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The University of Toledo

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Disaster Response Team Members’ Knowledge and Attitudes of the Occupational Therapist’s Role in a Disaster

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This scholarly project reflects individualized, original research conducted in partial fulfillment of the requirements of the Occupational Therapy Doctorate Program, The University of Toledo.
Abstract

The purposes of this study were to describe the support for a role for an occupational therapist on a disaster response team, the barriers that prevent them from adopting a participatory role, as well as team members’ knowledge of and attitudes about occupational therapy.

A questionnaire was developed and accessible from the Ohio and national Disaster Medical Assistance Team (DMAT) websites for a period of 42 days. After the data were collected, they were analyzed using the Statistical Package for the Social Sciences (SPSS) software package. The frequencies subprogram was used to analyze categorical data, while the descriptives subprogram was used to analyze continuous data.

With 40 DMAT members completing and returning the questionnaire via the online link provided, it was found that ~77.0% perceive themselves as being either very knowledgeable or somewhat knowledgeable about the occupational therapy profession; the mean percentage of correct responses specific to assessing the participants’ level of knowledge upon deliverable services that are within an occupational therapist’s capabilities was found to be 76.9%; and 61.5% responded with a favorable attitude when inquired of whether or not they consider an occupational therapist an asset to a disaster response team.

Many people throughout today’s society commonly misunderstand the professional practice of occupational therapy or do not know what the practice of occupational therapy includes. Advocacy efforts need to be taken in order to strengthen the number of favorable attitudes towards an occupational therapist being an asset to a disaster response team.

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1 SPSS Corporation, Chicago, IL
Disaster Response Team Members’ Knowledge and Attitudes of the Occupational Therapist’s Role in a Disaster

According to the American Medical Association (AMA, 2007), “our nation is focused on the need for disaster preparedness in an unprecedented fashion” (p. 1-1). Furthermore, disaster in this context is defined as: a) an event that exceeds the capabilities of the response and b) a situation when need exceeds resources (AMA, 2007).

From the literature cited above, it is apparent that the availability of resources is the definitive factor in whether or not a situation is disastrous. More specifically, resources such as men and women who are organized on a disaster response team become the core constituents in a disaster response. Disaster preparedness, therefore, primarily needs to be concerned with who responds to a major event that suddenly interrupts a societal flow. It is during a disastrous event when government agencies, along with all sectors of a community, organize efforts to protect public health (AMA, 2007, p. 8-10).

This study’s purpose was to assess disaster response team members’ knowledge specific to an occupational therapist’s capabilities, along with assessing whether or not the members deem an occupational therapist as having a participatory role on the team. Specifically, identification of issues that may be addressed by an occupational therapist was the focus. Team members’ knowledge of the skills and capabilities specific to an occupational therapist, along with their attitudes toward the occupational therapist as a potential team member, were assessed.

Disasters
According to an article, *An Overview on Disasters*, it was found that the classification of disasters as being natural, man-made, or hybrid covers all types of disastrous events (Shaluf, 2007). Further stated by Shaluf (2007):

Natural disasters are catastrophic events resulting from natural hazards. Natural hazards result from internal (beneath the Earth’s surface), external (topographical), weather-related (meteorological/hydrological), and biological phenomena.

Man-made disasters . . . are those catastrophic events that result from human decisions. Man-made disasters can be sudden or long-term disasters. Sudden man-made disasters are known as socio-technical disasters. Richardson (1994) highlighted that socio-technical disasters occur in at least four types of organizational situations. These are: 1) plant and factory (major accidents); 2) transport failures; 3) stadia or other “public place” failures; and 4) production failures. Long-term disasters tend to refer to national and international conflicts.

Hybrid disasters are a compound of human decisions and natural forces (pp. 687-688).

Regardless of the type of disaster, each presents a common denominator, which is the severity of their impact on people, property, and the environment (Shaluf, 2007).

Documented by the Centre for Research on the Epidemiology of Disasters (CRED), 335 natural disasters, alone, were reported worldwide in 2009 (Rodriguez, Vos, Below, & Guha-Sapir, 2010). With this fact highlighted, the CRED also found that the upward trend in natural disaster occurrence over previous years has stabilized in the year of 2009, and that
the figure reported for the same year is below the annual average of occurrence of 392 during the period of years 2000 to 2008 (Rodriguez et al., 2010). Nonetheless, natural disasters are quite frequent during a given year.

