

Effect of Marketing Occupational Therapy Services on Client-Centredness in Nigeria

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Abstract

This study assesses marketing strategies that can be adopted in marketing occupational therapy (OT); ascertains the target of OT marketing efforts and identified the barriers to client-centredness in OT. All these were with the view to investigate the extent to which marketing OT services influence client-centredness in Nigeria. A purposive sampling technique was used to select 33 currently licensed and practicing OT practitioners in Nigeria who responded to questions like the types of marketing strategies that OT can adopt, target for OT marketing efforts, the extent to which marketing OT can influence client-centredness, and barriers to client-centredness in OT. Data were summarized using descriptive statistics while the major objective of the study was tested using a one-way analysis of variance. The results of this survey showed that marketing strategies like building relationships with physicians and professionals allied to medicine, improving quality of service and professionalism, and digital marketing/internet have a significant effect on client-centredness in terms of occupational therapists' desire for professionalism in practice, and respect for client's subjective experience in occupational performance; targets for OT marketing efforts are clients, physicians and professionals allied to medicine, donors, community services, business managers, developers and investors, policy makers, insurance companies, and attorneys; and barriers to client-centredness in OT are inefficiency of the facility, lack of client demand to contribute during goal-setting and decision making, clients are not aware of client-centredness, indifference and lack of motivation of clients toward achieving occupational performance amongst others. In conclusion, marketing occupational therapy services can significantly affect client-centredness in Nigeria.

Keywords: *Client-centredness, Marketing, Nigeria, Occupational therapy, Services.*

Introduction

“Occupational Therapy (OT) is a client-centred and occupation-focused health profession promoting health and wellbeing by providing opportunities for persons/communities to complete necessary day-to-day activities [1, 2]. Client-centeredness is borne in the humanist philosophy guiding OT practice. OT is client-centered (relationship with clients) and occupation-focused (intervention). In a position statement by the World Federation

of Occupational Therapists (WFOT) [3], it was stated that Occupational Therapists respect and collaborate with clients, value clients' subjective experiences of their participation, and appreciates clients' knowledge, hopes, dreams, and independence. Health professionals could see marketing as promotion or awareness e.g., enlightening people that do not know about OT and what occupational therapists do. Marketing is a management process for identifying, anticipating, and providing satisfiers efficiently and profitably [4, 5].

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The concept of marketing depicts the client in the realm of the corporate philosophy as a legal entity while the techniques allow the concept to be efficiently and profitably executed. Marketing is the summation of activities that occur from when an idea of a product or service (OT) is conceived to when it meets the client's satisfaction.

OT as a profession is a viable service that will continue to grow and thus the need for marketing to stay competitive and profitable cannot be over emphasised.

Marketing OT is relatively a new development in OT practice in Africa. The concept may be referred to as the effective application of modern marketing principles, concepts, and philosophies to OT practice. These concepts and principles, focused on those exchange relationships, a situation whereby parties involved in the exchange seek to maximise satisfaction.

The outcomes of OT are client-centered, diverse, and measured in terms of participation, the satisfaction derived from the activity, and/or improvement in occupational performance [1]. OT clients can experience satisfaction when they receive individualised care, are involved in planning their treatment/intervention, they feel valued, and appreciated (client-centeredness) [6, 7].

Nigeria with a population of over 200million currently has less than 300 registered Occupational Therapists practitioners (Occupational Therapists and Occupational Therapist Assistants) [8, 9], over 60% of this number have either migrated or are not gainfully employed, and not up to 10 public health institutions have OT facilities, only a degree awarding institution training Occupational Therapists and two diploma awarding institutions training Occupational Therapist Assistants [10, 11]. Those public health institutions with OT facilities including the training institutions are comparatively below standard; all the previously equipped OT facilities in the Nigeria Armed Forces are

currently not staffed; there seems to be no political will/policy to support the opening of more OT facilities or developing existing ones; low clients referral base; and OT is not in the Federal Republic of Nigeria Scheme of Service Gazette (even though there are OT practitioners employed by the Federal Government of Nigeria). OT practitioners in Nigeria have employed several approaches to alleviating the challenge of marketing OT ranging from courtesy visits to Politicians, Traditional Rulers, Heads of training institutions, and Heads of healthcare services: to newspaper publications, health talks, television presentations, and workshops. Almost all these approaches have failed possibly because marketing OT has not been strategically planned to improve the perception of OT practitioners towards marketing, identify clients' needs, satisfy clients' needs, maximize services rendered, and profitably stay ahead of competitors by developing effective marketing mix [12-14]. The case is similar in other developing countries like Burundi, Ethiopia, Ghana, Benin Republic, Togo, and Rwanda.

