

Available online at: <https://specedjournal.aspu.am/index.php/se>

EXPERIENCES OF OCCUPATIONAL THERAPISTS IN IMPLEMENTING THE WHO ICF MODEL FOR DISABILITY DETERMINATION IN ARMENIA

DOI:10.24234/se.v9i1.48

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ABSTRACT

In 2023, the Republic of Armenia officially transformed its previous disability assessment system to a new process based on the World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF) model. The purpose of this study is to identify and analyze the barriers faced by Occupational therapists when assessing the domains of activity and participation within the framework of the new ICF disability assessment process in Armenia and suggest improvement solutions.

The methodology of this research study is based on a qualitative descriptive approach, as it provides in-depth insights into participants' experiences, perceptions, and meanings. The data collection method was semi-structured virtual interviews with six Occupational therapists working in the Administration of Person Functionality Assessment. Data analysis was conducted using thematic analysis.

This study identified two categories of key factors affecting the disability assessment process - external (i.e., systemic) and internal (i.e., related to the therapists' actions). External factors included coding inconsistencies, lack of standardized assessment tools, insufficient training for paramedical specialists, and the complexity of the assessment process, all of which hindered effective evaluations.

Internal factors included limited professional experience in adult rehabilitation, lack of multidisciplinary collaboration, and the risk of influencing patient responses. These challenges highlight the need for multilevel interventions such as targeted professional development, increased availability of standardized tools for the Armenian context, and training related to multidisciplinary coordination of care to strengthen the assessment process.

Keywords: *Occupational therapist, WHO ICF, disability determination, assessment, people with disabilities, Armenia.*

INTRODUCTION

Beginning February 1, 2023, the Republic of Armenia officially transformed its previous disability assessment system, the Medical-Social Expertise System, to a new Person's Functionality Assessment based on the World Health Organization's (WHO) International Classification of Functioning, Disability, and Health (ICF) model (World Health Organization, 2001).

The new Person's Functionality Assessment allows for a comprehensive evaluation of a person's health issues, activity limitations, participation restrictions, and environmental factors impacting functionality. This approach ensures a more comprehensive provision of services promoting social inclusion and addressing targeted individual needs. In the previous Medical-Social Expertise System, disability assessments were conducted exclusively by medical specialists. Under the new system, assessments are carried out by both medical and paramedical specialists. The medical specialists evaluate body functions and structures, which is defined as the degree of impairment caused by a health condition and its impact on vital activity. The paramedical specialists, including Occupational therapists, assess a person's activity, performance, and participation in community life. The most significant change in the new disability determination process, perhaps, is the inclusion of how environmental factors, such as assistive devices (e.g. wheelchairs, hearing aids, prosthetics) and communication support (e.g. Braille, voice recognition software), influence functionality.

As expected with the launch of new initiatives, assessment specialists have identified several issues. This research focuses on the experiences of Occupational therapists, one of the paramedical professions introduced to the evaluation team, and the challenges they have identified which affect the accuracy and effectiveness of the assessment process.

LITERATURE REVIEW

Legislative Framework on Disability in Armenia

In the Republic of Armenia, disability issues - including the protection of rights, social inclusion,

promotion of equality, and creation of equal opportunities - have consistently remained central to state policy. However, many provisions within the existing legislative framework have not kept pace with the evolving nature of contemporary legal and social relations. Contradictions and gaps in disability-related legislation undermine its enforcement, compounded by insufficient resources to support implementation. These limitations hinder the realization of rights and opportunities envisioned by the law, creating a need for comprehensive legislative reform.

By ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010, the Republic of Armenia committed to aligning its legislation with the CRPD requirements aimed at promoting, protecting, and ensuring the full and equal human rights and fundamental freedoms of persons with disabilities to live dignified lives (United Nations, 2006). As a result, several legislative amendments have been implemented, including a review of the mechanisms for determining disability status. These changes support an individual's rehabilitation potential and work activity, provide social services tailored to their abilities and needs, and promote full participation, engagement, and social inclusion. Ultimately, this can also reduce an individual's dependence on disability pensions, family allowances, or other benefits to be more financially independent.

Transition to the Biopsychosocial Model of Disability

In 2014, Armenia translated, adopted, and officially recognized the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as a national standard for disability determination based on a comprehensive assessment of the person (Government of Armenia, 2014). ICF is recognized as an international standard for framing, describing, recording, and measuring functioning and disability. This universal model shifts focus from an impairment-based model towards individual strengths and preserved abilities, fostering active participation in public life (World Health Organization, 2001).

Building on this foundation, the Law On the Rights of Persons with Disabilities and the Law On the Assessment of Personal Functionality in 2021 marked a transformative shift in disability assessment (Republic of Armenia, 2021). These laws introduced a new functionality-based model rooted in the ICF framework, emphasizing the degree of functional limitations and the role of environmental factors on activities and participation. This model enables a comprehensive evaluation of individual needs, paving the way for targeted services and more significant inclusion in public life. The new law defines a person with a disability as “a person who, as a result of the interaction of physical, mental and/or long-lasting problems and environmental barriers, may have a limitation of full and effective participation in public life on an equal basis with others” (Republic of Armenia, 2021, p. 2).

