A TRAINING PROGRAM OF OCCUPATIONAL THERAPIST ON WEBSIDE MANNER IN TELEREHABILITATION

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ABSTRACT

Webside manner in telerehabilitation in occupational therapy is important to maintain competency, uphold client's satisfaction and preserve client-therapist relationship in successful virtual session, Patients undergoing telehealth therapy with empathetic and supportive therapists experienced superior outcomes compared to those without such attributes (Woodbury,2018). This study was limited to Qatar that focused on the following; current webside manner of OTs, present gaps in the implementation of telerehabilitation and the level of satisfaction of the clients regarding their session. Moreover, this study aimed to develop a training program for OTs during telerehabilitation. The study involved 15 OTs, with data collected using a validated researcher-made questionnaire and consisting of five parts which were analyzed using descriptive statistics weighted mean. The analysis of data revealed the following: 1 OTs generally agree with the webside manner demonstrated by their fellow Therapists. 2. OTs generally agree with the Gaps in the Implementation. 3. Clients Level of Satisfaction was "high". 4. OT's Level of Acceptability on Training Program was "high". 5. OTs agree with the Training Program. It was concluded from the summary of findings that alongside with the benefits of telerehabilitation and webside manner, OT's acknowledging the gaps in the implementation which indicates a deficiency in sufficient training and education concerning telehealth technologies and practices among them. This study contributed to answer these gaps by developing a training program in webside manners. Furthermore, OTs are encouraged to continue utilizing a variety of interactive tools, exercises, and activities to enhance engagement and effectiveness during sessions.

KEYWORDS: Descriptive Developmental Study, Webside Manner, Telerehabilitation, Gaps in the implementation of telerehabilitation, Training Program

INTRODUCTION

In recent years, the integration of telehealth technologies into healthcare delivery has transformed the landscape of rehabilitation services, providing unprecedented options for remote treatment and assistance. Within this paradigm change, occupational therapy emerges as a critical discipline dedicated to improving functional independence and quality of life for those experiencing physical, cognitive, or emotional difficulties. Knox (2019) explained that as telemedicine becomes more widely used, knowing its impact on occupational therapy practice is critical for improving client outcomes and professional efficacy. In conjunction with the advantages offered by telehealth technologies, it's crucial to acknowledge the significant impact of a healthcare provider's "webside manner" on patient outcomes and satisfaction. As highlighted in research by Portz (2018), patients who experienced positive interactions with their occupational therapists during telehealth sessions demonstrated higher adherence to treatment plans and reported greater enhancements in functional abilities. Hence, it is imperative for healthcare professionals to undergo training in effectively

communicating and building rapport with patients in virtual settings to deliver optimal care and achieve favorable outcomes. Numerous studies emphasize the significance of webside manner in telehealth. In a systematic review conducted by Tuckson (2019), it was discovered that positive patient-provider communication correlated with heightened patient satisfaction and adherence to treatment regimens. Similarly, Woodbury (2018) observed that patients undergoing telehealth occupational therapy with empathetic and supportive therapists experienced superior outcomes compared to those without such attributes.

Moreover, Schreiber (2019) found that patients with chronic pain who received telehealth occupational therapy from therapists demonstrating active listening and responsiveness reported enhanced pain management and quality of life compared to those who did not. These results underscore the vital role of the therapeutic relationship between patient and therapist in achieving positive outcomes in telehealth occupational therapy. In essence, the literature consistently underscores the significance of webside manner in telehealth occupational therapy. Healthcare professionals need training to proficiently communicate, build rapport, and exhibit empathy and support in virtual settings to deliver optimal care and attain favorable patient outcomes. Recent investigations have further delved into the impact of webside manner on telehealth occupational therapy. For instance, Badeaux. (2021) discovered that patients receiving telehealth occupational therapy from empathetic therapists who engaged in shared decision-making exhibited higher satisfaction and treatment adherence compared to others. Similarly, Hargis (2020) found that patients under telehealth occupational therapy from perceived supportive and caring therapists demonstrated improved outcomes in functional independence and quality of life. Additionally, Kim (2019) revealed that patients undergoing telehealth occupational therapy with therapists demonstrating effective communication and active listening reported heightened satisfaction and treatment adherence. These recent studies reaffirm the critical role of webside manner in telehealth occupational therapy and underscore the necessity for health professionals to undergo training in effective communication and patient-centered care within virtual settings.

Recognizing the critical role of webside manner in telehealth occupational therapy, there's an increasing demand for tailored training programs aimed at enhancing occupational therapists' communication proficiency and patient-centered care in virtual environments. Recent studies have delved into the development and implementation of such programs. For instance, Bonsignore (2020) devised a training program focusing on augmenting communication skills and rapport-building in occupational therapists for virtual settings. This program successfully bolstered therapist confidence and competence in delivering telehealth occupational therapy. Similarly, Lee (2021) formulated a training regimen concentrating on refining communication skills and bolstering patient-centered care in virtual realms for occupational therapists. However, despite these numerous studies that develop a training program for occupational therapists on webside manner utilizing telerehabilitation no study yet has been conducted particularly in the Qatar which talks about current webside manners of occupational therapist during telerehabilitation, training program that can be developed in webside manners of occupational therapists in telerehabilitation, present gaps in the implementation of telerehabilitation in Occupational Therapy outpatient department and level of satisfaction of the clients regarding their current telerehabilitation session.

Thus, this study intends to develop a training program for occupational therapists on webside manner utilizing telerehabilitation and eventually, this study served as feedback to them as to current webside manners of occupational therapist during telerehabilitation, training program that can be developed in webside manners of occupational therapists in telerehabilitation,

present gaps in the implementation of telerehabilitation in Occupational Therapy outpatient department and level of satisfaction of the clients regarding their current telerehabilitation session.

LITERATURE REVIEW

Webside manner of Occupational Therapist

Webside manner has become a term used to describe how well a clinician can convey relational skills through technology (Teichert, 2020). Matusitz et al. (as cited in Modic, 2020) argue that the term "Telecompetence" should be used to describe the skills and proficiency clinicians should demonstrate to establish relationships, promote healing, and convey empathy during virtual visits. Empathic statements are essential to promote relationship-centered care. However, emotion recognition software is still in its early stages and may not recognize emotional cues that are easily recognized during an in-person visit. As a result, virtual visits can pose communication challenges.

In McConnochie's (2019) study, the concept of bedside manner, denoting a doctor's approach to making patients feel at ease, has long been acknowledged for its significance. The term "webside manner" has emerged to describe similar interactive behaviors in the context of telemedicine, emphasizing the importance of quality communication in virtual healthcare settings. This recognition underscores the equivalence of communication importance in telemedicine and in-person care. While the term "webside manner" aids in conveying this understanding, it is crucial to move beyond mere recognition and address the effectiveness of communication in areas such as teaching, learning, performance evaluation, and quality assurance.