There is, therefore, the need to encourage the formulation of a strategic management and marketing plan for OT in developing countries. This study attempts to find out some of the marketing strategies that can be applied to OT, those that OT marketing efforts should be directed towards, the extent to which these marketing strategies can influence client-centredness, and the barriers to client-centeredness in Nigeria. It addressed issues relating to the following pertinent questions emerging from the domain of the statement of the problems above:

1. What type of marketing strategies can OT adopt to be profitably competitive?
2. To whom should OT marketing efforts be directed?
3. To what extent can marketing OT can influence client-centredness in Nigeria?
4. What are the barriers to client-centredness in Nigeria?

The outcome of this study may validate other marketing strategies in marketing OT in Nigeria, lead to improvement of services (client-centred and occupation-focused) rendered by OT practitioners, change the perception of actors in OT practice towards marketing OT, add to the existing body of knowledge on research on marketing OT, policy, and its implementation. This study is delimited to OT practitioners that are registered with MRTB, currently licensed and practicing in Nigeria.

Materials and Methods

The study was carried out in OT facilities where licensed OT practitioners are practicing throughout Nigeria. OT facilities and practitioners are accredited and licensed by the MRTB of Nigeria periodically. A survey was used to collect data on the effect of marketing occupational therapy services on client-centredness in Nigeria. The variables in this study will be marketing OT (independent variable) and client-centredness (dependent variable). A purposive sampling technique was used to recruit 45 consented OT practitioners (males and females), but only 33 responded to the survey. Purposive sampling is a non-probability sampling selection that involves the selection of respondents who can provide information and who are readily available to participate in the study. The questionnaire was administered to OT practitioners by mail, internet, phone calls, and in person. The scales of measurement of the variables are nominal and the Likert scale.

The nominal scale will be used to assess items in section A and some items in section B while the Likert scale will be used to investigate the response of respondents to questions like to what extent can marketing OT influences client-centredness in Nigeria. The variables involved in this study thus helped to determine the effect of marketing OT services on client-centredness in Nigeria.

Marketing OT, which is the independent variable, is the way and manner by which

strategies incurred can encourage and improve client-centredness (variable of primary interest) in Nigeria. The Likert scale will also be used to investigate the extent to which marketing OT services can influence client-centredness in Nigeria. Data were summarised using descriptive statistics using Statistical Package for Social Sciences (SPSS). One-way Analysis of Variance (ANOVA) was used to test the dependability of the model used in instituting a relationship between marketing OT services and client-centredness in Nigeria.

Results

This study shows the extent to which marketing OT can influence client-centeredness, assess the marketing strategies that can be adopted in marketing OT, ascertain the target market of marketing OT efforts, and identify the barriers to client-centeredness in Nigeria. The methodology adopted was a survey that used a purposive sampling technique to recruit 45 consented OT practitioners for the study. 45 copies of the questionnaire were administered, and 33 copies were found adequately completed after screening and used for the analysis. Data obtained from the survey were summarised using descriptive statistics.

The Demography of Respondents

The currently licensed and practicing OT practitioners in Nigeria are majorly active, single females possessing a bachelor's degree with full-time employment in teaching hospitals. OT practitioners in Nigeria hardly practice in private establishments, military hospitals, special schools, and non-governmental organisations; and never practiced in rehabilitation home/centre, or primary health centre.

The Respondents' Opinions on the Type of Marketing Strategies that can be Adopted by Occupational Therapy

81.80% of respondents make a strong affirmation that 'building relationships with physicians and professionals allied to medicine' is a marketing strategy that can be adopted by

OT, 18.20% of respondents also support the affirmation, and no respondent was either indifferent or disagree with the affirmation. More so that 'improving quality of service and professionalism' is a marketing strategy that can be adopted by OT, was deduced from the views of 93.90% and 6.10% of respondents that strongly supported and supported the affirmation respectively, and no respondent was indifferent or thought otherwise. 75.80% and 21.20% of respondents strongly agreed and agreed respectively that 'Digital Marketing/Internet (website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram)' can be a means of marketing OT, while only 3.00% of respondents disagreed.

