1991

A survey of the reasons why new therapists chose occupational therapy as a profession : implications for recruitment

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DOI: <https://doi.org/10.31979/etd.m9sf-273v>
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therapy as a profession: Implications for recruitment**

Cooperstein, Karen Rachel, M.S.

San Jose State University, 1991

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**A SURVEY OF THE REASONS WHY NEW THERAPISTS CHOSE
OCCUPATIONAL THERAPY AS A PROFESSION:
IMPLICATIONS FOR RECRUITMENT**

A Thesis

Presented to

**The Faculty of the Department of Occupational Therapy
San Jose State University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

By

Karen Rachel Cooperstein

May, 1991

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ABSTRACT

REASONS WHY NEW THERAPISTS CHOSE OCCUPATIONAL THERAPY AS A PROFESSION: IMPLICATIONS FOR RECRUITMENT

by Karen R. Cooperstein

This study examines the ways recently certified occupational therapists learned of the profession of occupational therapy, and the factors that influenced their decisions to choose occupational therapy as a career. Data were analyzed according to age, gender, and geographic region, in order to identify potential ways to improve recruitment efforts.

Research findings indicate that therapists learned about the profession at a mean age of 19.8 years, most often while working in a health care setting. First exposure to occupational therapy was usually through a friend in the profession, or a family member or friend.

The primary reasons for choosing occupational therapy included a desire to help disabled people, the promise of challenge and variety, the opportunity to work in a health care setting, and the belief that jobs are plentiful. The expense of the education and lack of a clear understanding of occupational therapy were most likely to dissuade potential therapists.

Acknowledgements

"But seek ye first the kingdom of God, and his righteousness; and all these things shall be added unto you."

Matthew 6:33

Many thanks to my advisor, Dr. Kay Schwartz, for her time, energy, wisdom, and confidence in helping me through the process of completing this thesis. I would also like to thank my readers, Dr. Lela Llorens and Professor Lorraine Pedretti, for their time, input, and expertise.

I gratefully acknowledge the California Foundation for Occupational Therapy for funding this study.

My deep appreciation to my parents, Bernie and Tiby Cooperstein, for always believing in me, and for supporting me with their love, encouragement, and generosity.

A multitude of thanks to the following people for their generous outpouring of love, patience, confidence, listening ears, and constant prayers: Marie Boley; Genie Davis; Karen Breitkreuz; Arpenny Hart; Diane Hanus; Mary-Pat Hulse; and Bob, Debby and Christina Doyle.

I also extend tremendous gratitude to many other members of the Werner Kinship, the Vineyard Christian

Fellowships of the Peninsula and San Diego, the envelope stuffing crew, the "Monet" group, and the NovaCare staff for the ways they helped along the way.

Above all else, I give glory, honor, and praise to the Lord Jesus Christ, who has been my source of strength, vision, and hope throughout this time.

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CHAPTER 1

INTRODUCTION

Purpose

The purpose of this study was to examine the ways recently certified occupational therapists first learned of the profession of occupational therapy, and the factors that influenced the decision to choose occupational therapy as a career. The data were analyzed according to age, gender, and geographic region in order to identify potential ways to improve recruitment efforts.

Statement of the Problem

According to the United States Department of Labor's moderate growth projections (Kutscher, 1990), the number of positions available for occupational therapists (OTRs) will increase approximately 49% between 1988 and the year 2000. This translates to an increase of 16,000 positions. Since the entire labor force is expected to grow by 18% in that time span (Abramson, 1987), the number of occupational

therapists needs to grow twice as fast as the average in order to meet the demand.

The field of occupational therapy (O.T.) has, in fact seen a tremendous amount of growth in the past 15 years. According to the American Occupational Therapy Association's (AOTA) Occupational Therapy Manpower: A Plan for Progress (1985), the number of OTRs in the U.S. increased from 10,981 in 1972 to 25,754 in 1982, a 135% increase in only 10 years. Based on an "ideal" ratio of about 22 OTRs per 100,000 population, approximately 56,600 therapists will be needed by 1995 to meet the needs for services (AOTA, 1985). In addition, the distribution of occupational therapists in the U.S. is uneven. On the average, there are approximately 50% more OTRs per capita in states with occupational therapy education programs than in those without (Acquaviva, 1986).

