

Compensation Received by Occupational Therapists in India: A National Survey

Karthik Mani¹, Ingrid Provident²

Abstract

Background: Compensation data provide critical information on the issues faced by profession.

Objectives: This study aimed to determine the average compensation of occupational therapy practitioners in India and factors influencing it.

Methods: A ten-item survey was sent to a random sample of 1252 occupational therapy practitioners drawn from the members of occupational therapy India Facebook group. Data were collected from May 26, 2015, to June 30, 2015. All communications were made through Facebook private messaging facility.

Results: The response rate was 17.45%. The use of Facebook to administer this survey prevented participants who are quinquagenarians. The average annual compensation range of occupational therapists in India was 2,40,000 to 3,60,000 Indian National Rupee. Several factors including private sector employment and level of education influence the compensation.

Conclusions: India experiences a significant shortage of occupational therapists, especially in rural areas. Strategic initiatives to strengthen the occupational therapy workforce and service delivery are warranted. Further research with an in-depth analysis of variables recommended.

Key Words: Employment, Occupational Therapy, Private Sector, Surveys and Questionnaires

INTRODUCTION

The importance of a health profession is partly judged by the compensation received by professionals in that profession. Financial compensation influences society's perception of a profession.¹ Cooper stated, "occupational groups achieve professional status through recognition by society."² Freda stated that occupational therapists (OTs) rated salary as a highly important factor when deciding to leave a job.³

Financial compensation surveys provide important information about the issues faced by any profession⁴ and "convey a sense of what's going on in the health-care marketplace."⁵ Salary surveys also assist in identifying factors which influence how professionals are paid.⁶ Professional data on compensation for OTs in India are currently unavailable. The purpose of this study was to determine the average compensation received by OTs in India and to investigate the factors influencing the occupational therapy profession from the perspective of the participants.

METHODS

Sample

The population for this study was OTs in India who are members of "occupational therapy India Facebook group" (OTIFB). At the time of this writing, OTIFB is a closed group with 7492 members. Authors obtained written permission from the group's administrator to use the group as the population for this study. Institutional Review Board approval was granted before contact with participants. All OTIFB member profiles were reviewed manually to eliminate foreign (non-Indian) OTs and Indian OTs practicing outside India. Although the majority of OTIFB members were OTs, authors noticed other professionals, i.e. psychologists and special educators in the group and they were eliminated from the potential population list. The member profiles with inadequate details to determine whether the member is an occupational therapy (OT) practitioner in India were also eliminated. After the review process, a population list consisting 2504 members was developed. Authors recruited a participant sample of 1252 members utilizing random sampling methodology by selecting every other member in the population list, beginning at the first member.

Instrumentation

The authors developed a survey following survey writing guidelines for the purpose of this study (Appendix A). The survey consisted of 10 questions that included fill-in and multiple-choice responses. Survey questions were designed to gather information about current practice settings, job title, work experience, compensation range, and demographics. The response options

¹Assistant Director, External & Regulatory Affairs, NBCOT Inc., Gaithersburg, MD, USA,

²Assistant Professor, MOT Program, and Program Coordinator, Post Professional Doctorate Program, Chatham University, Pittsburgh, PA, USA

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Correspondence
Dr. Karthik Mani, 339, W Side Dr, Gaithersburg, MD 20878, USA.
Tel.: +1 301 250 6864.
Email: kmani@votc.co.in

for the salary question (item 5) were developed based on pay band 2 range of the sixth Central Pay Commission (CPC) of Government of India.⁷ This represents the most accurate salary range as OTs are recruited under pay band 2 for government positions in India at this point. The survey was reviewed by several experienced OTs for clarity and face validity and items modified based on input.