'Promotions (advertising, personal selling, free service, public relations)' as a marketing strategy for OT was strongly supported by 69.70% and supported by 21.20% of respondents, 6.10% were indifferent, and 3.00% disagreed with the affirmation. A good number of respondents, 54.50% strongly agree and 36.40% agreed that 'relationship marketing (developing long-term relationships with clients)' is a marketing strategy that can be adopted by OT.

The ranking generated shows that the most effective OT marketing strategy is 'improving quality of service and professionalism' followed by 'building relationships with physicians and professionals allied to medicine'. Number 3 on the ranking is digital marketing/internet (website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram), 'promotions (advertising, personal selling, free service, public relations)' was ranked 4th, and 'relationship marketing (developing long-term relationships with clients)' 5th.

Level of Agreement to Target Market of OT Marketing Efforts

All the respondents supported the affirmation that OT marketing efforts should be directed at 'clients (persons, families, groups, communities, organisations, populations)' as 87.90% and

12.10% strongly agreed and strongly agreed, respectively. 33.30% of respondents strongly agreed, 33.30% agreed, 27.30% were indifferent, and 6.06% opposed that OT should market to insurance companies.

However, on whether OT should market to Attorneys; 27.30% of respondents strongly agreed, 36.40% agreed, 24.20% were indifferent, 9.10% disagreed, and 3.00% strongly disagreed. Physicians and professionals allied to medicine were affirmed to be targeted for OT marketing efforts by all the respondents as 72.20% strongly agreed and 27.30% agreed. Most of the respondents (69.70% strongly agreed and 27.30% agreed) asserted that OT marketing efforts should be directed towards 'donors (governmental agencies and non-governmental organisations)' and only 3.00% of the respondents were indifferent. 60.60% and 33.30% of respondents strongly agreed and agreed respectively that OT marketing efforts should be directed towards community services (police, fire services, prisons, schools) while 3.00% of respondents were indifferent, and 3.00% disagreed.

Moreover, 69.70% of respondents strongly agreed that OT marketing efforts should be directed toward policy makers (regulatory bodies, ministries, legislators, executives), this was supported by 21.20% of respondents, 6.10% were indifferent, and 3.00% strongly disagree. About half of the respondents, 48.50% strongly agreed that OT marketing efforts should target 'business managers, developers, and investors'; supported by 30.30% who agreed, but 21.20% were indifferent.

Clients (persons, families, groups, communities, organisations, populations) were identified to be the most important target for OT marketing efforts, followed by 'physicians and professionals allied to medicine' that ranked 2nd, and 3rd is donors (governmental agencies and non-governmental organisations), policy makers (regulatory bodies, ministries, legislators, executives) and community services (police, fire services, prisons, schools) ranked 4th and 5th

respectively. Business managers, developers, and investors were ranked 6th, insurance companies' 7th, and last were attorneys.

Level of Agreement to Extent to which Marketing Occupational Therapy Can Influence Client-Centredness

The respondents were asked to what extent can marketing OT can influence client-centeredness. This was used to test the major objective of the study (to investigate the extent to which marketing OT can influence client-centeredness).

More than half 54.50% of the respondents believe that marketing OT will influence respect for client's subjective experience in occupational performance to a very high extent, 33.30% affirmed that it is to a high extent, 9.10% said it is average, while a respondent thinks it is to a low extent.

On the extent to which marketing OT can influence client-centeredness regarding 'appreciation of client's knowledge, hopes, dreams, and autonomy', 51.50% of respondents believe that it is very high, 33.30% high, 9.10% average, and 3.00% low. The majority of the respondents (51.50% very high and 39.40% high) assert that marketing OT can influence client-centeredness to a high extent with respect to client's involvement in goal setting, 3.00% indifferent, while 6.10% very low. On the extent to which marketing OT can influence client-centeredness regarding client's involvement in decision making, respondents' responses are 57.60% very high, 33.30% high, 6.10% average, and 3.00% low. 75.80% of respondents affirmed that marketing OT can influence client-centeredness to a very high extent regarding 'occupational therapists desire for professionalism in practice', supported by 15.20% high while 9.10% were indifferent. Occupational therapists' desire for professionalism in practice was ranked as the most evident influence marketing OT can have on client-centeredness.

