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Factors Determining the Professionalization of the Medical Profession in Relation to the Concept of a Learning Organization. Example of Occupational Therapists

The profession of an occupational therapist has been present in the field of Polish rehabilitation for decades. However, it is not recognized by society. According to available research, the knowledge of medical staff about the roles and tasks performed by occupational therapists is very limited. The level of society's knowledge is similar. Moreover, even occupational therapists themselves have difficulty defining the tasks performed by their colleagues employed in various types of facilities. People who work in the profession of occupational therapists should be more active and involved in ensuring that the profession develops, is better recognized, and becomes more professional. This requires them to have appropriate competences. In this article, the occupational therapy profession is analysed based on Peter Senge's concept, which is related to management. The author refers to knowledge-based organizations and proposes the integration of five disciplines: systemic thinking, personal mastery, creating mental models, building a common vision and team learning. The essence of a learning organization is to search for new opportunities, create patterns of non-stereotypical thinking, and develop teamwork. The implementation of the above-mentioned elements is also a necessary condition for developing the profession of occupational therapist, which is classified as a medical profession. The data presented in the article comes from secondary sources – scientific articles and publicly available reports on occupational therapy.

Keywords: learning organization, medical profession, occupational therapy, professionalization

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Introduction

Occupational therapy has been known in Poland since at least the 19th century. Initially it constituted a part of psychiatric and physical rehabilitation (Pietrzak, Loska 2012: 120). Establishing the Polish school of rehabilitation, after the Second World War, contributed to the emergence of this discipline as one of the elements of the rehabilitation process. At that time, occupational therapy was used in psychiatric wards, tuberculosis wards, medical rehabilitation wards, and sanatoriums. Establishing occupational therapy workshops (Polish: Warsztaty Terapii Zajęciowej – WTZ) in the 1990s – facilities aimed at people who are totally incapable of gainful employment – was also important for the development of occupational therapy. Occupational therapy workshops constitute the entity with which occupational therapists are most often associated. As of the end of 2019, there were 720 workshops operating in the country. Workshops are in operation in the vast majority of voivodeships in the country (they were not established in 18 counties). On average, there are 1.9 WTZs per county. At the end of 2019, 720 WTZs employed 10,085 staff for 8,570.23 FTEs. Nearly 72% were staff members involved in the rehabilitation process – referred to as substantive staff. Occupational therapy instructors are by far the most numerous among the substantive staff of the WTZs, accounting for as much as 67% of the total. The two following groups in terms of numbers are psychologists (just over 9%) and rehabilitation therapists (8.8%) (Wolińska 2021). Meanwhile, occupational therapy is also carried out, among others, in: nursing homes, day care centres, rehabilitation centres, sanatoriums, psychiatric hospitals, hospital neurological and orthopaedic wards, therapeutic day centres, care and treatment institutions, within foundations supporting, among others, people with Down's syndrome, street children, etc. As Barbara Juśkiewicz-Swaczyna and Joanna Białkowska note, in the general public perception occupational therapy is often undervalued, treated marginally (Juśkiewicz-Swaczyna, Białkowska 2015: 223). The level of public knowledge concerning the profession in Poland can be described as very low (Żmudzińska, Bac 2017), and this also applies to medical professionals (Janus, Filar-Mierzwa 2019).

The low recognition of the profession and of the roles filled by occupational therapists does not constitute the domain of Poland alone, the same is true in other countries both in Europe and internationally (Darawsheh 2018; Vij 2023; Bonsall et al. 2016).

As already mentioned, the profession of therapist has been present on the market for decades, which has its consequences in its social perception and the identification of the tasks performed by occupational therapists mainly with art therapy (Żmudzińska, Bac 2017). However, since 2012 changes can be observed (admittedly

very slow, but observable) in the manner of perceiving occupational therapy, which is linked to the start of academic training that promotes modern, global standards of theory and practice. The regulation of the profession and its professionalization may also constitute an important point for the profession's development, as a direct result of the Act on Other Health Professions of 17 August 2023.