Procedure

The survey was conducted through Qualtrics, an online survey tool. In May 2015, all identified participants were sent an invitation to participate in the survey through OTIFB private messaging mechanism with June 30, 2015, as the response deadline. Authors employed the Tailored Design Method to maximize the response rate by developing a simple survey and contacting participants three times during the open survey period.⁸ After the initial invitation was sent, subsequent communications were sent in approximately 10 days intervals through the OTIFB private messaging mechanism.

Data Analysis

Descriptive statistics were used to analyze the responses received. The average compensation range was identified by calculating the median. Data are reported as percentages and aggregate numbers to protect the identity of respondents.

RESULTS

At the conclusion of the open survey timeframe, 213 responses were received. This represents a response rate of 17.45% calculated by dividing the number of responses received by the total sample minus the 32 members who were deemed ineligible and excluded from subsequent communications (*n* = 1220).

Of the 213 responses received, only 74% (*n* = 157) of the respondents stated their job title.

Table 1 presents the job titles entered by the respondents. The job titles entered by the respondents under “others” include neurodevelopmental therapist, specialist for abnormal kids, and intern. One respondent stated his/her title as Master of Occupational Therapy Student. Interestingly, one respondent stated his/her job title as a speech therapist.

Only 80% (*n* = 170) of the respondents reported the practice settings in which they currently work. Respondents were permitted to select more than one practice setting. According to the survey data, respondents practice in a variety of practice settings as shown in Figure 1. 9% (*n* = 15) of respondents chose “other” category, out of which 3% (*n* = 5) work in government organizations.

Among respondents, 74% (*n* = 157) reported their age and 72% (*n* = 154) reported their gender. The majority of respondents (69%) were aged between 25 and 35 years. Nearly, 18% of respondents were <25 years, while another 10% were between 35 and 45 years. Only a few respondents (3%) were above

Table 1: Job Title of Respondents

Job title	<i>n</i> (%)
Clinicians	
Occupational therapists	101 (64.33)
Junior occupational therapists	4 (2.54)
Senior occupational therapists	19 (12.10)
Consultant occupational therapists	9 (5.73)
High-level managers	
Proprietors	1 (0.63)
Directors	3 (1.91)
Managers	1 (0.63)
Chief occupational therapists	1 (0.63)
Coordinators	1 (0.63)
Academicians	
Head of the department	3 (1.91)
Associate Professors	1 (0.63)
Assistant Professors	5 (3.18)
Lecturers	2 (1.27)
Demonstrators	1 (0.63)
Other titles	5 (3.18)

45 years. 54% (*n* = 82) of respondents reported their gender as women and the remaining 46% (*n* = 71) were men.

Only 72% (*n* = 153) of respondents reported the state/union territory (UT) in which they work. Figure 2 shows a color-coded map of India with the percentage of responses received from each state/UT. States with maximum response (>10%) were highlighted in green, states with minimum response (<10%) were highlighted in light blue and states with no response were highlighted in gray.

72% (*n* = 153) of respondents identified the locality of their practice settings. Among respondents, 71% (*n* = 109), 23% (*n* = 35), and 6% (*n* = 9) reported their practice setting location as an urban, suburban, and rural area, respectively.

Of the 157 respondents 82% (*n* = 128) were employed full time and 18% (*n* = 29) were employed part-time. It is important to note here that respondents were advised to choose “full time” if they do multiple jobs of which one is full time. 72% (*n* = 153) of total respondents reported their highest level of education. Among respondents 1% (*n* = 2) have a diploma, 58% (*n* = 89) have a bachelor’s degree, 39% (*n* = 60) have a master’s degree, and 1% (*n* = 2) have a doctoral degree.

The monthly compensation of OTs in India ranges from <10,000 Indian National Rupee (INR) to more than 40,000 INR. Only 73% (*n* = 155) of total respondents reported their compensation information. Of the 155 respondents, 10% (*n* = 16) reported their monthly income as less than 10,000 INR, 29% reported their income range as 10,001-20,000 INR, 26% as 20,001-30,000 INR, 17% as 30,001-40,000, and 17% reported that their income exceeds 40,001.