Approximately 2000 new therapists have passed the national certification exam each year (AOTA, 1985). If this rate of growth remains steady, at least 26,000 new therapists will have joined the profession between 1982 and 1995. This would bring the total to at least 52,000, which still falls short of AOTA's predicted need. A more conservative estimate by White (1988) anticipates the need for an addition of 15,000 therapists by the year 2000, which reflects a 52% increase from the 29,000 OTRs whom she reported to be employed in 1986.

A major problem is that the profession of occupational therapy experiences a high rate of voluntary unemployment, which greatly reduces the number of available workers (Acquaviva, 1986). The primary reason for this phenomenon is that this population is 95% female, and a large percentage stop working temporarily or permanently in order to have children and care for their families. According to the 1982 AOTA Member Data Survey, 12.8% of the female respondents were out of the work force (AOTA, 1985). Only 3% of the male OTRs were not working.

Another issue affecting the future therapist supply is changing educational trends. In 1971, 42% of all bachelor's degrees were attained by women, and by 1986, approximately 50% were earned by women. The number of master's and doctorate degrees conferred on women also increased sharply in that time period (Gartaganis, 1988). Although this may mean that more women are earning higher degrees, evidence indicates that many of these women are choosing fields which in the past were almost exclusively male, including engineering, business, agriculture, computer sciences, protective services, physical sciences, and law (Gartaganis, 1988). The result is that many qualified students, who in the past might have chosen occupational therapy, are now selecting other professions.

Based on this information, it appears that as long as the occupational therapy profession appeals primarily to young women, the number of therapists will continue to be inadequate, and the gap between supply and need will broaden. Examining current data regarding who has been attracted to the profession in recent years and why, can provide groundwork for updating the strategy to alleviate this problem. It is of particular importance to gain insight into factors influencing men, non-traditional age students (25 or older), and geographic patterns (Mastagatani, 1986).

Objectives

The objectives of this study were: 1) to determine how newly certified occupational therapists first learned about occupational therapy, and 2) to determine why they selected it as a profession. Possible differences according to age, gender, and geographic region were examined. This study also identified potential deterrents to pursuing or completing a degree in occupational therapy.

The goal of this research was to identify specific ways that could be effective in recruiting potential therapists, particularly males and re-entry age women. These groups are likely to remain active in the profession for a longer

period of time than the typical young, female therapist, and represent sources that have not been tapped to a great extent.

Identifying possible reasons against choosing or completing the course of study for occupational therapy can provide valuable information as well. An understanding of these issues may facilitate the problem solving needed to help make occupational therapy an accessible career to more individuals.

Research Questions

This study investigated the following questions:

1. How did recently graduated occupational therapists learn of the profession?
2. What factors motivated new therapists to choose occupational therapy as a career?
3. What factors could have influenced therapists against choosing occupational therapy as a profession?
4. Are there any gender, geographic, or age related trends associated with the reasons given for making the decision to become an occupational therapist?

5. What factors could have influenced therapists against completing the training program?

Definitions

American Occupational Therapy Certification Board (AOTCB):

The agency responsible for the administration of the examinations required for the certification of occupational therapists throughout the United States.

Gender: Whether an individual is female or male.

Geographic Region: For this study, the United States was divided into four areas according to the classifications used by the U.S. Bureau of the Census (1990). The regions are West, Midwest, Northeast, and South. A list of the states in each region can be found in Appendix A.

Occupational Therapy (O.T.): A health profession dedicated to helping patients/clients achieve maximum functioning and ability to carry out purposeful activity.

Occupational Therapy Training Program: An educational program, at a college or university, which prepares students for entry level work as registered occupational therapists.

Recently Graduated Occupational Therapist (OTR): An individual who has graduated from an accredited occupational therapy education program and successfully completed a minimum of six months of full-time fieldwork, or has completed the career mobility program for certified occupational therapy assistants. He or she passed the required certification exam, as designated by the American Occupational Therapy Certification Board, in July, 1989.

ASSUMPTIONS

This study was conducted under the following assumptions:

1. It was assumed that a sufficient number of subjects would return the questionnaires after the initial mailing and reminder cards were sent.
2. It was assumed that the participants would answer the questions honestly and accurately.
3. It was assumed that the majority of the occupational therapists completed the certification exam successfully within six months of completing their Level II Fieldwork.