At the core of patient-doctor interactions lies bedside manner, encapsulating a doctor's demeanor and communication, both verbal and nonverbal. This comprehensive approach plays a pivotal role in the healing process. In academic medical settings, trainees typically acquire bedside manner through the observation of their attending physicians and mentors, embedded in what is often referred to as the "hidden curriculum. " The crucial role of bedside manner in the art of healing faces challenges, such as time constraints in managing inpatients and the overwhelming influence of technology, as noted by Abuqayyas (2020).
Cheshire et al. (2020) investigated patient perceptions of physician empathy at a comprehensive stroke center. The research involved 50 patients who received care through telehealth and 20 patients who had in-person visits. Utilizing the Consultation and Relational Empathy (CARE) questionnaire to gauge physician empathy, the study revealed that 87% of participants in the telemedicine group rated each CARE item as very good or excellent. Notably, there were no discernible differences between the telemedicine and in-person visit groups regarding their perception of physician empathy. The study also provided 12 recommendations for optimal telemedicine etiquette, encompassing actions such as orienting the patient to the visit, empathetically engaging with the patient's situation, addressing worries and concerns, and acknowledging others in the room while involving them in the discussion.

In a study conducted by Donelan and Barretto (2019) that delved into the experiences of patients and clinicians during follow-up visits, patients were asked to evaluate various factors influencing their satisfaction with the visit. Beyond convenience and logistics, patients were specifically questioned about the time spent with the clinician, the personal connection felt during the virtual visit, and their overall assessment of the experience's quality. When assessing "the personal connection experienced during the visit," 32. 7% preferred the in-

office visit, 5. 5% favored the virtual visit, and 59. 1% noted no discernible difference. Furthermore, Gordon and Solanki (2020) conducted follow-up interviews with 27 individuals diagnosed with type 2 diabetes mellitus, all of whom had participated in a prior telehealth visit. The purpose was to gather their perspectives on the experience. The patients expressed satisfaction with the convenience and accessibility of virtual visits. However, they identified four notable barriers: concerns about the accuracy of the physical exam, the engagement level of the clinician, hesitancy in expressing concerns, and the challenge of establishing a meaningful relationship. Based on the insights from these interviews, the researchers proposed several communication strategies, including the development of patient education materials explaining virtual visits and effective communication of concerns, encouraging healthcare providers to explore patient preferences and goals, responding empathetically to patient concerns, leveraging technology to involve patients in behaviors traditionally associated with in-person visits, and cultivating a considerate "webside" manner.

Isaac and Chua (2020) found agreement regarding the essential elements of webside manner skills, including setting up properly, familiarizing participants, sustaining conversational flow, addressing emotions, and concluding visits effectively. Additional factors necessitating conversion to phone visits encompass ongoing technical issues, insufficient technology for virtual sessions, patients too unwell to engage, or facing difficulty with virtual platforms.

Telerehabilitation in the Philippines

Leochico and Perez (2022) found that Rehabilitation Medicine residents in the Philippines demonstrated good readiness for telerehabilitation, fair knowledge about telerehabilitation, and excellent acceptance of telerehabilitation. Despite the majority being classified as telerehabilitation skeptics (38. 7%), the combination of telerehabilitation explorers (19. 4%) and pioneers (19. 4%), representing the two highest levels of technology adopters, accounted for nearly equal percentages (38. 8%).

Before the pandemic, telerehabilitation was not widely taught or practiced in the Philippines stated by Leochico et al. (2021) However, with COVID-19 causing a decline in patients accessing in-person rehabilitation services, there is a pressing need to raise awareness about the feasibility and potential of telerehabilitation among stakeholders. It is crucial to establish a solid foundation of telerehabilitation principles, particularly among current and future clinicians who play a pivotal role in driving this emerging technology forward. Due to intermittent suspensions of outpatient rehabilitation services in Metro Manila and patients' apprehension about in-person consultations due to the unpredictable COVID-19 situation, Rehabilitation Medicine residents face a significant decline in cases and learning opportunities (Hapal, 2021). Therefore, telerehabilitation could serve as a valuable tool to supplement their limited clinical exposure. However, both faculty and residents will need to adapt and relearn how to conduct routine physiatric history-taking and evaluations remotely. Recognizing the inherent limitations of virtual physical examinations and ensuring that the benefits outweigh potential risks, the clinical principles of evaluating and managing various disabilities through telerehabilitation may need to be incorporated into the curricular modifications of residency training in Rehabilitation Medicine.

Abate (2019) suggested that within organizational factors contributing to the highest percentage (42%) of cited barriers, the foremost concerns included the absence of national e-health policies or legislation (highlighted in 9 studies), inadequacies in health information systems framework, governance, and data privacy measures. Regarding individual factors

spanning various categories, the internet emerged as the primary obstacle to telehealth in the Philippines, Two unpublished reviews revealed favorable attitudes and restricted exposure to telerehabilitation among allied rehabilitation professionals in developing nations (Laron. , unpublished). Nevertheless, no published research addressing knowledge, attitudes, and perceptions towards telerehabilitation among healthcare professionals in the Philippines was identified. Mandirola-Brieux (2019) emphasized the influence of cultural factors on the acceptance of e-health programs. A systematic review examining the role of telehealth in African and Asian countries highlighted mobile text messaging as the most widely accepted telehealth approach among patients with chronic diseases. In their investigation, Leochico and Espiritu (2020) identified 53 distinct yet interconnected challenges in the literature that could impede the advancement of telerehabilitation in the Philippines. The review stemmed from the authors' direct encounters with obstacles during the pre-implementation and implementation phases of telerehabilitation in both local private and public healthcare settings in response to COVID-19. Similar to many other developing nations lacking established telerehabilitation guidelines, rehabilitation practitioners in the Philippines were generally ill-equipped and hesitant to embrace telerehabilitation in their clinical practice.

Meeting the rehabilitation requirements of the expanding populace across the Philippine archipelago is often hindered by challenges such as distance, time constraints, costs, manpower shortages, and resource limitations. The availability of center-based rehabilitation services is constrained, with over 50% of these facilities concentrated in urban areas, particularly in the National Capital Region (NCR) (Mojica et al. , 2019). The socioeconomic status of patients is a crucial consideration, as highlighted by Ferreira and Menezes (2020), given its potential impact on assessing patients' perceptions and experiences. Notably, technological interventions like video-based therapy are more extensively explored and utilized in developed nations due to their readiness and accessibility. Additionally, it has been noted that if the cost of such technology outweighs the benefits derived from its application, stroke survivors and their families may encounter financial challenges. Hence, there is a necessity to ensure that interventions implemented for this purpose are cost-effective, as emphasized by Selamat (2022).

The Philippine Academy of Rehabilitation Medicine recognizes only 216 fellows in good standing, with 78 of them primarily practicing in the National Capital Region (NCR). Among physical therapists (PTs), there are 5,327 members of the Philippine Physical Therapy Association, accounting for a fraction of the 14,610 licensed PTs (World Confederation for Physical Therapy, WCPT Country Profile 2019). In addition, there are 2,985 occupational therapists, 673 speech-language pathologists, and 53 prosthetists-orthotists nationwide (World Federation of Occupational Therapists, WFOT Human Resources Project 2020). These figures include individuals who may have migrated abroad, changed professions, or retired. The majority of the remaining rehabilitation workforce in the Philippines is concentrated in Luzon (Carandang et al. , 2020).