In a study undertaken by Les Coleman (2006), two sources of data were used to analyze the frequency of man-made disasters. The sources include: the EM-DAT, a global emergency disasters database compiled by the CRED, and a national register of disasters maintained by Emergency Management Australia (EMA) (Coleman, 2006). The findings are shown in Table 1, which reports the types of man-made disasters, along with their frequency per database, in the 20th century. Note, that with the exception of two explosions documented by both the EM-DAT and EMA, there is no double-report of an individual disaster (Coleman, 2006).

Given the etiologies of hybrid disasters, it can be implied that the frequencies of both natural and man-made disasters contribute to their geneses. An example of an infamous hybrid disaster in the U.S., however, is the failure of the levee system from Hurricane Katrina that hit New Orleans, Louisiana during the year of 2005 (Baade, Baumann, & Matheson, 2007).

In general, disasters of any type present major concerns due to their devastation and relatively high number of occurrences. Again, “our nation is focused on the need for disaster preparedness in an unprecedented fashion” (AMA, 2007, p. 1-1).

**Identified Issues**
Particular to the delivery of healthcare services are issues that pertain to disaster victims who are elderly or disabled (Dobalian, Claver, & Fickel, 2010; Stough, Sharp, Decker, & Wilker, 2010).

In an article by Dobalian et al. (2010), it is stated:

The success of nursing home evacuation efforts in response to hurricanes Katrina and Rita was variable; while some efforts were executed smoothly with little disruption to the care provided to nursing home residents, there were unfortunate instances of poor response efforts that resulted in deaths (p. 582).

Continuing with issues specific to the evacuation of nursing home residents, the Office of Inspector General (OIG) adds that problems with host facilities being underprepared compounds to the residents’ health risks (2006).

The National Organization on Disability (NOD) reiterates, in a report from the Special Needs Assessment for Katrina Evacuees Project (SNAKE, 2006):

Although local, state, regional, and Federal government agencies play a major role in disaster planning and response, traditional government response agencies are often ill equipped to the needs of disability and aging populations during emergencies (p. 2).

Further, findings from the SNAKE show that victims of the disability and aging populations were not successfully identified due to lack of trained eyes and lack of or inadequate screening questions. Moreover, this particular issue caused some individuals’ conditions to deteriorate (2006, p. 9).
In addition to the issues pertaining to the delivery of healthcare services, the Centers for Disease Control and Prevention (CDC) found that victims who are in need of immediate treatment for severe injuries caused by a disastrous event are confronted with dilemmas (2010). More specifically, the CDC (2010) stated:

The severe orthopedic injuries, amputations, and skin-related surgeries can require long-term rehabilitation services, including prostheses. Given the inability of the health-care infrastructure to provide services, rehabilitation activities might be undertaken by field hospitals, resulting in prolonged patient stays, which can place strains on facilities (p. 3).

Building upon this development, ethical issues, in turn, begin to surface, as it is a responsibility to attend to the need(s) of all victims with the best available care (Holt, 2008).

Landry, O’Connell, Tardif, and Burns (2010) further discuss issues that center on rehabilitation services for victims. Specifically, the authors believe that the disastrous earthquake in Haiti highlights a strong need for international humanitarian efforts that target rehabilitation; such efforts will aid in maximizing the quality of life for persons who are directly or indirectly injured (Landry et al., 2010).

**Knowledge and Skills of the Occupational Therapist**

Taken from the American Occupational Therapy Association website (March 2011): Occupational [therapy practitioners] help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions
include helping [persons] with disabilities to participate fully in social situations, helping people recovering from injury to regain skills, and providing supports for [persons] experiencing physical and cognitive changes . . . Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the therapy team (About Occupational Therapy section, para. 1).

With an idea of what occupational therapy practitioners do, it should be understood that they have specialized knowledge and skills (capabilities) particular to the delivery of healthcare services. Taking a client-centered approach towards practice, occupational therapy practitioners not only hone in on objective concerns of one’s quality of life, but also subjective concerns that may be introduced by the clients, themselves (Blesedell-Crepeau, Cohn, & Boyt-Schell, 2009). Moreover, occupational therapy practitioners serve a number of different populations within a number of different settings, which further contributes to a wide spectrum of capabilities.