The profession of an occupational therapist as a health profession

The term “medical profession” appears in the Act on Medical Activities of 15 April 2011 and refers to persons authorised under separate regulations to provide health care services and persons who are professionally qualified to provide health care services within a specific scope or in a specific field of medicine. The term “medical profession” is linked to the term “health professional”, which includes persons with medical or other training applicable to medicine and, more broadly, to health care, and who are properly qualified to practise their profession, e.g. a diploma, relevant certificate, etc. (Fiutak 2014a: 12). Magdalena Ławniczak-Lehman emphasises that distinguishing medical professions from other professions is not simple. There are some groups of professions that can be questioned, even though they relate to the area of health in the broadest sense (Ławniczak-Lehman 2001: 40). There are no such doubts in the case of occupational therapists, as the profession is explicitly mentioned in health care legislation.

However, it should be emphasised that the majority of occupational therapists are employed in the field of social assistance, the most characteristic (directly related to the name of the profession) place of employment being occupational therapy workshops.

The occupational therapist is listed in the Regulation of the Minister of National Education of 23 December 2011 on the classification of vocational education professions (Journal of Laws of 2012, item 7 as amended; MEN 2012) as one of the professions subordinate to the Minister of Health. The fact that it is also included in the Law of 17 August 2023 on certain medical professions, constitutes a milestone. This law regulates the work of 15 health professions, including occupational therapists. The regulations cover, among other things, the terms and conditions of the health professions, issues concerning continuing professional development, and rules of professional liability. The Act also creates a Central Register of Persons Authorised to Practice the Medical Profession. Chapter 3 Art. 13.1.(15) of the Act sets out the rules for practising the profession of an occupational therapist. They relate to the professional activities of occupational therapy diagnosis, conducting individual and group occupational therapy, evaluating its effects and organising therapeutic activities to improve the physical, mental, and social functioning, as

well as the social and occupational integration of the persons involved. The quoted description is quite broad and takes into account the unique competences possessed by occupational therapists.

The annex to the aforementioned Act on certain health professions also specifies the qualifications that practitioners should have. In the case of occupational therapists, these are:

1. commencing a course of study in occupational therapy after 30 September 2012 and obtaining at least a bachelor's degree or an engineering degree, or
2. commencing, before 1 October 2012, studies in the field (major) of occupational therapy and obtaining at least a bachelor's degree or an engineering degree, or
3. commencing education in a post-secondary public or non-public school after 31 August 2019 and obtaining a vocational diploma in the occupation of occupational therapist, or
4. commencing, before 1 September 2019, education in a post-secondary public or non-public school with the privileges of a public school and obtaining a professional title of occupational therapist or a diploma confirming professional qualifications in the profession of an occupational therapist, or
5. graduating, before the date of entry into force of this Act, from a post-secondary public school or a non-public school with the rights of a public school and obtaining a professional title in the profession of an occupational therapy instructor.

The cited provisions clearly define the qualification requirements, which can be seen as beneficial for the profession. This is all the more so because, until now, occupational tasks specific to occupational therapists have often been carried out by, among others, so-called "bi-professional" workers, i.e. people who have a non-occupational therapy background, but have completed short courses and, on this basis, provide services that fall within the scope of occupational therapy. These practices raise many questions due to the disproportionate number of course hours compared to an undergraduate degree or post-secondary education.

It is worth mentioning that currently the training of occupational therapists in Poland takes place two ways. The professional title of occupational therapist can be held by both university and post-secondary school graduates. A bachelor's degree in occupational therapy with a practical profile only came into existence in 2012. The course was initiated at three Polish universities: Bronisław Czech Academy of Physical Education in Kraków, the Academy of Physical Education in Wrocław, and the Karol Marcinkowski University in Poznań. In the course of training BA students have more than 1000 hours of practical classes, many of which involve clinical practice. For example, in the course implemented by the AWF in Kraków, the total number of ECTS credits (European Credit Transfer System) is 189, which

gives a total of more than 1,800 teaching hours. A master's degree in occupational therapy was also created in 2015, this time with an all-academic profile. As of 30 October 2023 – master's degree courses are only offered at two universities in Poland: AWF Kraków and AWF Warsaw. Post-secondary education is provided in parallel to academic programmes in Poland. The curriculum for the profession of an occupational therapist developed for post-secondary schools recommended by the National Centre for Supporting Vocational and Continuing Education (Polish: Krajowy Ośrodek Wspierania Edukacji Zawodowej i Ustawicznej – KOWEZiU) is built basing on modules (Janus 2018). In the core curriculum for vocational education, the minimum number of hours for vocational education has been defined for learning outcomes and is: 950 hours for the qualification providing occupational therapy services and 430 hours for the outcomes common for all occupations located within the medical and social education area (Fiutak 2014a: 385).