Telerehabilitation in Occupational Therapy Outpatient Department

Telerehabilitation refers to the use of information and communication technologies to provide rehabilitation services at a distance. Brennan (as cited in Hung et al. , 2019) Telehealthcare (TR) involves the use of various technologies such as internet-based media, computer programs, videoconferencing, telephones, smartphones, applications, and data transmission through video, photos, or email. This method can be categorized into 'synchronous,' where healthcare providers and patients are connected in real-time but are geographically separated,

and 'asynchronous,' where the connection does not occur simultaneously. Asynchronous communication utilizes 'store-and-forward' data transmission, which includes digital photos, video clips, virtual technologies, and other electronic communication forms. In the scoping review of McNamara (2021) examined the literature on telehealth in occupational therapy. Analyzing data from 34 studies, the researchers concluded that telehealth shows promise as an intervention delivery method, addressing traditional barriers like distance and mobility issues associated with face-to-face therapy. The study identified numerous advantages, including enhanced access to care, reduced travel time, and increased convenience for patients. Despite these benefits, the authors acknowledged challenges in implementing telehealth in occupational therapy, such as limited technological literacy among patients and therapists, as well as issues related to reimbursement and licensure. In essence, the research offers valuable insights into the current status of telehealth in occupational therapy, emphasizing the need for additional research and development in this evolving field.

Occupational therapy (OT) serves as a vital aspect of rehabilitation, fostering functional independence by engaging individuals in meaningful occupations and purposeful activities to enhance their occupational performance. The fourth edition of the Occupational Therapy Practice Framework: Domain and Process (OTPF-4, 2022) outlines several common types of OT interventions, including occupation-based activities, interventions supporting occupations, education and training, advocacy, group interventions, and virtual interventions. Traditionally, Ellis and Sevdalis, (2019). Stated that OT interventions have been carried out in various settings such as hospitals, communities, and homes, involving face-to-face interactions between therapists and clients. In the realm of geriatric care, the practice relies on a multidisciplinary approach to provide optimal patient care, with occupational therapy playing an indispensable role.

It is specified in the study of De Vito (2020), telehealth shows promise in delivering occupational therapy services, especially for those with limited access to care. While challenges related to technology, privacy, and reimbursement were noted, the study emphasizes the necessity for additional research to assess the effectiveness of telehealth-delivered occupational therapy and establish best practices for implementation. In summary, the study offers valuable insights into the potential advantages and obstacles associated with occupational therapy through telehealth. According to the World Federation of Occupational Therapists (WFOT, 2019), telehealth is considered a suitable service delivery model for occupational therapists (OTs), potentially enhancing access to OT services. The prominence of telehealth as a service model for OT emerged in 2014 and has since rapidly developed. A study by Yosef and Jacobs (2022) suggests that telehealth OT could positively impact the lives of adults dealing with long-term disabilities.

In educational settings, telehealth has proven to be beneficial by improving timely access to care for students facing challenges attending in-person therapy sessions (Rortvert & Jacobs, 2019). The advantages of telehealth in schools include cost-effectiveness, flexible scheduling, and the ability to provide services to students who cannot attend in person (Rortvert & Jacobs, 2019). Langbecker, (2019) explained that School-based occupational therapy programs effectively utilize telehealth for activities such as caregiver coaching, enhancing children's ability to follow instructions, improving social skills, and addressing complex medical needs such as motor control issues, feeding disorders, and concerns related to autism spectrum disorder. The COVID-19 pandemic has accelerated the adoption of telehealth due to lock-down related restriction and compliance with preventive policies such as social distancing and fear of COVID-19 infection, leading some OTs to transition from

traditional face-to-face services to remote alternatives to continue safe and effective tele-occupational therapy services and reduce risk of functional decline of person with disabilities in the pandemic. Occupational therapy primarily focuses on individuals with functional impairments, often associated with chronic illnesses that are non-life threatening (Ganesan, Fong, &Meena, 2021). The above concept of Telerehabilitation is similarly put forward by Sineus et al. (2023) a subset of telehealth, offers a remote alternative to in-person rehabilitative care, enabling practitioners to connect with patients through telecommunication systems. Recent observations suggest that clinicians have historically underutilized technology in rehabilitative contexts. However, the onset of the COVID-19 pandemic disrupted traditional in-person care, prompting a shift towards virtual care delivery. This shift not only altered established patterns but also provided an opportunity to explore and enhance the potential benefits of telehealth. By understanding the successes and challenges encountered in implementing and adopting telerehabilitation during this period of remote care necessity, valuable insights can be gained.

Engagement among parents, caregivers, and patients as a collaborative team with the occupational therapy provider (OTP) tends to be heightened during telehealth services compared to in-person sessions (Wallisch 2019). Additionally, Rortvert and Jacobs, (2019) cited that telehealth enhances access to care by enabling therapists to utilize time saved on commuting, benefiting individuals in rural areas with increased therapy service accessibility. In its true essence, Guidetti et al. (2020) revealed that eight out of the total records (40%) were published post the initiation of the COVID-19 pandemic, significantly expediting the progress of telehealth occupational therapy (OT). Unfortunately, Lai, Yan (2020), explored the protective effects of telehealth OT on older individuals with dementia during the pandemic.

In the systematic review of Choi (2021) examined web-based occupational therapy interventions for children and adolescents with disabilities, analyzing 11 studies. The findings indicate that these interventions hold promise in improving outcomes, offering increased accessibility, convenience, and engagement. Despite these benefits, the authors underscore the importance of further research to assess effectiveness and establish best practices for implementation. In summary, the study provides valuable insights into the potential advantages and challenges of employing web-based occupational therapy interventions for this demographic. Cohn (2022) specified that occupational therapy students' views on web-based fieldwork education amid the COVID-19 pandemic. Although the study did not assess occupational therapists' webside manner, it sheds light on the effects of the shift to web-based interventions in occupational therapy services. The findings reveal generally positive student perceptions but acknowledge challenges in technology, communication, and clinical experience. Overall, the study underscores the need to address these challenges to ensure occupational therapy students are well-equipped for delivering quality services through web-based interventions.