'Client's involvement in decision making' and 'respect for client's subjective experience in occupational performance' were ranked 2nd and 3rd respectively. Client's involvement in goal setting was ranked 4th while 'appreciation of client's knowledge, hopes, dreams, and autonomy' was the least evident influence of marketing OT on client-centeredness.

Challenges Associated with Client-Centredness in OT

72.70% of respondents indicated that 'OT practitioners having insufficient knowledge about client-centredness' is a challenge to client-centeredness. Two-thirds of respondents 66.70% identified 'ambiguity in the application of client-centeredness', 81.80% of respondents ticked 'inefficiency of the facility for client-centeredness', 57.60% of respondents think 'clients with impaired cognition' can be an obstacle, 69.70% of respondents agreed that 'clients are not aware of client-centredness', 45.50% of respondents pointed out 'practicing in settings dominated by treatment models', while two-thirds of respondents 66.70% see 'indifference and lack of motivation of clients toward achieving occupational performance' as a barrier, and three-quarter of respondents 75.80% identified 'lack of clients demand to contribute during goal-setting and decision making' as a barrier to client-centredness in OT. 'Inefficiency of the facility for client-centredness' is the most important barrier to client-centredness in OT followed by 'lack of clients demand to contribute during goal-setting and decision making', the third is 'OT practitioners have insufficient knowledge about client-centredness, 'clients are not aware of client-centredness' 4th, and 'indifference and lack of motivation of clients toward achieving occupational performance' together with 'ambiguity in the application of client-centredness' ranked 5th. Others are 'clients with impaired cognition' 6th, and 'practicing in settings dominated by treatment models' ranked 7th.

One-way ANOVA of the Relationship between the Marketing Strategy of ‘Building Relationships with Physicians and Professionals Allied to Medicine’ and Client-Centeredness in OT

The results of testing each of the terms in client-centeredness with the marketing strategy (building relationships with physicians and professionals allied to medicine) include; respect for the client’s subjective experience in occupational performance ($F=1.883$, $P<0.180$), appreciation of the client’s knowledge, hopes, dreams, and autonomy ($F=0.084$, $P<0.774$), clients involvement in goal-setting ($F=0.270$, $P<0.607$), clients involvement in decision making ($F=0.573$, $P<0.455$), and occupational therapists desire for professionalism in practice ($F=37.889$, $P<0.000$).

The analysis has shown that ‘building relationships with physicians and professionals allied to medicine’ has a significant effect on occupational therapists’ desire for professionalism, but not on the other terms in client-centeredness in Nigeria.

One-way ANOVA of the Relationship between the Marketing Strategy of ‘Improving Quality of Service and Professionalism’ and Client-Centeredness in OT

The results of testing each of the terms in client-centeredness with the marketing strategy (improving quality of service and professionalism) include; respect for the client’s subjective experience in occupational performance ($F=0.037$, $P<0.848$), appreciation of the client’s knowledge, hopes, dreams, and autonomy ($F=0.112$, $P<0.740$), clients involvement in goal-setting ($F=1.004$, $P<0.324$), clients involvement in decision making ($F=1.119$, $P<0.298$), and occupational therapists desire for professionalism in practice ($F=8.608$, $P<0.006$).

The analysis established that ‘improving quality of service and professionalism’ has a significant effect on ‘occupational therapists’

desire for professionalism’, but not on the other terms in client-centeredness in Nigeria.

One-way ANOVA of the Relationship between the Marketing Strategy of ‘Digital Marketing/Internet [Website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram]’ and Client-Centeredness in OT

The results of testing each of the terms in client-centeredness with the marketing strategy (digital marketing/internet [website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram]) includes; respect for the client’s subjective experience in occupational performance ($F=3.542$, $P<0.045$), appreciation of client’s knowledge, hopes, dreams, and autonomy ($F=0.871$, $P<0.429$), clients involvement in goal-setting ($F=0.099$, $P<0.906$), clients involvement in decision making ($F=0.258$, $P<0.774$), and occupational therapists desire for professionalism in practice ($F=3.421$, $P<0.046$).