The Ministry of Health is also competent to recognise qualifications in regulated health professions, among which occupational therapist is mentioned, which are acquired by persons in the territory of the European Union (EU)². Recognising an occupational therapist's qualification within the European Union is subject to the so-called general recognition system and requires the submission of an appropriate application.

Towards professionalising the profession of an occupational therapist

The content presented concerning regulating the profession of an occupational therapist, the requirements of training constitute an important element on the way to its professionalisation.

The criteria for recognising the occupation as a profession are defined by researchers in various ways. According to Howard Becker (1977), beneath the surface of the theorists' disagreements, there is a consensus concerning the set of interrelated qualities that symbolise a morally praiseworthy type of profession that is the basis for its designation as a profession, and vocations striving for the status of a profession will attempt to display these qualities. These features are: a monopoly on knowledge, control of training in professional practice, control of entry into the profession, as well as adoption of a code of ethics and service ethics. The monopoly on knowledge refers to knowledge that is backed by scientific theories and, at the same time, has value for the public, which believes that it is

² According to information included on the websites of the Ministry of Health (Ministerstwo Zdrowia 2022).

useful for solving their life problems. Occupational therapy is an evidence-based practice (EBP), meaning that it integrates evidence resulting from clinical research with the clinical knowledge of therapists' and patients' preferences. Knowledge and skills related to EBP vary in different countries, as do the attitudes of therapists towards this approach (Stronge, Cahill 2012; Salls et al. 2009). In Sweden, for example, occupational therapists express positive attitudes, but point to the obstacle for implementing this approach as a lack of time (Lindström, Bernhardsson 2018). We do not have such research in Poland. Verifying the knowledge of occupational therapists should involve standardising the training offered to them as well as making sure that those holding the professional title have the necessary competences to carry out their professional tasks. Currently, as already mentioned, there are two pathways to obtaining a professional degree, between which there are differences in, among other things, the minimum number of hours of practical training. However, restricting access to the profession to those who do not have the desired competences through statutory provisions can be seen as a milestone beneficial for the profession and the recipients of occupational therapists' services. The control of entry into the profession can be regarded as questionable, since the sole admission process for studies in this field does not include verification of specific temperamental traits or mental abilities and the criterion for admission consists in the competition of grades obtained in secondary school. It remains to be hoped that these characteristics are verified during the recruitment process for individual jobs. Adopting a moral code and being guided by high service ethics remains an open issue. Provisions concerning ethical conduct and the consequences for unethical behaviour are contained in the Act on Other Health Professions, which has already been cited. However, preparations are currently underway for issuing regulations that will cover this content in detail.

An analysis of the literature on the professionalisation of occupational therapy shows that the elements with the greatest emphasis are values and behaviours. Professional values constitute the basic, fundamental beliefs shared by the profession's representatives (Drolet 2014). Professionalism in occupational therapy practice is defined as a dynamic, combining a person's individual skill set, knowledge, behaviours and attitudes, as well as the adoption of the moral and ethical values of the profession and society (DeJuliis 2017).

To summarise the above argument, it can be said that the occupational therapy profession is a profession that is beginning to become professionalised. The attitudes and behaviour of the people who make up the profession are extremely important on the way to achieving the goal of professionalisation.

The concept of a learning organisation as a framework for discussing the professionalisation of the profession of an occupational therapist

One element of professionalising the profession consists in the attitudes and beliefs of those who represent the profession. Research directly addressing the attitudes of occupational therapists towards their profession is not available in Poland. Referring to the observed activity of occupational therapists in terms of nurturing the development of the profession, it can be concluded that it is alarmingly low. The author's own observations related to her activities in the Polish Occupational Therapy Association (an association representing occupational therapists in the country, Europe, and worldwide), allow for the conclusion that the activity of the persons performing the profession is very low. This was also perfectly evident during the consultation process related to the legislative processes of the Law on Certain Health Professions. The silence of occupational therapists, the inactivity of organisations that bring together entities where occupational therapy is carried out (e.g. National or Regional Occupational Therapy Workshop Forums) resulted in that the profession does not have proper, compact, and numerous representations.