As healthcare practitioners, occupational therapists are knowledgeable about the mental and physical capacities of the human. They understand the interrelation of body structures and body functions (American Occupational Therapy Association [AOTA], 2008). Furthermore, occupational therapy practitioners understand the implications that mental and physical dysfunctions (diagnostic disorders) can have upon a person’s quality of life. In addition to their knowledge about human functioning, occupational therapy practitioners have a keen understanding of the relationship(s) between humans and environmental
contexts (AOTA, 2008). They are knowledgeable about which environmental factors are (and which factors are not) conducive to the functional capacities of individuals.

Essentially, occupational therapy practitioners have a knowledgebase within the biological, psychological, social, and medical sciences (Hagedorn, 1995). They possess the knowledge and rehabilitative skills that can help individuals who have physical and/or mental dysfunctions. Moreover, with the field of occupational therapy focusing on the performance of human occupations, practitioners can help enable individuals during disastrous events- times of both personal and social disruption.

The Occupational Therapist’s Role in Disasters

Again, “our nation is focused on the need for disaster preparedness in an unprecedented fashion” (AMA, 2007, p. 1-1). This study supports this concern by assessing whether or not disaster respondents consider an occupational therapist as an asset to the team. Their judgment should be based upon their knowledge specific to an occupational therapist’s capabilities. Additionally, the study adds to the limited number of scholarly works that discuss a role for an occupational therapist in disaster preparedness, response, and recovery.

Produced in collaboration between civilian and military personnel and Occupational and Canadian occupational therapists, *The Role of Occupational Therapy in Disaster Preparedness, Response, and Recovery*, identifies premises that conclude a significant role for occupational therapists in disaster relief (Scaffa, Gerardi, Herzberg, & McColl, 2006). Given their knowledge and skills, occupational therapists can participate in planning efforts for disaster preparedness and design special-needs shelters (Scaffa et al., 2006). Moreover,
occupational therapists can provide supportive mental health services and occupational interventions in response to disastrous events (Scaffa et al., 2006).

Oakley, Caswell, & Parks (2008) identify a role for occupational therapists on disaster mental health response teams; however, the authors draw attention towards several barriers that may prevent them from adopting such a role. Several barriers that have been identified include: augmenting occupational therapy skills with additional training (specific to disaster mental health response), practicing occupational therapy skills in accordance to disaster mental health team role guidelines, and the fact that the Red Cross does not recognize occupational therapy as a profession credentialed to serve on its disaster mental health response teams (Oakley et al., 2008, p. 364). The purposes of this study were to describe the support for a role for an occupational therapist on a disaster response team, the barriers that prevent them from adopting a participatory role, as well as team members’ knowledge of and attitudes about occupational therapy.

Method

Study Design

The study involved survey research utilizing computer assisted technology, specifically an email posting inviting respondents to complete an online survey hosted on The University of Toledo website.

Instrument

A questionnaire was developed to collect data (Appendix A). The initial five items of the instrument aim to elicit demographic information specific to the respondent’s age, gender, level of education, profession, and present role on a disaster response team. A
second set of items aims to elicit nominal responses (i.e., yes or no for items 6 through 9, and very knowledgeable; somewhat knowledgeable; or not knowledgeable for item 10); this particular section of the instrument aims to assess a level of familiarity specific to the occupational therapy practitioner/profession of occupational therapy. A third set of items (11 through 25) aims to elicit data specific to the respondent’s knowledge of an occupational therapist’s capabilities; the items are specifically grounded upon delivering essential services in response to a disastrous event. Moreover, the third set of items all aim to elicit nominal responses of yes; no; or don’t know. The last section of the instrument briefly describes the job of an occupational therapist. Following the job description, a final item (26) aims to elicit another nominal response (i.e., yes; no; or don’t know) specific to a conclusive thought of whether or not a disaster respondent deems an occupational therapist as an asset to a disaster response team.

Prior to finalizing the instrument for use in the proposed study, it was piloted with three faculty members of the Occupational Therapy Doctoral Program at The University of Toledo. Upon the faculty members’ recommendations, several questions were reworded for clarification purposes and to maintain person-first language. Furthermore, it was suggested that a more contemporary job description of an occupational therapist be included (for the final question of the instrument). As a means to carry out this stated suggestion, the final question of the instrument is preceded by a job description (for an occupational therapist) that has been directly quoted from the American Occupational Therapy Association website. The study was reviewed and approved by The University of Toledo Institutional Review Board (IRB).
Participants

The participants of interest for this study were registered members of Ohio’s Disaster Medical Assistance Team(s) (DMAT) and other DMAT members who responded to the survey. The Deputy Commander of the Ohio-1 Disaster Medical Assistance Team (OH-1 DMAT) posted on the Ohio and national DMAT websites, asking the DMAT members to complete an online questionnaire.