The analysis established that ‘digital marketing/internet (website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram)’ has a significant effect on ‘occupational therapists desire for professionalism’ as well as on ‘respect for client’s subjective experience in occupational performance’ but not on the other terms in client-centeredness.

One-way ANOVA of the Relationship between the Marketing Strategy of ‘Promotions [Advertising, Personal Selling, Free Service, Public Relations]’ and Client-Centeredness in OT

The results of testing each of the terms in client-centeredness with the marketing strategy (promotions [advertising, personal selling, free service, public relations]) include; respect for the client’s subjective experience in occupational performance ($F=1.343$, $P<0.280$), appreciation of client’s knowledge, hopes, dreams, and autonomy ($F=0.823$, $P<0.492$), clients involvement in goal-setting ($F=0.114$, $P<0.951$,

clients involvement in decision making ($F=0.123$, $P<0.946$), and occupational therapists desire for professionalism in practice ($F=2.342$, $P<0.094$). The analysis established that ‘promotions (advertising, personal selling, free service, public relations)’ has no significant effect on client-centeredness in Nigeria.

One-way ANOVA of the Relationship between the Marketing Strategy of ‘Relationship Marketing [Developing Long-Term Relationships with Clients]’ and Client-Centeredness in OT

The results of testing each of the terms in client-centeredness with the marketing strategy (relationship marketing [developing long-term relationships with clients]) include; respect for the client’s subjective experience in occupational performance ($F=1.049$, $P<0.348$), appreciation of the client’s knowledge, hopes, dreams, and autonomy ($F=0.259$, $P<0.774$), clients involvement in goal-setting ($F=0.868$, $P<0.430$), clients involvement in decision making ($F=0.861$, $P<0.433$), and occupational therapists desire for professionalism in practice ($F=1.438$, $P<0.253$).

The analysis established that ‘relationship marketing (developing long-term relationships with clients)’ has no significant effect on client-centeredness in Nigeria.

Discussion

Based on the analysed data, the findings show that a majority of the respondents supported marketing strategies like building relationships with physicians and professionals allied to medicine, improving quality of service and professionalism, digital marketing/internet (website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram), promotions (advertising, personal selling, free service, public relations), and relationship marketing (developing long-term relationships with clients) can be adopted for marketing OT.

This is in line with the works of [13, 15-18]. OT practitioners strongly affirmed that OT

marketing efforts should be majorly directed towards clients (persons, families, groups, communities, organisations, populations), physicians and professionals allied to medicine, donors (governmental agencies, and non-governmental organisations), and community services (police, fire services, prisons, schools) which was supported by [15, 17, 19]. Respondents also affirmed that business managers, developers, and investors; policy makers (regulatory bodies, ministries, legislators, executives); insurance companies; and attorneys are targets for marketing OT efforts which corroborated the works of [19].

[12] suggested that OT practitioners should market OT through client-centeredness. The result of the survey has shown that marketing OT can significantly influence client-centeredness in terms of ‘respect for client’s subjective experience in occupational performance’, ‘appreciation of client’s knowledge, hopes, dreams, and autonomy’, client’s involvement in goal setting, client’s involvement in decision making, and occupational therapists desire for professionalism in practice. So, an OT practitioner that is marketing conscious will be client centric. OT practitioners also identified the inefficiency of the facility for client-centredness, lack of clients’ demand to contribute during goal setting and decision making, OT practitioners’ insufficient knowledge about client-centeredness, and clients are not aware of client-centeredness as major barriers to client-centeredness in OT.

The survey also shows that client-centeredness has barriers and the following were identified in order of importance: inefficiency of the facility for client-centeredness, lack of clients’ demand to contribute during goal setting and decision making, clients not aware of client-centeredness, indifference and lack of motivation of clients towards achieving occupational performance, ambiguity in the application of client-centeredness, clients with impaired cognition, and practicing in settings

dominated by treatment models. These have also been identified in [20-22].