At this point, it is necessary to raise the question of how the process of change in thinking about the profession, and consequently taking action that will promote its professionalisation, can take place.

An interesting concept that may provide a frame of reference for analysing the profession is borrowed from management, the concept of a learning organisation developed by Peter Senge in his book *The Fifth Discipline* (Senge 2012). The concept is regarded as one of the key concepts for further developing ideas related to the organisation. Senge views the learning organisation as one that continually expands the possibilities for creating its own future (Senge 2012: 197). In his view, a learning organisation is a place where people constantly expand their capacity to achieve the outcomes they really want, where people continually discover that they are creating reality. They also discover how they can create it (Watkins, Marsick 1993). Several assumptions underlying the concept of a learning organisation can be identified. The first is, of course, that organisations can learn and that learning constitutes a core value. Secondly, all employees should participate in the learning process, so it is the organisation's task to create conditions in which each person can participate in the learning process. Thirdly, the organisation has to take measures aimed at motivating employees to acquire knowledge. Fourthly, the learning process should be continuous. The idea of a learning organisation assumes that acquiring and sharing knowledge is an endless process.

According to Senge, a learning organisation implements certain conditions that are called learning disciplines. These disciplines include: shared vision, personal mastery, team learning, recognition of mental models, as well as systemic learning. Systemic thinking refers to the ability to perceive an organisation as a whole, while taking into account the individual components and the interactions taking place between the components. Such thinking allows all phenomena occurring within and around the organisation to be taken into account in the long term and to see dynamic, complex relationships rather than cause and effect relationships. Personal mastery refers to the continuous improvement of the way of perceiving reality, adapting it to the changing environment, which requires the continuous improvement of knowledge, perfecting skills, as well as creating new ideas and solutions with simultaneously involving all employees. A shared vision of the future constitutes the definition of a system of values and missions shared by all members of the organisation, which is reflected in a sense of purpose in the undertaken activities. Thought models are implicit assumptions that impact the manner of interpreting phenomena. Their identification and awareness allow errors to be revealed and corrected. Team learning means developing a group's capacity to acquire and accumulate knowledge. The synergy of mental potential constitutes the basis for innovation. The disciplines mentioned by Senge and their integration are essential for developing an organisation where new developmental patterns of thinking are nurtured and collective aspirations are realised, a place where people learn how to grow (Kudelska 2013: 26–27).

The analysis of the profession of an occupational therapist set within the framework of the concept of a learning organisation and its constituent disciplines is conventional in nature; its purpose is to indicate the possibilities offered by the adoption of this perspective and to show the limitations that are symptomatic of the profession's development.

Systemic thinking refers to the ability to see the profession in a holistic manner, taking into account the place of employment of occupational therapists and the training they have. Regulations are currently being prepared for the Other Health Professions Act, which will inevitably apply to health care-related facilities, and this does not include those practising and carrying out their tasks in social care-related facilities, causing a rift in terms of both the required training and remuneration for their work. A solution may be adopting an inter-ministerial law taking into account all persons performing the profession or the preparation of a law concerning the profession of occupational therapists. Even though, the law in question can be considered a milestone for those working in health care, it is necessary to emphasise that it does not apply to all persons performing the profession. The same is true of education, which will continue to be delivered in two modes at both undergraduate and postgraduate school levels. Despite repeated appeals from the communities