The ultimate goal of these reforms is to transition from a medical model of disability to a biopsychosocial model, aligning Armenia's policies with the principles of the CRPD. By focusing on the interaction between individual functional limitations and environmental factors, this approach aims to promote equity, inclusion, and human rights in disability assessment and service provision (United Nations, 2006).

Within the Republic of Armenia, the Ministry of Health (MoH) holds primary responsibility for overseeing the population's health. However, the Ministry of Labor and Social Affairs (MoLSA) primarily provides social services and assistive products. MoLSA is central in delivering social services to vulnerable groups, including persons with disabilities, and ensuring access to necessary assistive technologies. In 2021, the MoLSA established the Unified Social Service (USS) to integrate social services nationwide. There are 49 USS centers (informally known as “territorial centers”) across Armenia, with four to five centers in each region. The USS centers house the Department of Person's Functionality Assessment and Provision of Assistive Devices, responsible for conducting disability determination, compiling individual service plans, and assisting product referral.

Implementation of the ICF Framework in Armenia

On February 1, 2023, the Ministry of Labor and Social Affairs (MoLSA) launched the new functionality assessment system according to the procedure approved under Decision No. 1180-N (Government of the Republic of Armenia, 2022a).

Citizens begin the process by submitting an application via medical institutions, which is the e-disability.am platform or by visiting one of the 49 territorial centers of the Unified Social Service (USS). Their information is verified, and the applications are checked for completeness and accuracy. Medical documentation confirming the health condition and a referral for the functional assessment are retrieved from the electronic health system, "ArMed." The evaluation is then carried out at the designated USS territorial center corresponding to the individual's place of registration.

Once all necessary documents and data are uploaded, the electronic system automatically selects a medical specialist, the “vignette developer,” who compiles the functional assessment summary. The summary is a detailed description of the individual's functionality based on a self-assessment questionnaire, medical documents, and other relevant information, including the type and category of functional assessment outlined below. After the summary is processed, the system randomly assigns an evaluation committee. On the assessment day, committee members review the individual's electronic file, perform an objective examination, and record the results in the electronic system.

The assessment is now conducted by a multidisciplinary assessment committee, formed through a

random selection process from a registry of specialists. This committee includes medical specialists (i.e., doctors with various specializations) and paramedical specialists. The term "paramedics" has been incorporated by MoH Order No. 29-N (Minister of Health of the Republic of Armenia, 2021), which identifies paramedical specialists as those who work within ergotherapy, speech therapy, psychology, kinesiology, special education, and other relevant fields. The committee's responsibilities are: medical specialists assess body functions and structures, while paramedical specialists assess the person's activity and participation.

The Ministry of Labor and Social Affairs Methodological Guidelines for Assessing the Functionality of a Person (hereinafter referred to as "Methodological Guidelines"), by Decision No. 1180-N, outlines the areas subject to assessment, components and subcomponents, functional assessment codes (hereinafter referred to as "codes"), functional assessment qualifiers (hereinafter referred to as "qualifiers"), as well as the indicators for assessing qualifiers.

ICF qualifiers provide a standardized method for assessing the degree of a person's functioning and disability. These qualifiers evaluate how much an individual can perform activities and participate in society, considering body functions, structures, and environmental factors. The qualifiers range from "no difficulty" to "complete difficulty," allowing for a detailed and systematic description of an individual's abilities and limitations.

The functional assessment is divided into three sections, each assigned alphanumeric codes corresponding to specific domains: functions of the organism ("b codes"), the structure of the body ("s codes"), and activity and participation ("d codes"), as defined in Decision No. 1177-N on the Approval of Criteria and Instruments for Assessing Personal Functionality (Government of the Republic of Armenia, 2022b). The assessing specialist for each section enters the respective codes into the electronic "e-disability" system, which automatically determines the degree of limitation of the person's functionality according to an algorithm.

The functional assessment is categorized according to the following domains, with its protocol:

- Motor impairments
- Visual impairments
- Hearing, speech, and voice impairments
- Mental health conditions
- Chronic illnesses

These functional assessment protocols are stratified by age groups to support age-appropriate evaluation and interventions, recognizing the distinct developmental needs and functional capabilities at different stages of life (0 -3 years, 4-6 years, 7-14 years, 15-18 years, and 18 years and older). This

stratification enables more accurate evaluations and the development of targeted interventions for the Individual Service Programs relevant to age-related challenges and milestones.

Once the information is entered into the e-Disability system, percentages and scales are calculated to determine the degree of functional limitation, as established by Decision No. 1177-N on Approval of Criteria and Instruments for Assessing Personal Functionality (Government of the Republic of Armenia, 2022a). This legal framework provides standardized criteria and tools for functionality assessment, ensuring that evaluations are consistent, objective, and aligned with national regulations.

Once a degree of functional limitation is determined (mild, moderate, severe, profound), specialists input all necessary services, types of assistive devices, and support programs into the e-Disability system. The automated system generates an Individual Service Program (ISP) based on these inputs. This regulatory structure ensures that assessments are conducted transparently and equitably, promoting the effective allocation of resources (Republic of Armenia, 2021).