DISCUSSION

The results of this study estimate the average compensation range of OTs in India as 20,000 to 30,000 INR a month. Although the current finding aligns with the range of pay band

change, there may be a discrepancy between the incomes of OT workforce in the private and government sectors (Figure 3).

Level VII (Corresponding level of Pay Band II in sixth CPC) Estimated to increase by 40% from the salary based on sixth CPC. Gross salary per month ~37800 INR	Seventh CPC	Median salary per month 20000 - 30000 INR	Median Salary (Survey Outcome)	Pay Band II 9300 - 34800 INR Grade Pay 4200 INR Gross salary per month (Total pay + allowances) ~27000 INR*	Sixth CPC
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Figure 3: Median Salary (Survey Outcome) Versus Central Pay Commission’s Compensation. *The central pay commission’s salary is calculated by taking the beginning salary^[9300] under pay band II and adding grade pay (4200) and 100% of total pay (basic pay + grade pay) as allowances. Allowances include dearness allowance, housing rent allowance, transportation allowances and in addition to other allowance provisions listed under Sixth Central Pay Commission. Allowances and basic pay vary on an individual basis. The estimate provided is just an approximate derived for comparison purposes

When comparing the current findings with the reported average annual compensation of other allied health professionals, it is evident that the OTs average annual compensation marginally exceeds than that of others. The reported average annual compensation for PTs and nurses, at the time of this writing, were 1,92,057 INR and 1,83,361 INR, respectively.¹¹ However, as expected, the average annual compensation of OTs falls below than that of general physicians, which is 5,39,488 INR.¹²

As evident from the data, OTs in India receives compensation in different ranges. In the authors’ opinion, several factors contribute to this continuum. The factors were analyzed below in relation to current data.

Location of Practice Setting

Location of a practice setting may influence compensation. There might be a potential correlation between practice settings in rural areas and low compensation in the current study as 6% ($n = 9$) of respondents reported that they work in rural areas and 10% ($n = 16$) of respondents reported significantly low income (<10,000 INR/month). Nallala *et al.* identified that medical students in India wanted to work in urban settings rather than rural settings as urban settings offer higher salaries and more opportunities for career growth.¹³ It is inherent in these findings that low compensation for health practitioners prevail in rural India.

Similar to other health-care professionals in India, OTs also work mostly in urban and suburban areas. One reason behind the increased migration of OTs in urban areas could be the affordability

of urban dwellers to pay for OT services, as health-care spending in India is mostly out of pocket.¹⁴ Further, OT academic institutions¹⁵ and non-government organizations (NGOs) were also reported to be more developed in urban than rural areas.¹⁶

Type of Practice Setting

In India, private sector dominate the healthcare industry.¹⁷ Current data show that there is an increased preponderance toward schools, sub-acute rehabilitation centers, and private/home-based practice among respondents. A significant number of respondents also work in outpatient clinics and acute care hospitals. A majority of these practice settings operate as private sector entities in India. For instance, many schools and special schools in India operate as private sector entities as an educational industry, similar to the health-care industry, is supported enormously by the private sector.¹⁸ Hence, it is appropriate to anticipate a potential association between high compensation and employment in private sectors/private practice.

NGOs and academia were the least reported practice settings. Often, service oriented non-profit organizations were reported to pay low wages to its employees,¹⁹ which could be an underlying reason for the low number of OTs working in NGOs. Current data reveal that only 11% of OTs work in academia. It is unclear whether this is due to low compensation or the limited number of academic programs.