Procedures

Data were obtained via an online questionnaire, which was developed and processed utilizing the Vovici survey platform (provided by The University of Toledo). The questionnaire was accessible from the DMAT websites through a provided link. The online questionnaire was accessible for a period of 42 days. Included with the questionnaire was a cover letter that further addressed the importance of the study, why the respondents’ answers are important, assurance of confidentiality, and who to contact if they had questions about the survey (Appendix B).

Results

After the data were collected, they were analyzed using the Statistical Package for the Social Sciences (SPSS) software package. The frequencies subprogram was used to analyze categorical data, while the descriptives subprogram was used to analyze continuous data.

Demographics

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1 SPSS Corporation, Chicago, IL
The aim of the study was to collect data from 1000 DMAT members; however, there were 40 members who completed and returned the questionnaire via the online link provided. Of the 40 participants, 39 responded to the question specific to gender with 23 being male (59.0%) and 16 being female (41.0%). The mean age of respondents was found to be 49.87 years ($SD = 10.69; range = 26-70$). Thirty-eight respondents answered the question specific to their level of education. It was found that 8 (21.0%) achieved either a Certificate or Associate’s degree, 14 (36.8%) achieved a Bachelor’s degree, 10 (26.3%) achieved a Master’s degree, and 6 (15.8%) achieved a Doctoral degree. With the exception of two DMAT members who did not respond to the question pertaining to their profession, the participants further identified themselves as a healthcare professional (i.e., physician, nurse, paramedic, etc.), public safety official (i.e., firefighter, law enforcement officer, etc.), and/or social worker. Findings indicate that the participants primarily adopt roles on the DMAT team that are similar to their professional roles.

**Knowledge**

Participants of the study were asked a series of questions to assess their familiarity with and self-perceived knowledge of the occupational therapy practitioner or the occupational therapy profession. Of the 39 participants who responded to the question of whether or not they know an occupational therapist (item 6); it was found that 29 participants (74.4%) knew an occupational therapist while 10 (25.6%) did not. For the 39 participants who responded to the question of whether or not they have practiced with an occupational therapist (item 7); it was found that 10 participants (25.6%) have practiced with an occupational therapist while 29 (74.4%) have not. Item 10 of the questionnaire
assessed the participants’ self-perceived level of knowledge about the occupational therapy profession. With 39 out of 40 participants responding to the question, it was found that 4 (10.3%) perceived themselves as being very knowledgeable, 26 (66.7%) perceived themselves as being somewhat knowledgeable, and 9 (23.1%) perceived themselves as being not knowledgeable. An overview of the response frequencies to all of the items in this section is provided in Table 2.

Items 11 through 25 of the questionnaire assessed the participants’ level of knowledge specific to the professional capabilities of an occupational therapist. With the exception of items 12, 18, and 21, the questions particular to this section focused upon deliverable services that are within an occupational therapist’s capabilities. Items 12, 18, and 21 pertained to services that require medical training outside the realm of the occupational therapy practice, and they were designed to function as distractors for the questionnaire. None of the participants responded to the distractors incorrectly. Response frequencies to the items in this section are summarized in Table 3.

**Attitudes**

Ultimately, the study aimed to assess whether or not a disaster respondent considered an occupational therapist as an asset to a disaster response team. With 39 out of 40 participants responding to the final item (26) of the questionnaire, it was found that 24 (61.5%) hold a favorable attitude, 11 (28.2%) hold an unfavorable attitude, and 4 (10.3%) are unsure of whether or not an occupational therapist would be an asset to a disaster response team.

**Additional Analysis**
Although the initial plan for the study included analyses to make inferences, the smaller than anticipated response rate precluded further analyses and limited the findings of this study to descriptive research.