Further study is necessary to determine if there is any significant relationship between practice setting and barriers to client-centeredness; to know why marketing strategies for OT did not have a significant effect on client-centeredness in terms of ‘appreciation of client’s knowledge, hopes, dreams, and autonomy’, ‘clients involvement in goal setting’, and ‘clients involvement in decision making’; and to know why marketing strategies like promotions, and relationship marketing did not have a significant effect on client-centeredness.

Conclusion

From the study, it can be concluded that marketing strategies for OT services (like building relationships with physicians and professionals allied to medicine, improving quality of service and professionalism, and digital marketing/internet) can significantly affect client-centeredness in terms of ‘occupational therapists’ desire for professionalism in practice’ in Nigeria. ‘Digital marketing/internet’ and ‘developing long-term relationships with clients can also positively affect client-centeredness in terms of ‘respect for client’s subjective experience in occupational performance’. Marketing is a management function that aims to profitably provide clients satisfaction in an arena of business competition.

The overall objective of OT should be to enable persons to engage in meaningful and purposeful activities. This objective can only be achieved when clients are satisfied, and clients can only be satisfied when they encounter professionalism in OT practice and their subjective experience in occupational engagement is respected. Potential clients must be aware of OT through marketing strategies like improving the quality of service and professionalism, building relationships with physicians and professionals allied to medicine, and digital marketing/internet.

The clients can only be aware of OT if marketing efforts are well directed to clients; physicians and professionals allied to medicine (for referrals and consultation); donors (for aid to developing OT); community services (for referrals and consultation); business managers, investors, and developers (to advance OT), policy makers (for accreditation, appointments, the opening of new OT facilities, resource allocation, and implementation of relevant policies), insurance companies (to subscribe for OT), and Attorneys (to advocate for occupational justice).

From this study, it will be necessary to recommend that OT practitioners market OT by improving the quality of service and professionalism, building relationships with physicians and professionals allied to medicine, and through digital marketing/internet. So, there is a need for OT practitioners to develop their marketing management skills and for OT training institutions to include marketing management in their curriculum if OT will have a competitive edge in the health care industry in Nigeria. It is worthy also of recommendation that if OT must survive the constantly changing demand of the health care industry, OT practitioners must embrace client-centeredness in practice through an improved desire for professionalism, and respect for the client’s subjective experience in occupational performance. Client-centeredness should go beyond theory into practice to increase client satisfaction, loyalty, adherence to therapy/treatment programs, early discharge, and acceptance of follow-up plans. OT practitioners should be aware of the enormous barriers to client-centeredness and consciously bridge them which may be institution-dependent (barriers set by practice setting), client-dependent (barriers set by clients), or practitioner-dependent (barriers set by practitioners).

Figures and Tables

Table 1. Demography of Respondents

Variables	Frequency	Percentage
Age		
20-29 years	23	69.70
30-39 years	9	27.30
40-49 years	-	-
50-59 years	-	-
60years and above	1	3.00
Gender		
Male	13	39.40
Female	20	60.60
Marital Status		
Single	23	69.70
Married	9	27.30
Others	1	3.00
Highest Level of Education		
Diploma	4	12.10
Bachelors	27	81.80
Masters	2	6.10
PhD	-	-
Present Work Setting		
Specialist Hospital	6	18.20
Teaching Hospital	16	48.50
Rehabilitation Home/Centre	-	-
General Hospital	3	9.10
Primary Health Centre	-	-
Private Establishment	1	3.00
Military Hospital	1	3.00
Special School	1	3.00
Non-Governmental Organisation	1	3.00
Training Institution	4	12.10
Nature of Employment		
Full-time	12	36.40
Part-time	6	18.20
Voluntary	4	12.10
Internship	11	33.30

Table 2. Level of Agreement to Marketing Strategies that Occupational Therapy can Adopt (%) n=33

Marketing Strategies	S/A	A	I	D	S/D	Ranking
Building relationships with Physicians and Professionals Allied to Medicine	81.80	18.20	-	-	-	2 nd
Improving the quality of service and professionalism	93.90	6.10	-	-	-	1 st
Digital Marketing/Internet (website, e-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram)	75.80	21.20	-	3.00	-	3 rd
Promotions (advertising, personal selling, free service, public relations)	69.70	21.20	6.10	3.00	-	4 th
Relationship marketing (developing long-term relationships with clients)	54.50	36.40	9.10	-	-	5 th

