

# Evaluating Occupational Therapy Services in Mongolian Tertiary Hospital: Access, Duration and Client Satisfaction

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**Rationale for study:** The State Central Hospital No.3 is one of the biggest hospitals in Mongolia. People from anywhere in Mongolia can come to this hospital for outpatient or inpatient treatment for cardiovascular and neurosurgery, stroke, endovascular diagnosis and treatment, pulmonary pathology, and other specialties. In Mongolia, occupational therapists with a bachelor's degree started working in tertiary hospitals from 2018.

Researchers have noted that when developing an occupational therapy, many obstacles arise due to the health system and other conditions in each country (Ritcharoen, 2006, Walker et al, 2004). Similar to the initial experiences of those, we also face barriers to effective implementation of occupational therapy.

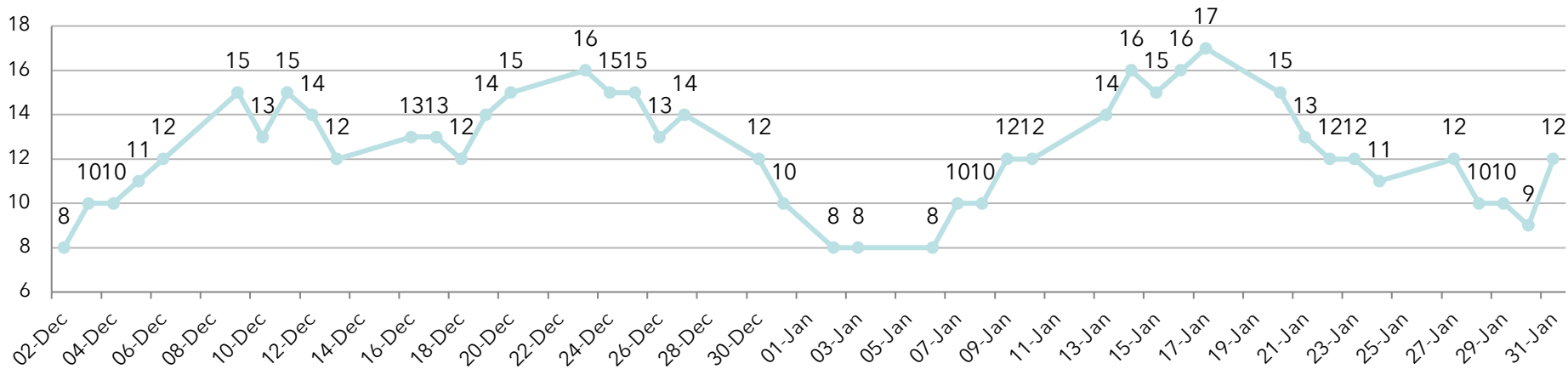
Understanding current practices, barriers, and opportunities will help us develop more effective and sustainable service delivery models tailored to our country's context. However, there has been no systematic study of how occupational therapy services are developed and delivered in Mongolia. This situation was the basis for our research.

**The purpose** of this study was to examine current occupational therapy service delivery in a tertiary hospital and to identify factors influencing its development.

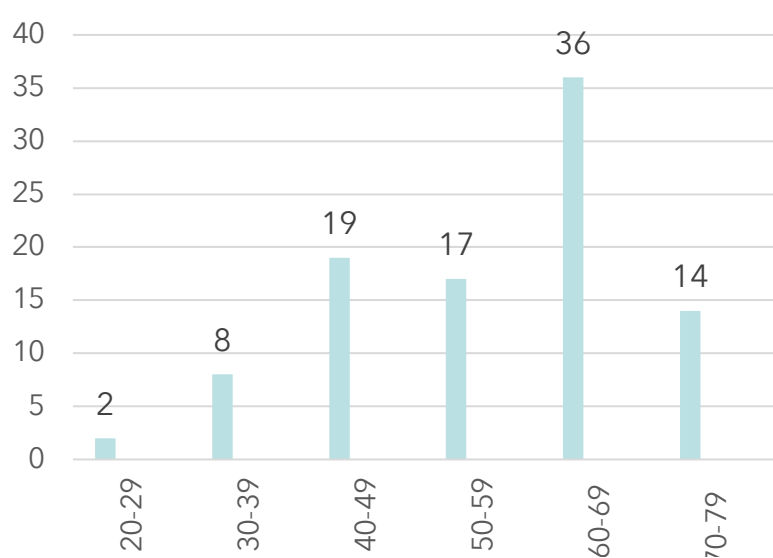
**Methods and participants:** A mixed-methods design was used, including record reviews and client interviews, to get a more complete picture of the OT service delivery.