International Perspectives on ICF Integration

Comparative Analysis of ICF Application for Disability Determination in Armenia and Cyprus Armenia is not the only country that has adopted the International Classification of Functioning, Disability, and Health (ICF) framework for disability services. This system was modeled after experiences in Cyprus. Cyprus introduced its ICF-based system in December 2013 under the Ministry of Labour, Welfare, and Social Insurance. A centralized Disability Assessment Center in Latsia, Nicosia, serves as the primary infrastructure for conducting evaluations. The center is equipped with modern facilities and staffed by multidisciplinary teams, including medical specialists and rehabilitation professionals. This centralized model ensures consistent and standardized assessments nationwide (Ministry of Labour, Welfare, and Social Insurance, n.d.). In comparison, Armenia's approach is decentralized, utilizing 49 territorial centers nationwide, supported by the e-Disability system for digitalized assessments.

Like Armenia, the objectives of the Cyprus Disability Assessment system include identifying, describing, and certifying the type and degree of disability and determining eligibility for state-provided benefits and services. However, the process in the two countries varies slightly. Assessments in Cyprus are divided into two phases: disability assessment and optional functioning assessment. The disability assessment focuses on diagnosing the disability type and its impact on eligibility for state benefits. In contrast, the functioning assessment evaluates daily life constraints and recommends interventions such as therapy, training, or assistive technologies. These processes are guided by structured protocols based on the World Health Organization's (WHO) ICF, ensuring scientific reliability and objectivity. After

assessments, Cypriot individuals receive a Complete Assessment Report of Disability and a Disability Card, which grants access to social benefits and services (Ministry of Labour, Welfare, and Social Insurance, n.d.). In contrast, Armenia's system incorporates self-assessment questionnaires and stratified protocols tailored to age-specific needs, reflecting a more participatory and developmental approach.

Notably, Cyprus also faces challenges in the widespread application of the ICF due to limited resources, the need for specialized training for healthcare professionals, and the integration of new methodologies into existing systems. While there has been significant progress in using the ICF to assess functional limitations and provide targeted services, further efforts are required to fully integrate it into all health and social care areas, ensuring that individuals with disabilities receive appropriate support (European Commission, 2019).

Cyprus's experience highlights the advantages of centralized infrastructure and structured protocols in fostering professionalism and inclusivity. While Armenia's digitalized and decentralized model offers accessibility and automation, Cyprus's centralized approach ensures consistency and reliability, demonstrating the flexibility of the ICF framework in addressing diverse contexts (Ministry of Labour, Welfare, and Social Insurance, n.d.).

While other countries have not modeled their national disability standards after the ICF, there are examples of ICF integration in various ways, including informing research, education, and policy, demonstrating the flexibility of its application. Fornari et al. (2022) provide an overview of two decades of ICF application in various countries. Using an online questionnaire and descriptive content analysis, researchers shed light on ICF applications in different healthcare and policy settings within the United Kingdom, the United States of America (USA), Brazil, Mexico, Iceland, and Norway (Fornari et al., 2022).

The United Kingdom has implemented the ICF within several projects in clinical, educational, statistical, and health policy domains to support data collection, research, and policy development. In the USA, the ICF is often utilized in educational and practical settings, such as informing surveys or collecting functional data. The ICF has informed social security planning and policy-making in Brazil and Mexico. Iceland and Norway have made the ICF available online and included it in national rehabilitation guidelines, although its use remains voluntary (Fornari et al., 2022).

Regarding health and social policy legislation, half of the responding countries (Germany, France, Sweden, Italy, Russia, South Africa, and Canada) reported using the ICF at regional and national levels. However, in most of these countries, it was applied as a general framework, with only Germany incorporating it into legal health and social policies. Some countries used the ICF for specific purposes,

such as issuing certificates to assess functioning (Sweden, Italy, the Netherlands, Australia, Russia), determining health insurance coverage (France, Sweden, Australia), or providing assistive aid (the Netherlands) (Fornari et al., 2022).

There is no universal approach to implementing the ICF. Each country adapts the framework according to its unique context to enhance services for individuals with disabilities, promote the development of inclusive policies, and achieve other related objectives.

Need for this Research

Since implementing this model in Armenia, no formal research studies have been conducted to evaluate the assessment process. To our knowledge, this research is the first to explore this topic from the perspective of the assessment committee. As the authors themselves are ergotherapists, this study focuses on Occupational therapists' experiences in the assessment committee.

Occupational therapists play a crucial role in applying the International Classification of Functioning, Disability, and Health (ICF) framework during assessments. Their expertise in evaluating clients' functional abilities and designing personalized interventions aligns seamlessly with the ICF's holistic approach to health and disability (Johnston & Ng, 2018). Occupational therapists are already trained to address the complex interplay between an individual's health conditions and environmental and personal factors within their clinical practice.

This study aims to address this gap in research by evaluating Occupational therapists' experiences and suggestions for improvement to contribute to developing a more effective and inclusive assessment framework.