Table 3. Level of Agreement to Target Market of OT Marketing Efforts (%) n=33

Targets	S/A	A	I	D	S/D	Ranking
Clients (persons, families, groups, communities, organisations, populations)	87.90	12.10	-	-	-	1 st
Insurance companies	33.30	33.30	27.30	3.00	3.00	7 th
Attorneys	27.30	36.40	24.20	9.10	3.00	8 th
Physicians and Professionals Allied to Medicine	72.70	27.30	-	-	-	2 nd
Donors (Governmental Agencies, Non-Governmental Agencies)	69.70	27.30	3.00	-	-	3 rd
Community Services (Police, Fire Services, Prisons, Schools)	60.60	33.30	3.00	3.00	-	5 th
Policy Makers (Regulatory bodies, Ministries, Legislators, Executives)	69.70	21.20	6.10	-	3.00	4 th
Business Managers, Developers, and Investors	48.50	30.30	21.20	-	-	6 th

Table 4. Level of Agreement to Extent to which Marketing Occupational Therapy can Influence Client-Centredness (%) n=33

	V/H	H	A	L	V/L	Ranking
Respect for the client's subjective experience in occupational performance	54.50	33.30	9.10	3.00	-	3 rd
Appreciation of the client's knowledge, hopes, dreams, and autonomy	51.50	33.30	9.10	3.00	3.00	5 th
Client's involvement in goal setting	51.50	39.40	3.00	-	6.10	4 th
Client's involvement in decision making	57.60	33.30	6.10	3.00	-	2 nd
Occupational Therapists' desire for professionalism in practice	75.80	15.20	9.10	-	-	1 st

Table 5. Barriers to Client-Centredness in Occupational Therapy (%) n=33

Barriers	Yes	No	Ranking
OT practitioners have insufficient knowledge about client-centeredness	72.70	27.30	3 rd
Ambiguity in the application of client-centeredness	66.70	33.30	5 th
The inefficiency of the facility for client-centeredness	81.80	16.20	1 st
Clients with impaired cognition	57.60	42.40	6 th
Clients are not aware of client-centeredness	69.70	30.30	4 th
Practicing in settings dominated by treatment models	45.50	54.50	7 th
Indifference and lack of motivation of clients toward achieving occupational performance	66.70	33.30	5 th
Lack of clients' demand to contribute during goal setting and decision making	75.80	24.20	2 nd

Table 6. One-Way ANOVA of Client-Centeredness by Building Relationships with Physicians and Professionals Allied to Medicine

		Sum of Squares	df	Mean Square	F	Sig.
Respect for the client's subjective experience in occupational performance	Between Groups	1.138	1	1.138	1.883	0.180
	Within Groups	18.741	31	0.605		
	Total	19.879	32	-		
Appreciation of the client's knowledge, hopes, dreams, and autonomy	Between Groups	.082	1	0.082	0.084	0.774
	Within Groups	30.463	31	0.983		
	Total	30.545	32	-		
Client's involvement in goal setting	Between Groups	0.285	1	0.285	0.270	0.607
	Within Groups	32.685	31	1.054		
	Total	32.970	32	-		
Client's involvement in decision making	Between Groups	.330	1	0.330	0.573	0.455
	Within Groups	17.852	31	.0576		
	Total	18.182	32	-		
Occupational Therapists' desire for professionalism in practice	Between Groups	7.333	1	7.333	37.889	0.000
	Within Groups	6.000	31	0.194		
	Total	13.333	32	-		

Table 7. One-Way ANOVA of Client-Centeredness by Improving Quality of Service and Professionalism