**Discussion**

The purposes of this study were to describe the support for a role for an occupational therapist on a disaster response team, the barriers that prevent them from adopting a participatory role, as well as team members’ knowledge of and attitudes about occupational therapy. A sum of 30 out of a total of 39 (~77.0%) participants perceive themselves as being either *very knowledgeable* or *somewhat knowledgeable* about the occupational therapy profession. Additionally, the mean percentage of correct responses specific to assessing the participants’ level of knowledge upon deliverable services that are within an occupational therapist’s capabilities (items 11-25) was found to be 76.9% (calculated by dividing the total sum of correct response frequencies by the total sum of $n$). Concluding the survey, 24 out of 39 (61.5%) participants responded with a favorable attitude when inquired of whether or not they considered an occupational therapist an asset to a disaster response team (item 26).

The particular findings above describe unambiguous results between the participants’ self-perceived level of knowledge and their actual level of knowledge upon the professional capabilities of an occupational therapist. Moreover, the participants’ knowledge scores were higher than anticipated. The results suggest that members of the Disaster Medical Assistance Team (DMAT), in general, are somewhat knowledgeable about
the profession of occupational therapy. This generalization is further reflected in their support for the inclusion of an occupational therapist on the team.

**Implications for the Profession of Occupational Therapy**

Many people throughout today’s society commonly misunderstand the professional practice of occupational therapy or do not know what the practice of occupational therapy includes. While scoring in an acceptable range (76.9%), it appears that there is more work to be done in educating fellow healthcare practitioners about the profession.

A participant of the study, who was an occupational therapist, sent an email describing her successful advocacy efforts. As a practicing occupational therapist, she noted a number of skills that occupational therapists can bring to a disaster response team after gaining insight from the aftermath of Hurricane Katrina (personal communication, November 3, 2011). With her realization, she decided to register as a health volunteer with her state Medical Reserve Corps; however, the organization did not properly identify a role for an occupational therapist (personal communication, November 3, 2011). After educating the organizational heads upon a role and need for an occupational therapist on a disaster response team, she was permitted to join the Medical Reserve Corps (personal communication, November 3, 2011).

The findings of this study suggest that advocacy efforts need to be strengthened in order to educate society upon the occupational therapy profession. By strengthening the advocacy efforts towards educating society upon the profession, the services that are within an occupational therapist’s capabilities may be widely and effectively delivered to those in need.
Given the knowledge and skills of occupational therapists, they can participate in planning efforts for disaster preparedness and design special-needs shelters (Scaffa et al., 2006). Additionally, occupational therapists can provide supportive mental health services and occupational interventions in response to disastrous events (Scaffa et al., 2006). Whether a disastrous event unfolds or not, the professional services that occupational therapists deliver are resources that society needs.

Limitations and Future Research

It is important to note that the low response rate for this research study introduces a limitation. As previously mentioned in the results section, the smaller than anticipated response rate precluded further analyses and limits generalizing the findings to this study. Additionally, given that the design of this study is based upon survey research, there is a potential for biases. For example, participants may have interpreted the meaning of a question differently than the intended meaning (response bias). Another bias includes the possibility that participants may have opted out of responding to a particular question for personal reasons, or they may have simply overlooked a question (non-response bias).

Conclusion

The majority of participants of this study, 24 out of 39 (61.5%), consider an occupational therapist an asset to a disaster response team; however, advocacy efforts need to be taken in order to strengthen the number of favorable attitudes towards an occupational therapist being an asset to a disaster response team. Although the literature specific to this area is limited, there is a strong suggestion that occupational therapy professionals can play a key role on a disaster response team. Again, the professional
services that occupational therapists deliver are resources that society needs. Disaster is defined as: a) an event that exceeds the capabilities of the response and b) a situation when need exceeds resources (AMA, 2007). The capabilities of occupational therapists can add to the resources available to respond to a disastrous event.
Table 1

*Man-Made Disasters*

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### Response Frequencies for Items 6-10

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<td>10 (25.6%)</td>
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<td><strong>Item 7:</strong> Have you practiced with an OT? $n = 39$</td>
<td>10 (25.6%)</td>
<td>29 (74.4%)</td>
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<td><strong>Item 8:</strong> Have you received evaluation or treatment from an OT? $n = 38$</td>
<td>6 (15.8%)</td>
<td>32 (84.2%)</td>
</tr>
<tr>
<td><strong>Item 9:</strong> Do you know someone who has been treated by an OT? $n = 38$</td>
<td>26 (68.4%)</td>
<td>12 (31.6%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item 10: How knowledgeable are you about the Occupational Therapy profession? $n = 39$</th>
<th>Very Knowledgeable</th>
<th>Somewhat Knowledgeable</th>
<th>Not Knowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 (10.3%)</td>
<td>26 (66.7%)</td>
<td>9 (23.1%)</td>
</tr>
</tbody>
</table>
Table 3