METHODOLOGY

Data collection

This study employed a qualitative descriptive design to explore Occupational therapists' experiences and approaches in the Administration of Person Functionality Assessment evaluation process. Qualitative research allows for a deeper exploration of personal experiences, capturing contextual and subjective meanings that quantitative methods might overlook (Creswell & Poth, 2018).

Data were generated through semi-structured virtual interviews conducted in Armenian. The interviews were transcribed verbatim in Armenian and translated into English for analysis. Thematic analysis (Braun & Clarke, 2006) was used to identify patterns and themes across the data. Our international research team, consisting of members from Armenia, Canada, and the USA, analyzed the original Armenian transcripts and the English translations. Any discrepancies that arose during the

analysis were addressed through collaborative team discussions to ensure consensus and accuracy in the interpretation of the data.

Participants

The study involved six qualified occupational therapists who live in different regions of Armenia and work in administering persons' functionality assessment at the Unified Social Service, each with more than three months of experience in their roles. All participants were female, and their ages ranged from 27 to 46, with a mean age of 32. The participants were from different regions of Armenia: one therapist resides in the Shirak region, two in the Kotayk region, one in the Aragatsotn region, and two in Yerevan. This regional diversity ensured a broad representation of perspectives, including urban and rural settings, providing valuable insights into administering Person's functionality assessments nationally. All participants provided informed consent, and their identities were anonymized to protect confidentiality. Data was reported in aggregate form to ensure privacy.

RESULTS AND DISCUSSION

Qualified Occupational therapists working in the department of persons' functionality assessment and the provision of assistive devices in Armenia face numerous challenges that hinder their ability to perform thorough and practical evaluations. Findings have been categorized into external factors and internal factors. External factors refer to systemic challenges embedded within the broader health, education, and social systems, such as policy gaps, limited resources, and inadequate interdisciplinary collaboration. On the other hand, internal factors encompass individual Occupational therapists' professional dynamics and experiences, including their training, expertise, and familiarity with standardized assessment frameworks. By distinguishing these categories, our findings offer a comprehensive understanding of the multi-layered challenges influencing the assessment process and underscore the need for targeted strategies at both systemic and professional levels.

External Factors Impacting the Assessment Process

1. Inconsistency with Coding

Participants often reported challenges in linking codes between body functions, body structures, activity, and participation. This inconsistency can hinder practical assessments. For instance, in the case of macular degeneration or other visual impairments, specialists face significant challenges in linking the body function (B codes) and body structure (S codes) to activity and participation domains (D codes), especially in terms of daily activities.

While the individual may have impaired vision (B280, B810) due to the degeneration of the macula

(S750), the actual impact on activities such as handling objects (D350) and eating (D550) can be influenced by multiple factors, such as:

- Adaptation strategies: The person may learn compensatory strategies, such as using touch or memory to handle objects or navigate food preparation and eating.
- Environmental factors: The availability of aids like magnifiers or braille menus can significantly improve the person's ability to perform these activities.
- Psychological factors: The person's emotional response to the vision loss can impact their motivation to engage in certain activities, potentially reducing participation.

This complexity in linking body function and structure to activity can result in inaccurate assessments if the environmental and psychological aspects are not considered. For example, suppose the person's visual impairment is linked solely to the functional limitation in handling objects (D350) without accounting for their adaptation strategies or use of assistive devices. In that case, the actual level of participation in everyday life may be underestimated. Conversely, if these adaptive measures are not taken into account, the person's functionality may be overestimated in terms of their limitations in eating (D550), leading to inadequate interventions. Thus, the challenge in linking these codes arises because vision loss is not always straightforward and impacts daily life activities.

One participant shared, "Especially with lung function deficits, linking them to something like taking a shower is tough. You do not always see the effects directly, so it is hard to assess how much it truly impacts the person's ability to do daily activities." This challenge is evident across a range of conditions. Specialists must consider factors like the individual's ability to adapt, external aids, and coping strategies, which are not always captured within the basic ICF framework. Thus, the assessor's training and problem-solving skills are responsible for determining the connection between body functions, structures, and activities.

This can lead to inconsistencies and variability in determining the degree of limitation.

2. Lack of Standardized Assessment Tools

In Armenia, many standardized tests and assessment tools relevant to paramedical services have not been validated for the Armenian context. Instead, paramedical specialists rely on a methodological manual approved by the Minister's order. While the manual incorporates some international tests, it does not grant full permission for their use without validation, leading to the partial application of these tools. This gap has made it challenging to ensure consistency and accuracy in evaluations across different healthcare providers.

Participant 1 noted,

"I think standardized tests are critical, especially in evaluating a person's functionality. We

do not have a methodical manual developed for children aged 0-3, which causes a huge problem, and every specialist evaluates in a different format.”

This highlights the critical need for standardized tools, especially in pediatric assessments, to ensure consistency and prevent evaluation discrepancies, ultimately improving the quality of care provided to individuals with disabilities.

Another participant reflected,

“I would like more tests and exercises to be included in the methodology. For example, a citizen does not have any mental or physical limitations to use transport, but states that he has fears and there are no observations for the assessment of that difficulty in the methodological manual, and one psychologist can take this into account when writing a qualifier, another cannot.”