## Results: Demographics of Caseload

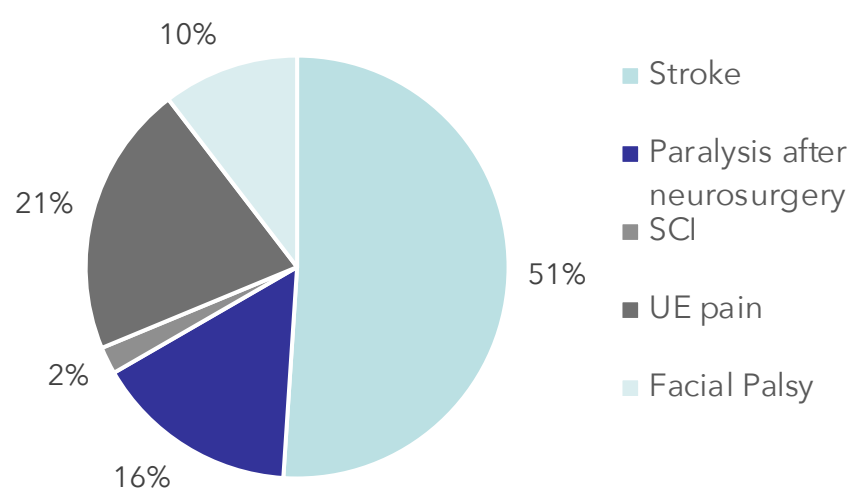
**Number of daily clients**



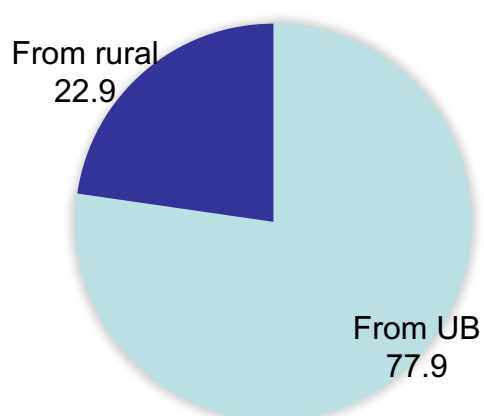
**Clients in age groups (n=96)**  
Mean age 56.22±12.8



**Diagnosis**



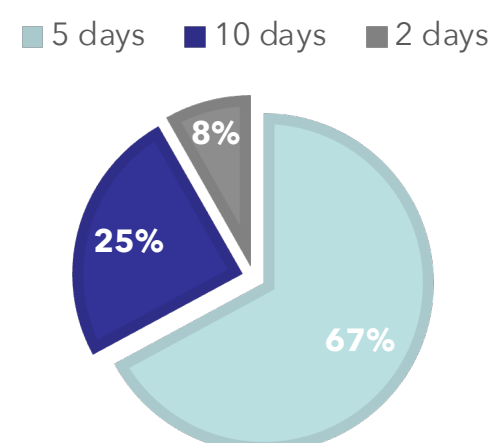
**Client referral**



These diagrams show that

- Over a two-month period, 96 clients received occupational therapy from one occupational therapist.
- OT worked with 8-17 clients per day
- Clients aged 23-82, (56.22±12.8).
- 77.9% were from Ulaanbaatar.
- The most common diagnosis was stroke
- The duration of treatment mostly 5 days (62%)

**Duration of OT intervention**



## Results: Clients' perspective on the duration of treatment

Randomly selected 30 clients were interviewed. Client interviews revealed that Most clients found the therapy period too short, suggesting a need for more sustained interventions.

- For clients with facial paralysis and carpal tunnel syndrome, 2-5 days of treatment were considered sufficient because they could do the exercises at home by themselves after a few days of occupational therapy.
  - However, clients with other diagnoses who considered the treatment days insufficient said they would like to extend the treatment days beyond 1 month.
- ✓ ... Will your hospital increase the number of occupational therapists?
  - ✓ ... I would like to clarify the time of the session for occupational therapy.
  - ✓ ... I would like to increase the number of days of treatment. I was just starting to feel better when I was discharged from the hospital.
  - ✓ ... Can I continue my treatment after I go home?
  - ✓ ... Can I continue my treatment by getting online advice?
  - ✓ ... I would like the occupational therapy provided at home covered by health insurance.

## Discussion:

- High caseload suggests need for more occupational therapy staff in tertiary hospitals
- Short treatment durations limit long-term functional outcomes
- Client demand indicates recognition of occupational therapy service benefits
- Lack of systemic support mirrors global early-stage occupational therapy implementation challenges

## Comparative Insights

This comparative discussion connects Mongolian findings to international contexts.

- **Thailand** experienced similar growing pains when OT was first introduced, as documented by Ritcharoen (2006).
- Walker et al. (2004) noted that **Uganda** and **Kenya** faced limited staff and rapid patient discharge, hindering OT integration.
- In **Mongolia**, client interest in extended care shows promise. With policy and training support, OT services can mature in line with global trends.
- Another significant issue is the **lack of understanding of OT** among healthcare providers, policy-makers, and the general public — a problem echoed in the early development of OT in **South Africa**

These parallels highlight the importance of developing evidence-informed, context-specific OT service models that can be feasibly delivered in short-stay tertiary hospital environments.

## Conclusion and Implications

- Provides baseline data for OT services in Mongolia
- Highlights system limitations and need for change
- Can inform future service and policy development
- Relevant for other countries introducing OT
- The findings can help shape a realistic service model suitable for Mongolia and offer insights for other developing OT contexts.

## Future Directions

- Expand research to include more OTs and hospitals
- Advocate for policy support and staffing
- Develop context-specific OT service models
- Going forward, we need broader studies and policy-level initiatives to strengthen OT integration in Mongolia.

## Reference

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