representing the various professions included in the Act, the Ministry of Health has not decided to include a provision on training standards for the medical profession. Preparation for the medical profession requires acquiring sound, up-to-date knowledge and skills. Not defining training standards for the health professions listed in the bill may generate the risk that qualifications to practise will be granted to persons who are not adequately prepared to do so. Another weak point of the Law on Certain Health Professions is the lack of possibility for individual professions to form professional self-governments. The possibility for people with both knowledge and experience concerning the profession to act in favour of the profession constitutes a prerequisite for its development. Establishing professional self-governments makes it possible to represent the interests of the profession, supervise its practice, coordinate matters of continuing professional development, or watch over ethical issues. The inability to create separate self-governing bodies should not be an excuse for a lack of commitment to the profession's position. Occupational therapists should be aware that taking care of the profession and consolidating the community is the only way forward. It is absolutely incomprehensible that occupational therapists have not formed any trade union to represent the interests of all those in the profession. The issue of nationwide associations is similar. The first, no longer in existence, the Association of Polish Occupational Therapy was only established in 2009. In part, its tasks are continued by the Polish Occupational Therapy Association, established in 2016 and based in Kraków. This association was formed on the initiative of academics who had completed a course preparing them to teach occupational therapy theory and practice. Currently, the Polish Occupational Therapy Association includes occupational therapy practitioners with professional titles (obtained in the course of academic education and post-secondary schools) among its members, occupational therapy students, as well as teachers conducting classes in this field. However, the willingness of occupational therapists to associate is negligible. The number of members in the association is relatively small compared to the number of persons performing the profession in our country. The issue of systemic thinking in the case of both legislators and practitioners is highly debatable. Without a holistic view of the profession, perceiving the cause-and-effect relationships, the divisions will widen. This situation may result in creating a rift between occupational therapists employed in health-related settings and to empower and treat occupational therapists employed in social care as lower paid, marginalised individuals.

The answer to the situation may consist in the personal mastery described by Senge, i.e. practitioners seeking new opportunities and responding to the changing environment. However, this requires the involvement of all those in the profession. Implementing the tasks of an occupational therapist requires ongoing training and keeping up to date with the changes that are taking place. It is clear that any change

causes resistance to move out of one's comfort zone. For occupational therapists, a change that has been resisted consists in adopting a different paradigm of thinking from treating occupational therapy as art therapy and using it as a way of managing time to focus on the activity – enabling the person to perform it, distinguishing between the activities performed as tools of therapy and as its purpose (Law et al. 1997: 32). For example, painting autumn leaves can be perceived as a form of time management, as a tool (painting as a form of fine motor skills improvement), or as a goal (having the work done by a person who deals with creating in a professional manner). Of course, this applies to a certain group of occupational therapists. However, following the changes, looking for an area to improve practice in new trends, to develop, should be a priority. Unreflective attachment to the manner of performing tasks and lack of innovation cause discipline to stagnate. The fact is that until now, as an unregulated profession, occupational therapists have not been subject to the requirement of continuing professional development. However, the lack of requirements does not exclude individual activity. The willingness to improve, to make changes, to take advantage of the latest knowledge but also to share their knowledge should constitute the hallmarks of this professional group. There are already valuable Polish-language publications available on the Polish publishing market, in line with modern trends, and there are also training courses and conferences for persons performing the profession. Striving for personal mastery is a matter of conviction and understanding that every occupational therapist is accountable for his or her image, own knowledge, not only to himself or herself, but above all to the recipients of the provided services.

The above conclusion refers to another discipline proposed by Senge which is the shared vision of the future, i.e. defining the values and mission shared by occupational therapists in their work. The vision of occupational therapy promoted by World Federation of Occupational Therapists (WFOT) emphasises the role of occupational therapy as maximising the health, wellbeing, and quality of life of all people, populations, and communities through effective solutions to facilitate participation in everyday life (AOTA 2017). To help further define and communicate the basic assumptions associated with the presented vision, the following postulates were formulated for key stakeholders, including occupational therapists, occupational therapy assistants, educators, students, consumers, policy makers, and the general public: accessibility, collaboration, efficiency, and leadership. Accessibility emphasises the need to provide services that are adapted to the cultural needs of a given group. Collaboration refers to working with a client and working within defined systems, allowing to achieve satisfactory results. Efficiency refers to evidence of the effectiveness of the undertaken therapeutic activities, as well as financial considerations – providing occupational therapy is supposed to be cost-effective. Finally, the last element concerns leadership and the ability of