		Sum of Squares	df	Mean Square	F	Sig.
Respect for the client's subjective experience in occupational performance	Between Groups	0.024	1	0.024	0.037	0.848
	Within Groups	19.855	31	0.640		
	Total	19.879	32	-		
Appreciation of the client's knowledge, hopes, dreams, and autonomy	Between Groups	0.110	1	0.110	0.112	0.740
	Within Groups	30.435	31	0.982		
	Total	30.545	32	-		
Client's involvement in goal setting	Between Groups	1.034	1	1.034	1.004	0.324
	Within Groups	31.935	31	1.030		
	Total	32.970	32	-		
Client's involvement in decision making	Between Groups	0.633	1	0.633	1.119	0.298
	Within Groups	17.548	31	0.566		
	Total	18.182	32	-		
Occupational Therapists' desire for professionalism in practice	Between Groups	2.898	1	2.898	8.608	0.006
	Within Groups	10.435	31	0.337		
	Total	13.333	32	-		

Table 8. One-way ANOVA of Client-Centeredness by Digital Marketing/Internet (Website, E-mail, WhatsApp, LinkedIn, Twitter, Facebook, Instagram)

		Sum of Squares	df	Mean Square	F	Sig.
Respect for the client's subjective experience in occupational performance	Between Groups	3.719	2	1.859	3.452	0.045
	Within Groups	16.160	30	0.539		
	Total	19.879	32	-		
Appreciation of the client's knowledge, hopes, dreams, and autonomy	Between Groups	1.677	2	0.838	0.871	0.429
	Within Groups	28.869	30	0.962		
	Total	30.545	32	-		
Client's involvement in goal setting	Between Groups	.215	2	0.108	0.099	0.906
	Within Groups	32.754	30	1.092		
	Total	32.970	32	-		
Client's involvement in decision making	Between Groups	.308	2	0.154	0.258	0.774
	Within Groups	17.874	30	0.596		
	Total	18.182	32	-		
Occupational Therapists' desire for professionalism in practice	Between Groups	2.476	2	1.238	3.421	0.046
	Within Groups	10.857	30	0.362		
	Total	13.333	32	-		

Table 9. One-Way ANOVA of Client-Centeredness by Promotions (Advertising, Personal Selling, Free Service, Public Relations)

		Sum of Squares	df	Mean Square	F	Sig.
Respect for the client's subjective experience in occupational performance	Between Groups	2.425	3	0.808	1.343	0.280
	Within Groups	17.453	29	0.602		
	Total	19.879	32	-		
Appreciation of the client's knowledge, hopes, dreams, and autonomy	Between Groups	2.396	3	0.799	0.823	0.492
	Within Groups	28.149	29	0.971		
	Total	30.545	32	-		
Client's involvement in goal setting	Between Groups	0.386	3	0.129	0.114	0.951
	Within Groups	32.584	29	1.124		
	Total	32.970	32	-		
Client's involvement in decision making	Between Groups	0.228	3	0.076	0.123	0.946
	Within Groups	17.953	29	0.619		
	Total	18.182	32	-		
Occupational Therapists' desire for professionalism in practice	Between Groups	2.600	3	0.867	2.342	0.094
	Within Groups	10.733	29	0.370		
	Total	13.333	32	-		

Table 10. One-way ANOVA of Client-centeredness by Relationship Marketing (developing long-term relationships with clients)

		Sum of Squares	df	Mean Square	F	Sig.
Respect for the client's subjective experience in occupational performance	Between Groups	1.351	2	0.676	1.094	0.348
	Within Groups	18.528	30	0.618	-	-
	Total	19.879	32	-	-	-
Appreciation of the client's knowledge, hopes, dreams, and autonomy	Between Groups	0.518	2	0.259	0.259	0.774
	Within Groups	30.028	30	1.001	-	-
	Total	30.545	32	-	-	-
Client's involvement in goal setting	Between Groups	1.803	2	0.902	0.868	0.430
	Within Groups	31.167	30	1.039	-	-
	Total	32.970	32	-	-	-
Client's involvement in decision making	Between Groups	0.987	2	0.494	0.861	0.433
	Within Groups	17.194	30	0.573	-	-
	Total	18.182	32	-	-	-
Occupational Therapists' desire for professionalism in practice	Between Groups	1.167	2	0.583	1.438	0.253
	Within Groups	12.167	30	0.406	-	-
	Total	13.333	32	-	-	-

Table 11. Reliability of Research Instrument

Cronbach's Alpha	N of Items
0.540	32

Conflict of Interest

The authors wish to declare no conflict of interest in this manuscript.

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