Occupational Therapy Practitioners (OTPs) leverage telehealth for purposes such as assessment, intervention, education, and injury prevention or condition management (AOTA, 2019). Cason and Jacobs (as cited in Nguyen et al. , 2023) found that this approach promotes collaborative efforts and consultations among professionals, enhancing care coordination. OTPs are increasingly integrating telehealth into diverse practice settings, spanning early intervention, schools, pediatric private practice, hospitals, burn units, productive aging, workplace ergonomics, mental health, as well as inpatient and outpatient settings. For successful occupational therapy telehealth, the occupational therapy practitioner plays a

pivotal role. It is crucial that these practitioners have received prior training or educational courses dedicated to telehealth implementation, enabling them to develop the necessary skills and abilities for efficient service delivery (Camden & Silva, 2021). Recognizing the practitioner's strengths and identifying potential barriers is essential for ensuring effective telehealth delivery. Depending on the practitioner's exposure to telehealth, they must refine various strengths, including coaching techniques, effective communication and presentation via videoconferencing ("webside" manner), collaboration with families, therapeutic use of self, observation and activity analysis skills, problem-solving, and flexibility. Telerehabilitation has been explored in musculoskeletal disorders (MSDs) such as low back pain, lumbar stenosis, osteoarthritis, and neck pain. Grona (2022) utilized Skype to implement tele-rehabilitation in 22 elderly individuals with MSDs. An essential aspect of remote diagnosis and treatment of MSDs is the utilization of an objective, valid, and reliable physiotherapy assessment (Kilova et al. , 2022). The advantages of tele-rehabilitation include reduced hospitalization rates and decreased congestion in outpatient physical therapy departments. Additionally, there are observed improvements in quality of life, health outcomes, and the ability to return to work

Gaps in the implementation of telerehabilitation in Occupational Therapy outpatient department

Dahl-Popolizio (2020) posited that before engaging in telehealth service delivery, occupational therapy practitioners should recognize their personal barrier: their comfort level with the technologies and software platforms used. Addressing this beforehand can help mitigate complications during sessions by providing necessary assistance to parents/caregivers with the technology's mechanisms. Enhancing familiarity and proficiency with diverse technologies before initiating telehealth sessions can elevate the practitioner's skills to a level that ensures effective and efficient service delivery (Camden & Silva, 2021). This readiness and exposure to different platforms enable occupational therapy practitioners to offer valuable tips and tricks to parents/caregivers, as well as explore various options for integrating evaluations, interventions, and monitoring a child's progress into the telehealth session.

Corey (2019) identified barriers to telehealth implementation, such as user apprehension, technology inexperience, technical issues, confidentiality worries, and regulatory restrictions. These obstacles have led to limited utilization of telerehabilitation in practice. A survey of occupational therapists (OTs) in California revealed that those with telehealth experience highlighted client and practitioner apprehension, along with technology difficulties, as the primary challenges to telehealth adoption. According to Sineus and Capellan (2023), surveys conducted among occupational therapists (OTs) and physical therapists (PTs) reinforce concerns regarding telehealth implementation. In a survey of Houston-based OTs, 46% out of 51 respondents felt ill-prepared to conduct productive consultations via telehealth. Additionally, 90% of Florida-based PTs, with a sample size of 310, reported having little to no experience with telehealth technology. Technical difficulties have also been a significant challenge, affecting up to 47% of respondents in one survey. Corey (2019) reported in their survey of Florida-based OTs that telehealth consultations were often reserved for makeup sessions, illness avoidance, or reducing travel time, rather than being regularly available. Kim (2021) emphasized the absence of standardized reporting of neurological levels of injury in their study, along with inconsistencies in using broad terminology leading to errors and skepticism regarding service delivery. They also identified biases that obscured factual information. Additionally, challenges in providing therapeutic recreation (TR) for spinal

cord injury individuals included a preference for traditional rehabilitation methods due to ease of communication about sexual issues with therapists, and the persistent obstacle of technological advancements lagging behind in TR despite progress in telemedicine (Lee & Kim, 2021). In the realm of therapeutic recreation (TR), certain devices like tactile feedback technology for motor impairments may present limitations that hinder patient satisfaction and complicate TR activities. These drawbacks include unpleasant sensations and varying perceptions among patients regarding the vibrations from such devices (Handelzalts & Ballardini, 2021). Moreover, ensuring appropriate equipment provision poses another challenge in TR implementation. It's important to note that simply integrating a camera into an existing workstation doesn't suffice to optimize TR, as a one-size-fits-all approach doesn't align with the diverse therapy needs. Tailoring options based on therapy types is essential for effective TR.

In therapeutic recreation (TR), certain devices like tactile feedback technology for motor impairments can limit patient satisfaction and complicate activities due to unpleasant sensations and differing patient perceptions of device vibrations (Handelzalts & Ballardini, 2021). Furthermore, providing suitable equipment is a challenge in TR implementation. Merely adding a camera to a workstation isn't enough to optimize TR; customization based on therapy types is crucial for effectiveness. Aloyuni and Alharbi (2020) identified various barriers to the implementation of therapeutic recreation (TR) services. These include technical issues, insufficient information, lack of involvement in planning, limited exposure to e-healthcare information, resistance to change, inadequate utilization of hardware and software, poor connectivity, staff skill deficiencies, high costs, provider reluctance, and geographical location of healthcare institutes. Additionally, the attitudes of policymakers also influence the utilization of TR services.

In the examination conducted by Thira et al. (2020), the challenges and barriers of therapeutic recreation (TR) for individuals with disabilities were highlighted. These encompass infrastructure and access, operational conflicts and systems, logistical obstacles, regulatory issues, communication challenges, and unique difficulties. Moreover, these barriers can be classified into respecting human factors, the lack of general acceptance of telehealth, deficits in knowledge and skills, and anxieties related to private data security. In the literature, Leochico and Espiritu (2020) identified various organizational factors as the primary barriers to therapeutic recreation (TR) implementation. These frequently cited characteristics include the absence of an appropriate health information systems framework, the lack of national e-health policies or laws, insufficient data privacy measures, and governance measures. Furthermore, across all categories, the main individual barrier to telehealth was the lack of access to the internet.

One of the barriers documented in the literature regarding the implementation and adoption of telehealth pertains to the insufficient knowledge among professionals and beneficiaries, as well as their motivation to utilize these technologies (Schreiweis, 2019). During interviews, various professionals spontaneously highlighted the necessity for specific professional competencies as a constraint in deploying telerehabilitation. Training and support for field practitioners in utilizing telerehabilitation and digital tools varied across projects, with some professionals receiving only a few hours of training while others underwent several days of training. Handelzalts (2021) noted another critical factor in therapeutic recreation (TR) implementation. They highlighted that many elderly patients requiring continuous rehabilitation lack sufficient knowledge about how to use smart devices, despite needing technological assistance due to limited performance. Tangible barriers include the

requirement for fast and reliable internet connections, the need for secondary equipment, and understanding their performance for optimal clinical care in this population. Additionally, safeguarding personal data against unintended leakage remains a significant challenge in TR.

Training Program

Communication skills training (CST) has been shown, according to Pilnick and Trusson (2019), to positively impact professionals' self-efficacy, enhance service quality, and reduce errors—an imperative considering these skills cannot be solely honed through clinical experience. CST development spans various healthcare settings, typically focusing on emotionally challenging tasks like delivering bad news. Experiential CST methods have shown promise in improving patient relationships by integrating cognitive, affective, and behavioral components to heighten health professionals' self-awareness. Self-efficacy, defined as individuals' belief in their ability to successfully perform a task, serves as a crucial measure of training impact. This construct emphasizes the capacity for behavioral modification based on cognitive factors and interactions with the environment. Individuals' perceptions of their skills and competencies facilitate critical assessment of performance and behavior changes, making it valuable for intervention and quality improvement programs (Mata et al. , 2019). Widely employed in evaluating communication skills outcomes, self-efficacy directly influences personal performance in specific contexts, reflecting behavioral changes over time.

