen, WHO representative. At the beginning, a two-year OT assistantship program was designed, and then Bachelor of OT program was started (10). Jensen founded OT in two small rooms in Shafa Rehabilitation Hospital in Tehran with five female students. She, along with some physical therapists, trained theoretical and clinical courses and prepared students to work as OT assistants. This group of students was later awarded a fellowship by WHO to visit and educate at occupational therapy schools in Denmark and UK for a couple of months with accompany of Jensen (11).

Fathiyeh Mezeo - another occupational therapist from WHO - joined this group to work in the field of prevocational assessment of people with disability in 1972. In the same year, a day center was established next to the hospital and OT department was equipped by help of WHO (11). Very soon OT was

grew rapidly by employing more lecturers, and establishing School of Social Welfare and Rehabilitation Sciences (known currently as Faculty of Rehabilitation Sciences) in 1973 within which OT, physical therapy, and speech therapy students were trained. Tehran University of Medical Sciences (TUMS) also started to train occupational therapists in 1974 by effort of Tafreshi, but this was not continued for more than several years.

Following Iranian revolution in 1979, overseas lecturers left Iran and this caused a gap in training occupational therapists. It took several years to be able to restart training OT at the Faculty of Rehabilitation Sciences by Rahbar and a group of Iranian occupational therapists in 1982. Eghlidi, Gerami, Katebi, Najafi, Panahi, Rahbar, and Tafreshi were pioneers in OT education in those years. Subsequently, bachelor program in occupational therapy was developed in two further universities including Shaheed Beheshti Medical University (SBMU) founded by Eghlidi in 1987, and the University of Social Welfare and Rehabilitation Sciences (USWRS) established by Rassafiani in 1993. Since then, seven further universities across the country started occupational therapy program in bachelor level and played an important role in training occupational therapy professionals for the country. Master program in occupational therapy was established in 1991. This program is currently trained in four universities including IUMS, TUMS, SBMU, and USWRS. In 2008, entering the first group of PhD students into two universities, IUMS and USWRS, provided an opportunity for further advancing OT mainly due to conducting better designed research studies. Two of these PhD students have been just graduated, starting their services in training occupational therapists.

#### ***Iranian Occupational Therapy Association***

Occupational therapy grew fast despite of influences of economic crises and eight years war during the first two decades of its conception. Occupational therapists felt that they need a professional body to pursue their goals and needs in both national and international levels. Therefore, a group of pioneer occupational therapists came together in 1990 to found Iranian Occupational Therapy Association (IROTA). Following hard working of this group, IROTA was formally established in 1994 and Eghlidi, Hosseini, Katebi, Lajevardi, Payandehfar, and Shafaroudi, was selected as the first executive committee. IROTA was expected to act as official national organization to support occupational

therapy, to advance occupational therapy education and training, to improve practice and maintain standards, to increase the facilities for practitioners, and to develop international cooperation (1). Since establishment, IROTA has pursued its goals and achieved the following results:

- Held 18 national occupational therapy congress, and holding ongoing training, workshops for OTs
- Approved the articles for holding private and independent work office and clinics by occupational therapists in 2003 (prior to this time occupational therapists had to work under the supervision of a physician).
- Developed and updated bachelor and master curriculums in occupational therapy in collaboration with experts from the related universities
- Covered occupational therapy services by some private insurance companies
- Approved “Occupational Therapists Ethics” in 2004, and updated in 2012
- Became WFOT associate member in 2004 and full member in 2006
- Developed standards of services approved by Iranian Ministry of Health, a main step toward a comprehensive health coverage by major health insurance companies
- Developed three state associations in three provinces

These achievements demonstrate that occupational therapy has had a steady development in Iran. However, there is a need to further develop national association by establishing OT in different states (provinces), and stronger international collaboration with WFOT and other international associations.

#### ***Current Situation of Occupational Therapy***

About 3000 occupational therapists, in both bachelor and master degree holders have been graduated since 1971. However, as some occupational therapists have changed their carrier or immigrated to other countries, less than this number –approximately 2000 - are currently working in hospitals, communities, schools or private sectors. This means that for every 100,000, there are about 2.9 occupational therapists. Comparing to other countries, this number is very low and more occupational therapists are demanded to work in various practice areas. Number of OTs is expected to grow in the future as the new programs are going to complete their training soon.

Although the unemployment rate in Iran is 12.3%(12), 100 percent of occupational therapists are employed. They can find appropriate job in hospitals, communities and school settings, either private or public section. Demands for occupational therapists have been even improved since they could work independently under no direct supervision of a physician in private sector.

#### ***Future Perspective of Occupational Therapy***

Although OT in Iran has been developed, it is crucial to attend to some important aspects. As mentioned earlier, occupational therapy in Iran has been employed philosophy, performance model, framework, and practice originated from Western countries. These have made some problems and conflicts in providing services. For example, while in Westerns countries “personality is fundamentally determined by performance rather than by mere good-will and good intention” (13), in Iranian and Moslem culture, good intention is much more focused and preliminary to performance. It is said that God accept performance on the basis of good intention. These demonstrate necessity of long term research in various aspects of occupational therapy to develop Iranian model, framework and practice. This can be achieved by promoting research in depth and breathe and achieve higher standard of services on the basis of Iranian culture and context. Fortunately, there are currently some interested PhD students who are working in this area, hoping to gradually address this necessary area in the future. The professional body, IROTA, is also required to further progress in quality and quantity. One of its

goals, for example, is to develop national body by attracting more occupational therapists through expanding further states (province) occupational therapy associations. In addition, IROTA needs to develop training section by increasing the number of annual workshops and national journals, updating and improving World Wide Web services.

#### **Conclusion**

Occupational therapy in Iran has been developed qualitatively and quantitatively in different areas such as education, practice and its services. However, further efforts are required to provide standard and update services for people with disabilities through improving research and maintaining high quality of education. Now that Bachelor, Master and PhD. programs have been established, there is a need to extend and conduct qualitative and qualitative research in basic occupational science and various issues in Iranian context such as pediatrics, mental health, and addiction, and employ the results in education and practice. In this process, all occupational therapists can surely play their own important role.

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