occupational therapists to have an impact on policy, environmental, and systems change. Certainly, the unifying element of Polish occupational therapists is a focus on the client, respect for their dignity and autonomy. There is no document describing the desired values in Poland. However, it can be assumed that it would not be reasonable to perform this profession without the belief that the undertaken actions are centred around improving the client's wellbeing, health, and wellness. Unfortunately, occupational therapists do not seem to have a shared vision of the profession's future, and even more so, they do not undertake a dialogue in this regard nor do they have a sense of agency. It remains to be hoped that such activity will characterise the representatives of Generation Y who are entering the labour market and have completed their academic education. These individuals are aware of the need to nurture the development of the profession, to share knowledge (Janus 2023). It is precisely the sharing of knowledge and team learning that form another discipline identified by Senge. Sharing knowledge in occupational therapy, expressing own workshop is marginal. There are publications available concerning art therapy (as already mentioned wrongly identified with occupational therapy, regarded as synonymous with it), but there is a lack of positions aimed at the occupational aspect. A weaknesses of occupational therapy also consists in the fact that there is no standardised documentation model, no development of patient-centred occupational needs assessment tools and a lack of research in terms of the discipline. Taking into consideration the history of occupational therapy in Poland, it is surprising how little activity there has been among those involved in developing tools, working techniques.

This may be due to certain thought patterns, which Senge calls thought models. The essential question that occupational therapists should be asking themselves is, "what can I do better?" instead of stating 'it can't be done' or "why should we change anything?". Legal regulations, such as the provisions of the Act on Certain Health Professions covering issues of lifelong learning and, in occupational therapy workshops, the Standards for the Functioning of Occupational Therapy Workshops (Standardy funkcjonowania WTZ 2022), which are being introduced, may contribute to the need to change the aforementioned patterns related to education and training. The guidelines concerning training and development of the employees of WTZs refer to the key principles of improving the skills and developing WTZ staff, for which the starting point is to focus on the objectives of the WTZs, to indicate that the training plan should take into account the needs and expectations of the employee, training should contribute to the dissemination of knowledge and to counteract professional burnout (Standardy funkcjonowania WTZ 2022: 101). However, there are no regulations that have the power to change beliefs concerning the need to nurture the development of the profession...

Conclusions

Professionalisation is a dynamic, ongoing process, and professional groups achieve professional status primarily through public recognition (Cooper 2012). The effect of professionalisation consists in transforming a profession or vocation into a regulated profession with high integrity and competence (DeJuliis 2017: 3).

Looking at the professionalisation of the profession in, for example, the UK, where the profession is closely linked to medicine and the culture of health and social care, it is clear that facilities that fit into this area constitute the major employers for occupational therapists. Therefore, the path of occupational therapy towards professionalisation was linked to that of many allied health or health-care professions, as sanctioned by the Health Act 1999 and the National Health Service Reforms and Health Professions Act 2002 (Clouston, Whitcombe 2008). In Poland, the situation is different, the Law on Certain Health Professions was being processed, but most occupational therapists are employed in the field of social assistance.

The difficulties related to the manner of perceiving the profession are precisely related to the places of employment of therapists, which are very diverse. The divergence of these areas affects how occupational therapists' identities are constructed and understood – assuming that it is precisely organisational attitudes, roles, and belief systems that have an impact on how it is constructed and understood in everyday social activities at micro, meso, and macro levels (Mattingly 1998; Giddens 1999). In addition, the socially constructed meanings and values attributed to everyday life also define how occupational therapy is understood (Giddens 1999). As a result, because occupational therapy is concerned with human occupation, which is shared by all people, it may be regarded as obvious and habitual and therefore not highly valued (Kielhofner 2002).

The attitudes and level of commitment of those directly practising it are central for discussing the profession. Referring to Senge's terminology – the mental models related to the roles filled by therapists, their attitudes regarding the profession or their perceptions (or rather lack of perceptions) of development potential need to be modified. It is not possible to emphasise the significance of human occupation as an area appropriate for all people while stressing the importance of expert knowledge in enabling people to perform it without ensuring that they possess such expertise. The real opportunity for occupational therapists lies in nurturing the empowerment of the profession, building the identity of occupational therapists, and working on their own beliefs concerning the profession.

The profession's decades-long history in Poland obliges to consider all scenarios, to make changes, to adopt the perspective of a learning organisation, where

learning and development become a way of life, as opposed to stagnation and waiting for decisions in terms of the profession to be made, which are made without the people who should have a real interest in them.

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