Years of Work Experience

The current data reveal that 74% ($n = 116$) of the respondents have <5 years of work experience. This may indicate that India has less expert OT practitioners. However, caution must be exercised before generalizing this data. The increased responses from entry-level and less experienced OT practitioners could simply be due to active use of Facebook in the younger generation.²⁰

Professionals receive increased remuneration with increasing experience. The correlation between the years of experience and compensation is not clear from the current data and requires further exploration. Emigration of experienced OTs to Western and Arab countries for better prospects and higher education could be a reason for the shortage of expert OTs in India. Lack of recognition and regulation at the national level, relatively low income when compared to other professions such as information technology, and increased job opportunities abroad for experienced therapists could be the factors that encourage OTs educated in India to emigrate. Irrespective of the reason, the shortage of experienced clinicians and academicians would limit the growth of the profession by creating a workforce shortage and limiting research activities, which are critical for generating evidence to support the practice. Powell *et al.* cautioned on the implications of sustained workforce shortage to the quality and quantity of OT services thereby fetching a negative image to the field from service recipients and the general public.²¹

Level of Education

In India, the entry-level requirement for OTs was changed from a diploma level to baccalaureate-level degree in the late 1980s

and early 1990s.²² The current survey yielded only 1% response from diploma holders. Since the diploma-level courses were discontinued nearly 25 years ago, there is a possibility that most of the diploma holders might have retired or pursued higher education. It is important to note here that participants were asked to report their highest level of education, but not necessarily in the field of OT.

As 40% of respondents reported higher levels of education and 34% reported their salary income of more than 30,000 INR a month, there could be a possible correlation between higher level of education and higher compensation. However, an in-depth survey is required to identify the influence of level of education on OTs compensation in India.

Geographical Distribution

Current data show the lack of occupational therapy practitioners in several states and UTs. Geographically, the respondents are concentrated in the states and UTs that have OT educational institutions such as Maharashtra, Tamil Nadu, Karnataka, and Delhi. With the exception of Bihar and Sikkim, the authors received responses from all states that have OT educational institutions. When data were examined based on the geographical distribution of respondents, the authors noted that no responses were received from some larger states such as Andhra Pradesh, Assam, Bihar, Himachal Pradesh, and Telangana and smaller Northeastern sister states. This may either represent the shortage/lack of OTs in these areas or the failure of the sampling procedure to recruit OTs working in these regions, as the National Institute of Mentally Handicapped located in Telangana²³ and a private hospital located in Meghalaya report OTs employed in their faculties.²⁴ Factors such as reduced access to internet and lack of exposure to social media need further consideration when interpreting this data. Influence of geographical location on OTs compensation is not evident from the current data and needs further research.

Age and Gender

The aggregate data failed to show any correlation between the age group and compensation received by OTs in India. The majority of the Indian OT workforce surveyed is comprised therapists between 25 and 35 years of age. As many OT educational programs were established in 1990s,²⁵ the number of OT graduates increased after the year 2000. However, despite the demand for OTs in India, the number of OT educational programs declined after 2005. The recent edition of Indian Journal of Occupational Therapy lists nine discontinued OT programs in India.¹⁵ This could explain the reason behind relatively low number of responses from other age groups. The low number of responses from therapists above 45 years of age could be due to the low number of Facebook users in this age group.²⁰

The male versus female ratio of respondents is 1:1.17. Caution must be exercised before generalizing this ratio to the entire nation as only 24.4% of Facebook users in India are women.²⁰ In the US, OT has remained a female dominated profession since its origin.²⁶ Although the ratio in India is not as much of a contrast as in the US,²⁷ Indian women still outnumber men in the OT profession.

Occupational therapy could very well be a female dominated profession in India as the 2012 electoral list of the Maharashtra state Occupational Therapy and Physiotherapy Council has 76% female and 24% male OTs.²⁸ The gender ratio of OTs in India and its impact on compensation needs further exploration.

The authors find no meaningful association between the compensation and job title of respondents as well as between the compensation and type of work (full time or part time).

Implications of Current Findings to the Profession in India

Despite having a 65-year history, the OT profession still struggles for its identity in India.²⁹ Many people in the general population are unaware of OT services in the country. Several factors including the shortage of OT workforce, sociocultural factors, lack of national level regulation, and obliterated boundary between domains of practice of OT and other related professions contribute to this identity crisis.