This comment further illustrates the lack of a standardized approach in addressing psychological or emotional factors during assessments. It underscores the necessity for a comprehensive and methodical framework that integrates physical and psychosocial considerations, allowing for more consistent and holistic evaluations.

Implementing standardized tests is crucial to ensure that all individuals with disabilities receive consistent, accurate, and equitable care. According to Lollar, Carlian, and Haley (2020), standardized tools offer a reliable and objective basis for assessing disability and functional abilities, ensuring that evaluations are consistent across different clinicians and settings. They help minimize bias, enhance comparability of results, and ensure that interventions are targeted appropriately. Additionally, using standardized tools improves the accuracy of determining eligibility for services and ensures that interventions are based on well-defined, evidence-based criteria (Coster, Khetani & Haley, 2019).

With EU funding, efforts have been initiated to address this issue in Armenia, including translating and adapting key tools such as the Canadian Occupational Performance Measure (COPM) and the Gross Motor Function Measure (GMFM). These tools are expected to partially standardize evaluations and provide a more reliable framework for assessing patients' needs and functionality.

3. Complexity in the Overall Assessment Process

Participants perceive the functionality assessment process to be complex and overwhelming due to the extensive range of codes. Each assessment protocol includes different sections' codes: B- Body Functions, S- Structure, D- Activities and Participation, and E- Environmental Factors. Each standard protocol comprises more than 70 codes the relevant specialists must complete. This complexity contributes to the inconsistent coding across specialists, ultimately affecting the reliability of assessment results. Hall, Pedersen, and Jensen (2022) emphasize “a clear understanding of the types of disabilities

experienced so that resources and programs can be tailored appropriately” (p. 1433). These authors highlight the diversity and complexity inherent in disability populations, noting that the diverse and complex aspects of a population and disability make it challenging to measure accordingly.

Participant 4 stated, "Due to the lack of specialists, the team consists of *either* an occupational therapist *or* a physiotherapist, with the assigned specialist evaluating the codes typically associated with the other professional's area of expertise."

The Department of Personal Functional Assessment faces a shortage of medical and paramedical specialists. Notably, only nine Occupational therapists, among the most in-demand specialists, are employed within the system, followed by kinesiologists and psychologists. Due to the shortage of Occupational therapists, assessment teams are structured so that either an Occupational therapist or a kinesiologist is tasked with evaluating codes specific to their respective fields (e.g., self-care activities, domestic life, and community/social life for Occupational therapists, mobility for kinesiologists). This practice stems from the scarcity of specialists, particularly Occupational therapists, especially in regional areas, leading to the consistent inclusion of either an Occupational therapist or a kinesiologist on every evaluation committee. Consequently, both specialists are required to assess an expanded range of codes. This approach introduces two potential risks. First, a lack of comprehensive understanding of another professional's domain may result in diminished expertise in using specific tools. Second, there is an increased workload to evaluate all required codes in a short amount of time. This may heighten the likelihood of errors and reduce specialists' overall efficiency, particularly over the course of a full working day.

In conclusion, the complexity of the functionality assessment process, compounded by a shortage of specialized professionals, presents significant challenges to the reliability and consistency of disability evaluations. The extensive range of codes, combined with the need for specialists to work across disciplines, leads to potential risks such as incomplete assessments and an increased likelihood of errors. Addressing these issues by expanding specialist training and improving interdisciplinary collaboration will be crucial to enhancing the effectiveness and accuracy of the assessment process, ultimately ensuring that individuals with disabilities receive appropriate and tailored services.

4. Shortage of Qualified Specialists

The paramedic field as Armenia only has two higher education institutions for that train paramedical specialists: (1) The Faculty of Special and Inclusive Education at the Armenian State Pedagogical University, named after Khachatur Abovyan, trains special educators, speech therapists, Occupational therapists, and notable psychologists, and (2) the Armenian State Institute of Physical Culture and Sport educates kinesiologists. The number of graduates is insufficient compared to the

demand for services. Participants noted low awareness of the field, suggesting that the social and health systems should educate young adults about these professions and develop strategies to encourage more people to join these professions.

There is a lack of awareness about occupational therapy in many regions. Participant 2 noted:

"In many regions, there is a significant lack of awareness and understanding of the occupational therapy profession." Similarly, Participant 4 emphasized the need for action, stating, "I think it is necessary to carry out awareness-raising campaigns on occupational therapy education and employment opportunities".

These insights highlight the importance of advocacy efforts to improve public awareness and expand professional opportunities for Occupational therapists.

Additionally, services are unevenly distributed across the country, with a higher concentration in the capital city, leaving a gap in services in the regions outside the capital city. Participant 5 highlighted the shortage of Occupational therapists in regional areas due to the lack of suitable job opportunities.

"I am from the Armavir region, but I started my career in Yerevan because there are either no jobs in our region or the salary is very low."

Salary disparities between regions and capital cities significantly contribute to this issue. To address this, participants suggested creating more job opportunities, offering specialized training, and increasing salaries to encourage the development and retention of specialists in regional areas. This, in turn, could motivate graduating students to pursue fields such as occupational therapy and to stay and work in their home regions.