Kissane (2019) noted inconsistencies in communication skills training (CST) across studies, including variations in the conceptualization of communication skills, program content, design, intervention duration, and outcomes. This diversity of approaches, coupled with a lack of methodological rigor and comparability in evaluations, complicates the identification of an optimal CST program with suitable structure and teaching methods. In the study of Mata (2021), training programs initiate by introducing fundamental concepts of communication, encompassing communication models, essential interview skills, interpersonal communication, verbal and written communication techniques, facilitation of listening, non-verbal communication, and assertive communication. Liu (2019) identified the key communication challenges faced by professionals when interacting with patients, family members, and colleagues. Specific communication skills were also highlighted by Roter (2019). Ammentorp (2019) outlined the consultation structure prior to addressing communication techniques, following the model described by Maguire (2019) as adopted in the intervention proposal. Furthermore, certain studies tailored their CST themes to specific contexts and target audiences. For instance, in pediatric settings, strategies were devised to address both the instrumental and affective needs of parents and children.

OTs' feedback regarding the Level of acceptability of Clients in Telerehabilitation

Participants and caregivers showed satisfaction and positive attitudes towards the utilization of therapeutic recreation (TR) in occupational therapy (OT) services. The findings observed in this review align with previous studies regarding clients' perceptions and acceptance of TR applications in OT (Gardner, 2019), rehabilitation services (Bragadottir, 2019), and speech-language pathology (Dunkley et al. , 2019). Only a small number of participants and caregivers indicated a preference for face-to-face interventions over TR. Further investigation into client and caregiver characteristics that best align with TR service delivery is warranted. A recent systematic review indicated that the effectiveness of telehealth interventions in improving outcomes related to musculoskeletal pain is comparable to

standard face-to-face interventions (O'Brien et al. , 2019). Healthcare professionals believe that online services can complement face-to-face therapies for chronic pain. Additionally, patients show enthusiasm towards telehealth approaches in healthcare delivery (Fernandes et al. , 2020). Patients who underwent telerehabilitation exercises following shoulder joint replacement surgery reported experiencing a sense of "closeness at a distance," increased freedom, and heightened awareness of their "body and self. " Similarly, there were high levels of patient satisfaction with telehealth delivery for cognitive behavioral therapy, exercise, and pain management strategies. In a study conducted by Ouédraogo et al. (2024), all participants showed a positive perception of therapeutic recreation (TR). Their experience was marked by significant benefits, finding the technology reliable and effective in enhancing communication and collaboration with stakeholders. TR addressed gaps in post-stroke care, providing continuous access to healthcare professionals and specialized resources. It positively impacted rehabilitation by offering quick treatment access and was valued as a convenient and efficient means of receiving necessary care. Early supported discharge (ESD), including when provided through TR, received positive reactions from participants.

The findings of Caughlin et al. (2020) regarding participants' perceived performance expectancy, it was found that despite their initial unfamiliarity with therapeutic recreation (TR), they showed a positive attitude towards its inclusion in their rehabilitation. Additionally, improvements in physical abilities, such as manual dexterity attributed to TR, and the positive perception of engagement and rapport with therapists, positively influenced the acceptability and utilization of TR. These findings were consistent with a qualitative study involving 13 individuals recovering from stroke, which emphasized enhancements in physical abilities and emotional well-being among participants through TR.

Many patients with physical disabilities, including those afflicted with chronic musculoskeletal conditions, stroke (Galloway et al. , 2019), and severe expressive communication disorders, view telerehabilitation favorably. Surveys conducted among patients indicate a preference for remote services due to benefits such as decreased travel time and enhanced convenience (Bradwell et al. , 2021). Moreover, delivering rehabilitation services remotely offers potential cost savings for health and social care providers. This includes reduced expenses associated with practitioners' time, as well as decreased travel costs for both patients and practitioners, alongside lower utilization of outpatient resources. In a recent global scoping review by Anil et al. (2021), it was discovered that there is a scarcity of specific published guidance, training, and support for conducting remote assessments in individuals with physical disabilities. Professional organizations and clinical networks have noted significant discrepancies in the methods utilized, raising concerns regarding potential disparities and inefficiencies. It is evident that there is a pressing requirement for standardized guidance, support, and training in telerehabilitation for individuals with physical disabilities and movement impairments.

Furthermore, in a phenomenological study carried out by Chan (2021) in Canada, senior patients who had experienced stroke were the focus, with the aim of exploring their encounters with home video visits (HVV). The study concluded that HVV could offer both time-saving benefits and convenience. However, some of these geriatric patients expressed a preference for in-person visits, as they found the device used for HVV to be somewhat challenging. On the other hand, a systematic review by Stephenson (2022) found that TR is an effective tool for stroke rehabilitation, provided that there is adequate training and equipment. The latest systematic review revealed that patients in most studies express satisfaction with both telerehabilitation and conventional treatment delivery methods for

musculoskeletal disorders (MSD) (Cottrell et al. , 2021). Additionally, satisfaction with telehealth approaches has been noted in systematic reviews covering teledermatology, telepsychiatry, and telemedicine for stroke (Alshammary et al. , 2021). The current review is yielding encouraging findings regarding satisfaction, consistent with other clinical instances involving telerehabilitation. In post-stroke telerehabilitation, both professionals and patients have expressed a high level of satisfaction and acceptance with remote interventions delivered via Internet-based video conferences in their home environments (Bailey et al. , 2021). Additionally, a study involving stroke survivors reported improved patient-provider relationships in telegroup settings. Patient satisfaction with telerehabilitation is crucial as it influences compliance and motivation towards intervention. Patients are more engaged with their rehabilitation professionals, leading to enhanced confidence levels.

METHODOLOGY

This study on developing a training program for occupational therapists on webside manner in telerehabilitation utilized cross-sectional survey design. In medical research, a cross-sectional study is a type of observational study design that involves looking at data from a population at one specific point in time. In a cross-sectional study, investigators measure outcomes and exposures of the study subjects at the same time. It is described as taking a "snapshot" of a group of individuals Moreover, descriptive cross-sectional studies simply characterize the prevalence of one or multiple health outcomes in a specified population. (Wang et al. , 2020). The study followed a descriptive-developmental design, specifically a cross-sectional survey design (Creswell & Creswell, 2019) According to McCombes (2019), descriptive developmental designs refer to when data are collected. These included cross-sectional, longitudinal, and sequential designs. Descriptive developmental research was utilized to develop a training program for occupational therapists focusing on webside manner in telerehabilitation.

The primary sources of data were occupational therapists from the Outpatient Department that had been utilizing telerehabilitation. Only the empirical data generated from them were statistically treated and analysed in this study. The respondents were composed of 15 occupational therapists working in Outpatient Department who had experiences in webside manner in telerehabilitation. The sampling technique that was employed in this study was purposive sampling, since a set of criteria was set to choose the respondents that were included in this study; namely: occupational therapists with a minimum of 2 years of experience, those who were working directly with patients using telerehabilitation regardless of cases and ages of the clients, and those in Outpatient Department.