Current findings identify a significant shortage of experienced OTs in India. Certainly, lack of an adequate number of OT educational institutions, combined with the closure of existing programs, complicates the situation and raise concerns about the adequacy of the OT workforce in India. Lack of experienced practitioners and academicians may have an adverse effect on the growth of the profession and quality of OT education. India needs many new OT educational programs and should make efforts to retain its workforce.

Current data depict the huge discrepancy that exists between the need for and availability of OT services in rural India. When 69.5% of the disabled population live in rural areas,³⁰ the current study shows that only a limited number of OT practitioners work in these regions. To mitigate this urban-rural imbalance, OT institutions may choose rural practice settings for student internship placements. More emphasis on telerehabilitation and community-based rehabilitation may also pose a possible solution. In addition, increased job opportunities in the government sector may alleviate this imbalance to an extent.

Limitations

- Low response rate
- Use of Facebook only for survey administration
- No information was collected on other variables such as areas of practice, facility size, and overall work experience.

Recommendations

- The survey can be administered using multiple modes of survey administration, such as postal mail, telephone, and email to yield more responses
- The survey tool can be modified to include items identifying practice areas, facility size, and overall work experience.

CONCLUSION

Occupational therapists average compensation in India is at par with the nation's sixth CPC guidelines and is marginally higher

than that of other allied health professionals such as physical therapists and nurse practitioners. Although further exploration is required, this study found that increased compensation was associated with urban practice settings, private sector employment, and higher levels of education. A more detailed study on Indian OT workforce is recommended, and the authors certainly believe that this study will act as a starting point to launch a further investigation.

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APPENDIX

APPENDIX A: OCCUPATIONAL THERAPISTS SALARY SURVEY

Instructions

This survey aims to determine the average compensation received by occupational therapists in India. Please complete this survey relevant to your current position. If you have more than one job, please consider your primary or full-time job related to the profession of occupational therapy (OT). If you are not currently working/practicing in the field of OT, complete this survey with relevance to your latest OT position.

Please do not complete this survey if:

- Your current job is not related to the profession of occupational therapy
- You are working outside India
- You are an occupational therapy student.

Please do not provide your name or contact details anywhere on this survey.

Should you have any queries or comments regarding this questionnaire, you are welcome to contact us via rkhita04@gmail.com or iprovident@chatham.edu.

Glossary:

INR – Indian Rupee.

1. What type of practice setting(s) do you work in (You may select more than one)?
 - Acute care hospital
 - Sub-acute care/Rehabilitation center
 - School/Special School
 - Non-governmental organization
 - Outpatient clinic
 - Academic institution
 - Home care/private practice
 - Other (Please specify) Text box.
2. What is your job title?
 - Text box.
3. Do you work full-time or part-time? (If you have more than one job of which one is a full-time job, please check full-time)
 - Full-time (35 or more h per week)
 - Part-time (<35 h per week).
4. How long have you been working in your current position?
 - <1 year
 - 1-2 years
 - 2-5 years
 - 5-10 years
 - >10 years.
5. What is your monthly salary, not including bonuses? (If you are self-employed, select the response that best represents your monthly income)
 - <10,000 INR
 - 10,001-20,000 INR
 - 20,001-30,000 INR
 - 30,001-40,000 INR
 - >40,001 INR.
6. Which of the following best describes the location of your practice setting?
 - Urban
 - Suburban
 - Rural.
7. Please choose the state/union territory in which you are currently working:
 - Drop down menu of following states and union territories in India.
8. Gender
 - Male
 - Female
9. What is your age?
 - <25 years
 - 25 years 1 day – 35 years
 - 35 years 1 day – 45 years
 - 45 years 1 day – 55 years
 - >55 years.
10. What is the highest level of education you have completed?
 - Diploma
 - Bachelor's degree
 - Master's degree
 - Doctoral degree.