5. Gaps in system management

Participants highlighted several systemic and technical issues that negatively impact work efficiency and, in some cases, the quality of disability assessments. A key concern was the extensive travel required due to the shortage of specialists in regional centers. Assessment teams often spend up to three hours traveling in one direction, leading to fatigue before they begin their evaluations. Participant 1 noted,

"By the time we get to the assessment center, we are already quite tired."

This exhaustion reduces focus and energy levels, potentially affecting the accuracy and thoroughness of assessments.

Additionally, the pressure to complete multiple evaluations in a limited time further strains the specialist, impacting their performance and well-being. Participant 2 explained,

"Sometimes, we try to complete all the assessments as quickly as possible so we do not get home too late."

Workload distribution also emerged as a critical issue. Participant 1 pointed out,

“If specialists did not have to travel to assessment centers every day on top of their already heavy workload, they might have more energy and be more engaged in their work.”

This suggests that reducing unnecessary travel and ensuring a more balanced workload could improve efficiency and job satisfaction.

These findings align with the research of Vinston and Sharon (2023), who examined the effects of frequent business travel on employees' work-life balance. Their study, "A Study to Determine the Impact of Business Trips on Employees' Work-Life Balance at Service Industries," found that excessive travel leads to stress, fatigue, and disrupted personal lives, ultimately reducing job satisfaction and productivity. Similarly, specialists conducting disability assessments face these challenges, with frequent travel negatively affecting their performance and overall well-being.

Internal Factors Impacting the Assessment Process

1. *Limited Professional Experience in Adult Rehabilitation*

In Armenia, rehabilitation for children is generally more developed and aligned with contemporary standards than rehabilitation services for adults. Because of the increased employment opportunities in pediatric rehabilitation for Occupational therapists, most training and professional development is also focused on pediatric services, leaving a significant gap in understanding and addressing the needs of adults with disabilities. This can lead to bias and misconceptions (Salinger et al., 2023).

One participant noted, *"I lack experience assessing adults, as I have mostly worked with children."* Similarly, another participant emphasized, *"I have no experience in adult rehabilitation; there are no structured training programs to develop these skills"*. This lack of experience leads to assessments that fail to fully capture adults' functional limitations and support needs, often resulting in inadequate service recommendations.

This gap in expertise frequently leads to assessments that fail to fully address the complex and diverse needs of adults with disabilities and to recommend targeted programs and services. While pediatric services benefit from established infrastructure, specialized personnel, and evidence-based practices, adult rehabilitation remains under-resourced, with limited access to specialized centers and comprehensive training. This imbalance undermines the core objective of the assessment process: to ensure equitable access to individualized, targeted services that meet the needs of individuals across all stages of life. Without a balanced approach that prioritizes pediatric and adult rehabilitation, the system risks perpetuating inequities in care and failing to meet the entire population's needs (World Health Organization, 2023).

The participants also highlighted the need to address this gap through professional development. One participant suggested, *"There should be more opportunities for professional development in adult disability assessment."* Paramedical specialists need to seek or create training opportunities focused on adult disability assessment to improve the accuracy and comprehensiveness of evaluations, ensuring that all individuals, regardless of age, receive appropriate and individualized services.

2. Lack of Specialized Training

Participants highlighted the critical need for paramedical specialists, such as Occupational and physical therapists, to receive comprehensive training in addressing complex health conditions, particularly for individuals with vision and hearing impairments or chronic conditions. Participant 1 elaborated:

"In the case of assessments for individuals with vision and hearing impairments, the lack of experience and specialized training presents a significant challenge..."

Participant 3 reported similar experiences.

"...during the assessment of chronic diseases, people with visual and hearing problems, there are difficulties due to lack of experience, due to the lack of equipment, the assessment may be incomplete."

This inadequate training undermines professionals' ability to fully understand the multifaceted issues presented during assessments, often resulting in superficial and incomplete evaluations within the ICF framework. As a result, people may not receive the best possible resources. These perspectives collectively emphasize the urgency of cross-disciplinary training, access to appropriate equipment, and an integrated understanding of rehabilitation's medical and functional aspects. Without these measures, Armenia's rehabilitation sector's capacity to deliver comprehensive and inclusive care will remain limited.

3. Lack of Multidisciplinary Collaboration

In Armenia, multidisciplinary collaboration in rehabilitation is a relatively new practice for both medical and paramedical professionals. Historically, medical specialists have been the leading figures in disability assessments, and integrating various disciplines into a collaborative team is a novel experience. This shift challenges many, particularly medical specialists who have traditionally worked independently and may find it difficult to adapt to team-based approaches.

This issue aligns with findings from a 2022 situation assessment of rehabilitation in Armenia conducted by the World Health Organization European Region. The assessment highlights a critical gap in developing a well-established, multidisciplinary, or interdisciplinary rehabilitation workforce in Armenia. Although various rehabilitation-related specializations for medical doctors exist, and occupational therapy has laid its foundational groundwork, the absence of a robust and diverse workforce

with equal representation of all relevant professions diminishes the potential for achieving optimal treatment outcomes. The report underscores that an integrated, team-based approach to rehabilitation is essential for maximizing patient care and treatment success:

“Armenia lacks a well-developed multidisciplinary/interdisciplinary rehabilitation workforce. The absence of a well-developed workforce, with diverse professions represented equally, reduces the potential for maximizing the treatment outcomes that could be achieved through highly integrated care.” (World Health Organization, 2022, p. xiv).