The study utilized a self-made questionnaire in collecting data pertaining to the development of a training program for occupational therapists on webside manner utilizing telerehabilitation. It consisted of Part 1 -webside manner of occupational therapists; Part 2 – current gaps in the implementation of telerehabilitation in Occupational outpatient department; Part 3 – clients' level of satisfaction on current telerehabilitation sessions as perceived by Ots; Part 4 - level of acceptability of the training program developed among occupational therapists; and Part 5-training program developed in webside manners for occupational therapists in telerehabilitation. The questionnaire, which was created by the researcher, was validated by three experts in the field, namely; a researcher, a statistician, and a professor in the field. The professionals examined the questionnaire and offered suggestions for improvements. Weighted mean was used to describe the a) webside manner

of occupational therapist, b) present gaps in the implementation of telerehabilitation in OT outpatient department, c) clients' level of satisfaction on current telerehabilitation sessions as perceived by OTs d) level of acceptability of the training program developed among occupational therapists, and e) training program for occupational therapists on webside manner utilizing telerehabilitation. The statistical tool, weighted mean was used for the analysis of data and interpretation of results.

RESULTS

Results of the conducted survey answered all the statement of the problem derived from the objective of the study.

1. What are the current webside manners of occupational therapists during telerehabilitation?

Table 1 Webside Manner of Occupational Therapist

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. communicate clearly and effectively with patients during online sessions.	3. 17	Agree	3. 5
2. listen attentively to patients' concerns, questions, and feedback to provide appropriate support and guidance.	3. 33	Agree	2
3. show understanding and empathy towards patients' challenges and provide support and encouragement throughout the session.	2. 83	Agree	5
4. should dress appropriately, maintain confidentiality, and adhere to ethical standards during telehealth sessions.	3. 17	Agree	3. 5
5. proficient in using telehealth platforms and technology to conduct effective online sessions.	2. 58	Agree	7
6. use various interactive tools, exercises, and activities to make the sessions interesting and beneficial for the patients	3. 50	Agree	1
7. provide appropriate follow-up and support to patients	2. 75	Agree	6
Overall Weighted Mean	**3. 05**	**Agree**	

As seen in the table, indicator 6 "use various interactive tools, exercises, and activities to make the sessions interesting and beneficial for the patients" was ranked 1 with a weighted mean of 3. 50, verbally interpreted as "agree"; indicator 2 "listen attentively to patients' concerns, questions, and feedback to provide appropriate support and guidance" was ranked 2 with a weighted mean of 3. 33, verbally interpreted as "agree";indicators 1 and 4, "communicate clearly and effectively with patients during online sessions" and "should dress appropriately, maintain confidentiality, and adhere to ethical standards during telehealth sessions" were ranked 3. 5, each with a weighted mean of 3. 17, verbally interpreted as "agree. " On the other hand, indicator 3 "show understanding and empathy towards patients' challenges and provide support and encouragement throughout the session" was ranked 5 with a weighted mean of 2. 83, verbally interpreted as "agree" Indicator 7 "provide

appropriate follow-up and support to patients" was ranked 6 with a weighted mean of 2. 75, verbally interpreted as "agree. " Indicator 5 "proficient in using telehealth platforms and technology to conduct effective online sessions"was ranked 7 with a weighted mean of 2. 58, verbally interpreted as "agree. "

2. What are the Present Gaps in the Implementation of Telerehabilitation in Occupational Therapy Outpatient Department

Table 2 Present Gaps in the Implementation of Telerehabilitationin Occupational Therapy Outpatient Department

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Limited access to reliable internet connections and appropriate telehealth platforms can hinder the effective delivery of telerehabilitation services.	3. 00	Agree	6. 5
2. Insufficient training and education in telehealth technologies and practices.	3. 67	Strongly Agree	1
3. Difficulty in engaging patients remotely and maintaining their motivation and adherence to telerehabilitation programs	3. 33	Agree	2
4. Challenges in conducting comprehensive assessments and monitoring progress remotely, leading to potential gaps in patient care and treatment planning.	3. 17	Agree	4. 5
5. Regulatory and reimbursement limitations can hinder the widespread adoption of telerehabilitation in occupational outpatient departments.	3. 17	Agree	4. 5
6. Ensuring the confidentiality and security of patient information in a remote setting telerehabilitation implementation.	3. 25	Agree	3
7. Technology access disparities and digital literacy gaps may worsen healthcare inequalities, restricting the availability of telerehabilitation services to specific patient groups.	3. 00	Agree	6. 5
Overall Weighted Mean	**3. 23**	**Agree**	

As seen in the table, indicator 2 "insufficient training and education in telehealth technologies and practices. " was ranked 1 with a weighted mean of 3. 67, verbally interpreted as " Strongly agree"; indicator 3 "Difficulty in engaging patients remotely and maintaining their motivation and adherence to telerehabilitation programs was ranked 2 with a weighted mean of 3. 33, verbally interpreted as "agree" indicator 6 "Ensuring the confidentiality and security of patient information in a remote setting telerehabilitation implementation" was ranked 3 with a weighted mean of 3. 25, verbally interpreted as "agree. " On the other hand, indicator

4 and 5 “Challenges in conducting comprehensive assessments and monitoring progress remotely, leading to potential gaps in patient care and treatment planning”, and “Regulatory and reimbursement limitations can hinder the widespread adoption of telerehabilitation in occupational outpatient departments” were ranked 4. 5, each with a weighted mean of 3. 17 verbally interpreted as “agree. ”Indicators 1 and 7 “Limited access to reliable internet connections and appropriate telehealth platforms can hinder the effective delivery of telerehabilitation services” and “Technology access disparities and digital literacy gaps may worsen healthcare inequalities, restricting the availability of telerehabilitation services to specific patient groups” were ranked 6. 5. each with a weighted mean of 3. 00 verbally interpreted as “agree. ”

2. What is the Clients’ Level of Satisfaction on Current Telerehabilitation Sessions as Perceived by OTs

Table 3 Clients Level of Satisfaction on Current Telerehabilitation Sessions as Perceived by OTs

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. clients express verbal appreciation for the therapist's guidance and support, fostering a positive therapeutic environment.	2. 83	High	4
2. clients actively value the opportunity to attend therapy sessions conveniently from their own homes.	3. 33	High	1
3. clients appreciating the elimination of travel requirements, which reduces both time commitments and logistical constraints.	3. 00	High	2
4. clients find telerehabilitation sessions to be more convenient for integrating therapy into their daily routines.	2. 50	High	6
5. clients expressing gratitude for the personalized attention and guidance they receive from their therapists.	2. 67	High	5
6. clients highly value the chance to maintain consistent communication with their therapists, enabling continuous monitoring of progress and the ability to adjust treatment plans as necessary	2. 92	High	3
Overall Weighted Mean	**2. 88**	**High**	