LIMITATIONS

Because of the relatively small sample size used in this study, information about those ages or geographic regions which comprise a small percentage of the total population may have been insufficient to draw accurate conclusions. Also, the subjects were drawn from a very specific time frame, and it is therefore possible that as a group they were influenced by unique factors, such as the country's political or economic status. It is also possible that there were differences between those who returned the questionnaires and those who did not.

There is also the limitation of imperfect recall ability by the subjects. It is possible that recollection of the original reasons for choosing occupational therapy may have been altered due to new impressions formed during the training program. Furthermore, subjects may not have been able to remember every way they learned about occupational therapy, either due to young age or the insignificance of the information at the time it was received.

SIGNIFICANCE OF THE STUDY

The importance of effective recruitment methods for occupational therapy cannot be overemphasized. Unlike common careers such as doctor, lawyer, or actress, occupational therapy is not a profession that children usually grow up knowing about. Therefore, it is the responsibility of the profession to ensure that young people are informed about the existence of O.T. There is growing concern within the profession that there will not be enough trained clinicians to fill the available positions for occupational therapists. If high-quality applicants are not actively sought, education programs may suffer decreased enrollment and a high drop-out rate. Furthermore, understaffed O.T. departments can compromise patient care due to overworked therapists who may ultimately "burn-out," thus perpetuating the problem. Finally, lack of qualified staff can result in occupational therapist positions being eliminated or replaced by other therapies such as recreation and art. This in turn can affect both clients who will not receive O.T. services, as well as the integrity of the profession (AOTA, 1985).

There has been a concerted effort in the past five years to increase recruitment efforts. Addressing the personnel shortage is the first priority of the American

Occupational Therapy Association strategic plan for the 1990s (Townsend, 1990). This strategy includes the reassessment of past recruitment techniques, the development of new methods, and a design for implementation. The purpose of these goals is to maintain the strength and effectiveness of the occupational therapy profession. This study can provide important information to assist in this endeavor.

Chapter 2

LITERATURE REVIEW

Occupational Therapy Literature

The first formal study regarding occupational therapy student recruitment was conducted by Pickett in 1961. Data were obtained from 306 students representing 26 O.T. curricula. Subjects included 228 freshman women (median age 19), 46 advanced standing women (median age 25), and 32 men (median age 28.5). As a group, personal contact was cited most often as the first source of information about occupational therapy (78%), and as the most influential source (79%). Of the male students, 95.2% indicated personal contact as most influential. The different categories of "personal contact" were not well defined; however, and several may have overlapped, including relative/friend, occupational therapist, occupational therapy student, and personal contact. Literature was ranked most influential by 11.6%, none of whom were men. The most popular factors cited for choosing O.T. as a career included interest in children (21.5%), ability to combine crafts with medicine (20.9%), desire to help the disabled (18.5%), and direct contact with people (18.5%). Men were more motivated

than women by the hospital atmosphere (9.4%), job availability (9.4%), and other factors (15.6%).

Pang (1971) surveyed 187 San Jose State College students in various phases of the occupational therapy training program, with 122 questionnaires returned. Ages ranged from 20 to over 30, and there were 17 males in the group. Desire to help the disabled, patient contact, the experiences offered by O.T., and interest in arts and crafts were the highest ranked reasons for originally deciding to major in occupational therapy.

An analysis of the 1969 American Occupational Therapy Association "Membership/Registry Questionnaire" (Jantzen, 1973) revealed that there were a number of differences between male and female therapists. Of the respondents, 3.9% (251) were male, and their median age was 39.6 years, compared to the median age of 35.2 for females. Eighty-five percent of the males were married, versus 69.5% of the females; however, this may have been reflective of the age difference. One significant finding of this study was that far fewer male therapists were not employed, 4%, versus 32.5% of the females. Furthermore, of those who were employed, 94% of the men and 76% of the women were working full-time.