The WHO Rehabilitation Competencies Framework further emphasizes the importance of collaboration and professionalism in rehabilitation practice. It outlines the need for professionals to "recognize, respect, and utilize the expertise of others" and to "share and seek information with/from relevant colleagues and external stakeholders" (World Health Organization, 2022, p.18). Core competencies for effective teamwork, task-sharing, and interprofessional practice are integral to providing high-quality, patient-centered care (World Health Organization, 2022).

The challenges faced by healthcare professionals in Armenia are also reflected in the personal accounts of practitioners involved in disability assessments. One participant noted that internal professional conflicts negatively affected the quality of the assessment process, stating,

“Since the previous model was medical, there were doctors for whom it was difficult to cooperate with the medical team; there was no team discussion.”

Another participant reflected,

“Conflicts arose during the assessment process when professionals attempted to evaluate sections beyond their area of expertise or when discrepancies emerged between medical and paramedical observations regarding a Person's functional state.”

These observations point to a critical need for developing a multidisciplinary approach to rehabilitation in Armenia. Participants recommend that training address the nature of each professional's role and detailed aspects of evaluation and intervention. Moving forward, fostering interprofessional collaboration, improving communication among healthcare teams, and enhancing the integration of diverse rehabilitation professions will be essential steps toward improving rehabilitation practices and achieving better patient outcomes.

Since September 2024, site visits to disability assessment centers have been conducted in collaboration with Full Life NGO to advise the assessment team on issues and questions encountered during the assessment process. Thus far, seven visits have been completed by a team of expert doctors, Occupational therapists, and psychologists. Several challenges were identified during these visits, including a shortage of qualified specialists, particularly in regional areas, limited access to advanced

technologies required for comprehensive assessments, and the absence of standardized and reliable tools. Additionally, the reliance on partially validated international tests and the lack of appropriate equipment - such as Braille devices, speech-to-speech devices, and eye-controlled systems for individuals with multiple disabilities - further complicate the assessment process. This aligns with the findings of this study, reinforcing the need to improve the disability assessment process and implement solutions to support the assessment committees.

LIMITATIONS OF THIS STUDY

The limitations of this research include a relatively small sample size, as only six Occupational therapists participated. This limited sample may not fully capture the diversity of experiences and challenges of Occupational therapists across Armenia. Additionally, the study focused solely on Occupational therapists within the Administration of Person's Functionality Assessment, potentially omitting the perspectives of other paramedical professionals, such as physical therapists and psychologists, who also contribute to the disability assessment process. Another limitation is the use of virtual interviews, which may have hindered the observation of non-verbal cues that could have provided further insight into participants' experiences. The study's geographical focus on Armenia also limits the generalizability of the findings to other countries or regions with different healthcare infrastructures.

Furthermore, relying on semi-structured interviews means the data collected is subjective, and the researchers' perspectives may influence interpretation. Lastly, although the translation of the Armenian transcripts was carefully handled, some nuances may have been lost or altered in the process, potentially impacting the richness of the data.

CONCLUSION

In conclusion, the transition to the ICF model represents a significant and positive development, and this research aims to promote the successful implementation of this system. Assessing functionality and providing assistive devices for individuals with disabilities is a complex process that requires specialized expertise and access to various tools and resources.

In Armenia, as in many other countries, Occupational therapists play a crucial role by evaluating the physical, cognitive, and environmental factors that impact a person's ability to function independently. Successful implementation of the ICF assessment relies not only on the expertise of Occupational therapists but also on the availability of appropriate equipment, validated assessment tools, and a supportive infrastructure. However, several systemic challenges hinder the effectiveness of the disability assessment process in Armenia. These challenges are particularly pronounced in regional

areas, where access to qualified professionals and specialized resources is limited.

To better support the assessment team and improve the effectiveness of the disability determination process, we make the following recommendations based on participants' suggestions:

1. **Expand the Regional Workforce:** Increasing the number of specialists in regional centers would minimize excessive travel, improving efficiency and employee well-being.
2. **Enhance Scheduling & Rotation of Specialists:** Introduce a strategic scheduling system that frequently rotates specialists for on-job visits to distant regions, ensuring a more balanced workload.
3. **Promote Paramedical Professions:** Social and health systems should educate young adults about these professions and develop strategies to encourage more people to join, ensuring sustained growth in the allied health workforce.
4. **Foster Interprofessional Collaboration:** Enhancing teamwork and communication among professionals from different disciplines will lead to more comprehensive and effective rehabilitation services.
5. **Provide Specialized Training:** Focused training on the roles, evaluation techniques, and intervention strategies specific to each profession will improve service delivery and patient outcomes.
6. **Incentivize Regional Work:** Offering financial incentives, career development opportunities, and supportive working conditions can attract and retain specialists in regional areas.
7. **Targeted Professional Development in Adult Rehabilitation:** Develop specialized training programs focused on adult rehabilitation to enhance the skills and competencies of the assessment team.
8. **Increase Availability of Standardized Tools:** Provide more standardized assessment tools tailored to the Armenian context to ensure consistency and accuracy in evaluations.
9. **Enhance Multidisciplinary Coordination of Care:** Implement training related to multidisciplinary coordination to strengthen collaboration among team members, improving the overall assessment process.