As seen in the table, indicator 2 “clients actively value the opportunity to attend therapy sessions conveniently from their own homes” was ranked 1 with a weighted mean of 3. 33, verbally interpreted as “High”; indicator 3 “clients appreciating the elimination of travel requirements, which reduces both time commitments and logistical constraints” was ranked 2 with a weighted mean of 3. 00, verbally interpreted as “High”. Indicator 6 “clients highly value the chance to maintain consistent communication with their therapists, enabling continuous monitoring of progress and the ability to adjust treatment plans as necessary” was ranked 3 with a weighted mean of 2. 92, verbally interpreted as “high”. Indicator 1, “clients express verbal appreciation for the therapist's guidance and support, fostering a positive therapeutic environment. ” was ranked 4 with a weighted mean of 2. 83, verbally interpreted

as "high. "On the other hand, indicator 5 "clients expressing gratitude for the personalized attention and guidance they receive from their therapists" was ranked 5 a weighted mean of 2. 67 verbally interpreted as "high. " Indicator 4 "clients find telerehabilitation sessions to be more convenient for integrating therapy into their daily routines. " was ranked 6 with a weighted mean of 2. 50 verbally interpreted as "high. "

3. What is theLevel of Acceptability of the Training Program Developed among Occupational Therapists

Table 4 Level of Acceptability of the Training Program can be Developed among Occupational Therapists

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Occupational Therapists believe that the program enhances their skills, improves patient outcomes, or makes their work easier, they are more likely to view it favorably.	3. 17	High	3
2. Occupational therapists (OTs) demonstrate high levels of participation, interaction, and interest in a training program	2. 75	High	5
3. Positive feedback, testimonials, and willingness to recommend the program to colleague	3. 08	High	4
4. OT appreciates opportunities for personalized feedback, guidance from instructors or mentors, and access to additional support materials.	3. 25	High	1. 5
5. OTs are more likely to accept programs that are easy to access, navigate, and incorporate into their busy schedules	3. 25	High	1. 5
Overall Weighted Mean	**3. 10**	**High**	

As seen in the table, indicator 4 and 5 "OT appreciate opportunities for personalized feedback, guidance from instructors or mentors, and access to additional support materials", and ''OTs are more likely to accept programs that are easy to access, navigate, and incorporate into their busy schedules" were ranked 1. 5, each with a weighted mean of 3. 25, verbally interpreted as "high". Indicator 1 "Occupational Therapists believe that the program enhances their skills, improves patient outcomes, or makes their work easier, they are more likely to view it favorably" was ranked 3 with a weighted mean of 3. 17, verbally interpreted as "high" . Indicator 3 "Positive feedback, testimonials, and willingness to recommend the program to colleague" was ranked 4 with a weighted mean of 3. 08, verbally interpreted as "high". Indicator 2" Occupational therapists (OTs) demonstrate high levels of participation, interaction, and interest in a training program. " was ranked 5 with a weighted mean of 2. 75, verbally interpreted as "high. "

5. WhatTraining Program for Occupational Therapists on Webside Manner Utilizing Telerehabilitation

Table 5 Training Program for Occupational Therapists on Webside Manner Utilizing Telerehabilitation

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. The training program should start by ensuring occupational therapists have a comprehensive grasp of telehealth fundamentals, encompassing technology, regulatory mandates, and ethical guidelines.	3. 25	Agree	5
2. The training program should guarantee occupational therapists' proficiency in telehealth technology and platforms, covering setup, troubleshooting video conferencing software, and familiarity with telerehabilitation tools and features.	3. 42	Agree	2
3. The training program encompasses instruction on techniques for clear and empathetic communication, active listening, and conveying non-verbal cues through video conferencing.	3. 17	Agree	7
4. The program involves grasping and honoring cultural differences, adjusting communication styles as necessary, and tackling potential cultural obstacles to care.	3. 25	Agree	5
5. The training program should cover protecting patient confidentiality, securely storing electronic health information, and managing security risks in telehealth.	3. 50	Agree	1
6. The training program should incorporate interactive tools and activities, establish clear therapy goals and expectations, and offer continuous support and encouragement to patients during sessions.	3. 25	Agree	5
7. The program should assess therapists' webside manner proficiency and offer constructive feedback through regular evaluations, peer reviews, and supervisor input.	3. 33	Agree	3
Overall Weighted Mean	**3. 31**	**Agree**	

As seen in the table, indicator 5 “The training program should cover protecting patient confidentiality, securely storing electronic health information, and managing security risks in telehealth” was ranked 1 with a weighted mean of 3. 50, verbally interpreted as “ Agree”; indicator 2 ” The training program should guarantee occupational therapists' proficiency in telehealth technology and platforms, covering setup, troubleshooting video conferencing software, and familiarity with telerehabilitation tools and features. ” was ranked 2 with a weighted mean of 3. 42, verbally interpreted as “ Agree”Indicator 7 “The program should

assess therapists' webside manner proficiency and offer constructive feedback through regular evaluations, peer reviews, and supervisor input. ”was ranked 3 with a weighted mean of 3. 33, verbally interpreted as “Agree” Indicator 1, 4 and 6, ” The training program should start by ensuring occupational therapists have a comprehensive grasp of telehealth fundamentals, encompassing technology, regulatory mandates, and ethical guidelines”, “The program involves grasping and honoring cultural differences, adjusting communication styles as necessary, and tackling potential cultural obstacles to care” and “The training program should incorporate interactive tools and activities, establish clear therapy goals and expectations, and offer continuous support and encouragement to patients during sessions” was ranked 5 with a weighted mean of 3. 25, verbally interpreted as “Agree. ”On the other hand, indicator 3 “The training program encompasses instruction on techniques for clear and empathetic communication, active listening, and conveying non-verbal cues through video conferencing” was ranked 7 a weighted mean of 3. 17 verbally interpreted as “agree. ”

DISCUSSION

The researcher employed a descriptive developmental research design in the conduct of this study to determine and measure the degree and relationship between and among the study variables. Explicitly, the study sought answers to the following problems:

1. What are the current webside manners of occupational therapists during telerehabilitation?

The average weighted mean of 3. 05 indicates that occupational therapists generally agree with the bedside manner demonstrated by their fellow occupational therapists. This implies that they use various interactive tools, exercises, and activities to make the sessions interesting and beneficial for the patient, listen attentively to patients' concerns, questions, and feedback to provide appropriate support and guidance and communicate clearly and effectively with patients during online sessions. The findings are consistent with the study of Gordon and Solanki (2020), who conducted follow-up interviews with 27 individuals and had participated in a prior telehealth visit. The purpose was to gather their perspectives on the experience. The patients expressed satisfaction with the convenience and accessibility of virtual visits. Isaac and Chua (2020) found agreement regarding the essential elements of webside manner skills, including setting up properly, familiarizing participants, sustaining conversational flow, addressing emotions, and concluding visits effectively.