Response Frequencies for Item 11-25

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 11</td>
<td>An OT can adapt a shelter to accommodate an individual with mobility impairment(s). n = 39</td>
<td>29</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(74.4%)</td>
<td>(2.6%)</td>
<td>(23.1%)</td>
</tr>
<tr>
<td>Item 12</td>
<td>An OT can start an intravenous line. n = 39</td>
<td>0</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.0%)</td>
<td>(74.4%)</td>
<td>(25.6%)</td>
</tr>
<tr>
<td>Item 13</td>
<td>An OT can adapt a shelter to accommodate an individual with cognitive impairment(s). n = 39</td>
<td>23</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(59.0%)</td>
<td>(7.7%)</td>
<td>(33.3%)</td>
</tr>
<tr>
<td>Item 14</td>
<td>An OT can recognize a physical disability via interacting with disaster victims. n = 39</td>
<td>37</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(94.9%)</td>
<td>(2.6%)</td>
<td>(2.6%)</td>
</tr>
<tr>
<td>Item 15</td>
<td>An OT can play a role in the evacuation process of persons who have a cognitive disability. n = 38</td>
<td>28</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(73.7%)</td>
<td>(5.3%)</td>
<td>(21.1%)</td>
</tr>
<tr>
<td>Item 16</td>
<td>An OT can communicate with an individual who is nonverbal. n = 39</td>
<td>23</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(59.0%)</td>
<td>(2.6%)</td>
<td>(38.5%)</td>
</tr>
<tr>
<td>Item 17</td>
<td>An OT can play a role in the evacuation process of persons who have a physical disability. n = 39</td>
<td>35</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(89.7%)</td>
<td>(5.1%)</td>
<td>(5.1%)</td>
</tr>
<tr>
<td>Item 18</td>
<td>An OT can suture lacerations. n = 39</td>
<td>0</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.0%)</td>
<td>(74.4%)</td>
<td>(25.6%)</td>
</tr>
<tr>
<td>Item 19</td>
<td>An OT can provide rehabilitative/therapeutic services specific to the physical demands of disaster. n = 39</td>
<td>32</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(82.1%)</td>
<td>(10.3%)</td>
<td>(7.7%)</td>
</tr>
<tr>
<td>Item 20</td>
<td>An OT can adapt a shelter to accommodate an individual with visual impairment(s). n = 39</td>
<td>28</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(71.8%)</td>
<td>(15.4%)</td>
<td>(12.8%)</td>
</tr>
<tr>
<td>Item 21</td>
<td>An OT can administer prescribed medications. n = 39</td>
<td>0</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(0.0%)</td>
<td>(71.8%)</td>
<td>(28.2%)</td>
</tr>
<tr>
<td>Item 22</td>
<td>An OT can recognize a cognitive disability via interacting with disaster victims. n = 39</td>
<td>31</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(79.5%)</td>
<td>(5.1%)</td>
<td>(15.4%)</td>
</tr>
<tr>
<td>Item 23</td>
<td>An OT can provide rehabilitative/therapeutic services specific to the cognitive demands of disaster. n = 38</td>
<td>28</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(73.3%)</td>
<td>(7.9%)</td>
<td>(18.4%)</td>
</tr>
<tr>
<td>Item 24</td>
<td>An OT can adapt an environment to help evacuees more independently function. n = 36</td>
<td>31</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(86.1%)</td>
<td>(5.6%)</td>
<td>(8.3%)</td>
</tr>
<tr>
<td>Item 25</td>
<td>An OT can adapt common utensils to help a person with a disability to eat. n = 38</td>
<td>34</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(89.5%)</td>
<td>(2.6%)</td>
<td>(7.9%)</td>
</tr>
</tbody>
</table>

Note. * Represents items that were designed to serve as distractors on the questionnaire.
References


critical role for rehabilitation services following a humanitarian crisis. *Disability and Rehabilitation, 32*, 1616-1618.