Additionally, further research is needed to continue to expand the understanding of the challenges encountered in the disability assessment process. This study is particularly relevant as it represents the first attempt to examine the challenges faced by Occupational therapists since the model's introduction over the past two years. However, further research is necessary to explore the experiences of other professionals involved in the assessment process, including kinesiologists, who increasingly share responsibilities with Occupational therapists, and psychologists, who are engaged in all cases. Furthermore, speech therapists and special educators are crucial in assessing and supporting individuals with communication and developmental needs. Exploring their perspectives within the Person's Functionality Assessment model is essential. Examining the experiences of these professionals, along

with individuals with disabilities undergoing assessment, is crucial for evaluating the model's effectiveness and accessibility. A deeper analysis of these factors will contribute to refining the Person's Functionality Assessment, identifying systemic barriers, and developing evidence-based strategies to enhance the inclusivity and efficiency of the disability determination process.

REFERENCE LIST

1. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
2. Coster, W. J., Khetani, M. A., & Haley, S. M. (2019). The role of standardized assessments in the evaluation of disability. *Journal of Rehabilitation Research and Development*, 56(4), 789–797.
3. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
4. European Commission. (2019). *European semester: Thematic factsheet - Disability*. Retrieved from <https://ec.europa.eu/social/main.jsp?catId=1135&langId=en>
5. Fornari, A., Escorpizo, R., Finger, M., Hollenweger, J., & Rauch, A. (2022). 20 years of ICF—International Classification of Functioning, Disability and Health: Uses and applications around the world. *International Journal of Environmental Research and Public Health*, 19(18), 11321. <https://doi.org/10.3390/ijerph191811321>
6. Government of the Republic of Armenia. (2022a). *Decision No. 1180-N on the approval of the procedure for functionality assessment*. Retrieved from <https://www.arlis.am>
7. Government of the Republic of Armenia. (2022b). *Decision No. 1177-N on the approval of criteria and instruments for assessing personal functionality*. Retrieved from <https://www.arlis.am>
8. Government of the Republic of Armenia. (2014). *Action plan and methodology for piloting the holistic approach to disability assessment based on the WHO International Classifications of Functioning, Disability and Health framework*.
9. Hall, E. O., Pedersen, D., & Jensen, K. (2022). Challenges in the application of the ICF framework for disability assessments: A qualitative study of diverse disability populations. *Disability and Rehabilitation*, 44(12), 1427–1435. <https://doi.org/10.1080/09638288.2021.1986553>
10. Johnston, M. V., & Ng, S. M. (2018). Integrating the International Classification of Functioning, Disability, and Health (ICF) in occupational therapy practice: Challenges and opportunities. *Canadian Journal of Occupational Therapy*, 85(4), 264–274. <https://doi.org/10.1177/0008417418797146>

11. Lollar, D. J., Carlin, J. A., & Shapiro, R. A. (2020). Standardized assessments in disability evaluation: A review of their role in improving healthcare outcomes. *Disability and Rehabilitation*, 42(2), 115–123.
12. Minister of Health of the Republic of Armenia. (2021). *MoH Order No. 29-N on paramedical specialists and their roles in functionality assessment*. Ministry of Health of the Republic of Armenia.
13. Ministry of Labour, Welfare, and Social Insurance. (n.d.). *Cyprus disability assessment system: Implementation and impact report*. Ministry of Labour, Welfare, and Social Insurance.
14. Republic of Armenia. (2021). *Law on the rights of persons with disabilities*. Retrieved from <https://www.arlis.am>
15. Salinger, M. R., Feltz, B., Chan, S. H., Gosline, A., Davila, C., Mitchell, S., & Iezzoni, L. I. (2023, September 22). Impairment and disability identity and perceptions of trust, respect, and fairness. *JAMA Health Forum*, 4(9), e233180. <https://doi.org/10.1001/jamahealthforum.2023.3180>
16. United Nations. (2006). *Convention on the Rights of Persons with Disabilities (CRPD)*. Retrieved from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
17. Vinston, S., & Sharon, A. A. (2023). A study to determine the impact of business trips on employees' work-life balance at service industries. *International Journal of Creative Research Thoughts (IJCRT)*, 11(4), b330–b348.
18. World Health Organization. (2022, November 1). *2022 situation assessment of rehabilitation in Armenia*. Retrieved from <https://www.who.int/europe/publications/i/item/WHO-EURO-2024-9294-49066-73155>
19. World Health Organization. (2023). *Rehabilitation*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>
20. World Health Organization. (2001). *International classification of functioning, disability and health (ICF)*. Geneva: World Health Organization.

The article submitted and sent to review: 18.11.2024

Accepted for publication: 12.03.2025



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