2. What are the present gaps in the implementation of telerehabilitation in Occupational Therapy outpatient department?

To sum up, the average weighted mean of 3. 23 indicates that occupational therapists generally agree with the gaps in the implementation of telerehabilitation in Occupational Therapy Outpatient Department. This suggests a lack of adequate training and education in telehealth technologies and practices among occupational therapists. Challenges arise in effectively engaging patients remotely and ensuring their sustained motivation and adherence to telerehabilitation programs. To a certain extent, the study results confirm the assertion of Dahl-Popolizio (2020) posited that before engaging in telehealth service delivery, occupational therapy practitioners should recognize their personal barrier: their comfort level with the technologies and software platforms used. Corey (2019) identified barriers to telehealth implementation, such as user apprehension, technology inexperience, technical issues, confidentiality worries, and regulatory restrictions. These obstacles have led to limited utilization of telerehabilitation in practice. Moreover, in a survey of Houston-based OTs, 46% out of 51 respondents felt ill-prepared to conduct productive consultations via

telehealth. Additionally, 90% of Florida-based PTs, with a sample size of 310, reported having little to no experience with telehealth technology. Technical difficulties have also been a significant challenge, affecting up to 47% of respondents in one survey.

3. What is the clients' level of satisfaction on current telerehabilitation sessions as perceived by OTs?

Level of ssatisfactions of the clients by OTs regarding their current telerehabilitation sessions was "high". This means that the clients actively value the opportunity to attend therapy sessions conveniently from their own homes, clients appreciating the elimination of travel requirements, which reduces both time commitments and logistical constraints and clients highly value the chance to maintain consistent communication with their therapists, enabling continuous monitoring of progress and the ability to adjust treatment plans as necessary. The result supports the study of Cason and Test (2021) noted that when providing occupational therapy services to children aged 0 to 15 with diverse abilities, increased parental/caregiver assistance is necessary and should be anticipated to ensure the efficacy and effectiveness of telehealth services. Dahl-Popolizio (2020) emphasized that considering the legality and ethics of telehealth service delivery is crucial for occupational therapy practitioners to ensure success. Proper documentation aligning with payors and reimbursement guidelines, including billing codes for synchronous and asynchronous sessions, is essential, as highlighted by Cason & Test (2021).

4. What is the level of acceptability of the training program developed among occupational therapists?

To sum up, the average weighted mean of 3. 10 indicates that occupational therapists' level of acceptability of the training program was "high". This means that OTs appreciate opportunities for personalized feedback, guidance from instructors or mentors, and access to additional support materials. OTs are more likely to accept programs that are easy to access, navigate, and incorporate into their busy schedules and they believe that the program enhances their skills, improves patient outcomes, or makes their work easier, they are more likely to view it favorably. The findings observed in this review align with previous studies regarding clients' perceptions and acceptance of TR applications in OT (Gardner, 2019), rehabilitation services (Bragadottir, 2019), and speech-language pathology (Dunkley et al. , 2019). Only a small number of participants and caregivers indicated a preference for face-to-face interventions over TR. Further investigation into client and caregiver characteristics that best align with TR service delivery is warranted. A recent systematic review indicated that the effectiveness of telehealth interventions in improving outcomes related to musculoskeletal pain is comparable to standard face-to-face interventions (O'Brien et al. , 2019).

5. What training program can be developed in webside manners for occupational therapists in telerehabilitation?

To sum up, the average weighted mean of 3. 31 indicates that occupational therapists agree with the "Training Program for Occupational Therapists on Webside Manner Utilizing Telerehabilitation". This means that the training program should cover protecting patient confidentiality, securely storing electronic health information, and managing security risks in telehealth. The training program should guarantee occupational therapists' proficiency in telehealth technology and platforms, covering setup, troubleshooting video conferencing software, and familiarity with telerehabilitation tools and features and the program should assess therapists' webside manner proficiency and offer constructive feedback through regular evaluations, peer reviews, and supervisor input. These findings support the study conducted by Mata (2021), which observed that training programs initiate by introducing fundamental

concepts of communication, encompassing communication models, essential interview skills, interpersonal communication, verbal and written communication techniques, facilitation of listening, non-verbal communication, and assertive communication. Kissane (2019) noted inconsistencies in communication skills training (CST) across studies, including variations in the conceptualization of communication skills, program content, design, intervention duration, and outcomes. Ammentorp (2019) outlined the consultation structure prior to addressing communication techniques, following the model described by Maguire (2019) as adopted in the intervention proposal.

CONCLUSIONS

Based on the salient findings of the study, the following conclusions were drawn:(1) Occupational Therapists utilize a range of interactive tools, exercises, and activities to enhance the sessions' engagement and effectiveness for the client. They attentively listen to clients' concerns, questions, and feedback to offer suitable support and guidance, and effectively communicate with clients during online sessions. (2) Occupational Therapists typically acknowledge the gaps in the implementation of telerehabilitation within the Occupational Therapy Outpatient Department. This indicates a deficiency in sufficient training and education concerning telehealth technologies and practices among Occupational Therapists. Difficulties emerge in effectively engaging clients remotely and ensuring their consistent motivation and adherence to telerehabilitation programs. (3) Occupational Therapists observe that clients highly appreciate the convenience of attending therapy sessions from their own homes, as it eliminates the need for travel. This reduction in travel requirements not only saves time but also reduces logistical constraints. Additionally, clients highly value the opportunity to maintain consistent communication with their therapists, which enables continuous progress monitoring and allows for adjustments to treatment plans as needed. (4) Occupational Therapists value personalized feedback, guidance from instructors or mentors, and access to supplementary support materials. They are inclined to embrace programs that are easily accessible, user-friendly, and adaptable to their busy schedules. When they perceive that such programs enhance their skills, contribute to better patient outcomes, or streamline their work, they are more likely to regard them favorably. (5) Occupational Therapists concur that the Training Program for Occupational Therapists focusing on Webside Manner Utilizing Telerehabilitation should include elements such as safeguarding client confidentiality, securely storing electronic health information, and addressing security risks in telehealth. This program should ensure occupational therapists' competence in telehealth technology and platforms, encompassing setup, troubleshooting video conferencing software, and familiarity with telerehabilitation tools and features. Moreover, the program should evaluate therapists' webside manner proficiency and provide constructive feedback through consistent assessments, peer reviews, and supervisor input.

The following recommendations for possible action were made in light of the salient findings and conclusions: (1) Occupational Therapists should continue utilizing a variety of interactive tools, exercises, and activities to enhance engagement and effectiveness during sessions. They should prioritize attentive listening to clients' concerns, questions, and feedback, offering appropriate support and guidance. (2) Hospital administrators should prioritize the development and implementation of comprehensive training programs for Occupational Therapists focusing on webside manner utilizing telerehabilitation and should establish mechanisms for evaluating Occupational Therapists' webside manner proficiency. This can be achieved through consistent assessments, peer reviews, and supervisor input. (3) Researcher should conduct in-depth investigations into the development and implementation

of comprehensive training programs for Occupational Therapists focusing on webside manner utilizing telerehabilitation. (4) Future researchers may conduct a similar study to investigate enhanced comprehensive training programs for Occupational Therapists focusing on webside manner utilizing telerehabilitation. that should build upon existing knowledge by investigating specific aspects such as long-term patient outcomes, the impact of protocol variations, and potential adaptations for diverse patient populations.

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