Appendix A

Occupational Therapists’ Role in a Disaster Questionnaire

Please, answer the following demographic questions:

1. Age: _____
2. Gender: [ ] Male [ ] Female
3. What is the highest level of education you have completed?
   a. Bachelor’s Degree  b. Master’s Degree
   c. Doctorate   d. Certificate
   e. Other: _______
4. What is your profession?
   _______________________________  _______________________________
5. What is your role on a disaster response team?
   __________________________________________________________________

I would now like to ask you a few questions about Occupational Therapy.

Please, circle the best response to the following questions:

(OT refers to: Occupational Therapist)

6. Do you know an OT?    Yes  No
7. Have you practiced with an OT?    Yes  No
8. Have you received evaluation or treatment from an OT?    Yes  No
9. Do you know someone who has been treated by an OT?    Yes  No
10. How knowledgeable are you about the Occupational Therapy profession?
    o  Very knowledgeable
    o  Somewhat knowledgeable
    o  Not knowledgeable

Please, answer the following questions pertaining to an occupational therapist’s capabilities by circling the best response:
11. An OT can adapt a shelter to accommodate an individual with mobility impairment(s).

Yes………………………………………………………No……………………………………Don’t Know

12. An OT can start an intravenous line.

Yes………………………………………………………No……………………………………Don’t Know

13. An OT can adapt a shelter to accommodate an individual with cognitive impairment(s).

Yes………………………………………………………No……………………………………Don’t Know

14. An OT can recognize a physical disability via interacting with disaster victims.

Yes………………………………………………………No……………………………………Don’t Know

15. An OT can play a role in the evacuation process of persons who have a cognitive disability.

Yes………………………………………………………No……………………………………Don’t Know

16. An OT can communicate with an individual who is nonverbal.

Yes………………………………………………………No……………………………………Don’t Know

17. An OT can play a role in the evacuation process of persons who have a physical disability.

Yes………………………………………………………No……………………………………Don’t Know

18. An OT can suture lacerations.

Yes………………………………………………………No……………………………………Don’t Know

19. An OT can provide rehabilitative/therapeutic services specific to the physical demands of disaster victims.

Yes………………………………………………………No……………………………………Don’t Know

20. An OT can adapt a shelter to accommodate an individual with visual impairment(s).

Yes………………………………………………………No……………………………………Don’t Know

21. An OT can administer prescribed medications.

Yes………………………………………………………No……………………………………Don’t Know
22. An OT can recognize a cognitive disability via interacting with disaster victims.
   Yes..............................................No..............................................Don’t Know

23. An OT can provide rehabilitative/therapeutic services specific to the cognitive demands of disaster victims.
   Yes..............................................No..............................................Don’t Know

24. An OT can adapt an environment to help evacuees more independently function.
   Yes..............................................No..............................................Don’t Know

25. An OT can adapt common utensils to help a person with a disability to eat.
   Yes..............................................No..............................................Don’t Know

Please, read this description of an occupational therapist and circle the best response to the following question:

Quoted from the American Occupational Therapy Association website:

Occupational [therapy practitioners] help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions include helping [persons] with disabilities to participate fully in social situations, helping people recovering from injury to regain skills, and providing supports for [persons] experiencing physical and cognitive changes . . . Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the therapy team (About Occupational Therapy section, para. 1).

26. Based upon the definition provided, do you feel that an OT would be an asset to a disaster response team?
   Yes..............................................No..............................................Don’t Know
Dear respondent,

“Our nation is focused on the need for disaster preparedness in an unprecedented fashion” (AMA, 2007, p. 1-1). This study supports this concern by assessing whether or not disaster respondents consider an occupational therapist as an asset to the team; the judgment should be based upon your knowledge specific to an occupational therapist’s capabilities. Additionally, the study will add to the limited number of scholarly works that discuss a role for an occupational therapist in disaster preparedness, response, and recovery.

Your responses to this questionnaire are important due to your experiences and insight of disastrous situations. Men and women who are capable of providing necessary healthcare services to disaster victims are key resources, and your responses to this questionnaire will help build upon such resources.

Your confidentiality will be maintained upon completion of this questionnaire. If any questions or concerns arise, please contact:

Ryan A. Domer  
Occupational Therapy Doctoral Student  
The University of Toledo  
Email: ryan.domer@rockets.utoledo.edu

I, along with the supervising researchers who are involved with this project, thank you in advance for allotting time to complete this survey.

-Ryan A. Domer, OTS