Holmstrom (1975) studied the characteristics of college students interested in various health professions;

occupational, speech, and physical therapies were grouped together under the heading "therapy." Attributes on which therapy students rated themselves highly included being understanding of others (80.2%), academic ability (69.3%), drive to achieve (64.7%), and cheerfulness (60%). By far, the most important life goal cited by the therapist group was to help others (90.8%). The most frequently identified factors in choosing a therapy profession were being able to work with others (88.3%), to help others (85.2%), the chance to make an important contribution to society (65.2%), and the opportunity to work with ideas (62.3%).

Twenty years after the Pickett study, a national survey of 500 OTRs who had obtained their certification in occupational therapy since 1970 was conducted (Townsend and Mitchell, 1982). Of the 421 responses, 228 (54%) indicated the recommendation of a personal contact (friend, relative, or health professional) as initiating their interest in O.T. Other effective recruitment methods included aide or volunteer work (32%), books (27.6%), and guidance counselors (23.8%). A majority of the therapists became interested in the field between ages 16 and 20, followed by the age 21 to 25 group. Ninety-four percent of those responding were Caucasian. The paper included recommendations for recruitment strategies.

Madigan (1985) focused her research on occupational therapy ($n = 100$) and occupational therapy assistant (OTA) students ($n = 163$) in Illinois. She found that while a large number of OTA students first learned about occupational therapy from printed material, OTR students more often learned of the field from an OTR or an O.T. student. Reasons for entering the profession were similar to the previous studies, which included working with and helping others, and were consistent between the two groups. One difference was that the OTR students had greater aspirations to assume leadership, teaching, and research responsibilities.

As a follow-up to the two previous studies, Wyrick and Stern (1987) examined the effects of recruitment efforts since 1983. Their questionnaire was completed by 1,843 students recently enrolled in 73 OTA and OTR education programs. Among the OTR students, 45.5% were ages 20 to 21, and only 15.4% were 27 years and older. Of those who identified ethnic origin, 91% were white, and 9% were black, Hispanic, or Asian. This reflects a 3% increase in the representation of minorities since the Townsend and Mitchell study (1982); however, it does not take into account possible attrition between starting and completing the program. The most common first sources of information about occupational therapy were O.T. students (20.1%), family

friends (19.9%), parents (15.3%), and volunteer work or employment in a clinic (13%). Respondents were allowed to choose up to four answers. This study showed that male and female students did not differ significantly in their first exposure to O.T., but minority students heard about the profession from guidance counselors more than any other source.

Strickland (1987) looked at the ability of occupational therapy curricula to accommodate students age 25 and above. These students often have different responsibilities and constraints than the traditional younger students. A questionnaire completed by the directors of 56 occupational therapy professional programs revealed that 61% of the schools allowed a part-time schedule, 46% offered evening classes, and 11% each offered self-paced and weekend classes. Thirty-nine percent of the programs allowed full-time schedules only.

Other Allied Health Professions

The demands for physical therapists and for registered nurses are also expected to increase significantly by the year 2000. According to Davis (1990), physical therapy is expecting a growth of 57 percent, or 39,000 new positions in the next 10 years. An increase of 39 percent is anticipated

for nursing, with 613,000 new jobs to be filled within the decade. These projections are based on the assumed increase in need for nursing and therapy services as the population increases and ages, as well as advances in medical technology requiring greater expertise and involvement of health care professionals.

A search of nursing and physical therapy literature revealed that there has apparently been very little research conducted regarding why and how members of those professions selected their careers. In both areas, research related to recruitment tended to focus on recruiting professionals to jobs, rather than on how individuals are initially drawn into the profession.

The overall decline of manpower in allied health fields prompted a survey of high school and college counselors (Kosegi and Feeley, 1989). Questions addressed issues relating to present and needed counseling resources, counselor perceptions of allied health fields, and counselors' ideas of what students want in a career and why they do not choose allied health professions. At least ninety percent of the respondents reported that they had information regarding health careers, and that they viewed these professions as having significant potential; however, fewer than 60 percent had accurate job outlook data. Methods used to introduce students to allied health

professions included printed materials, posters, visiting professionals, career days, audio-visual materials, and observations. The most common reasons the counselors gave for students not choosing health careers were the difficulty of pre-professional coursework, lack of awareness of opportunities, poor preparation for or dislike of sciences, more opportunities in non-health professions, and low salary potential. The primary conclusions of the study emphasized improving counselor resources, increasing visibility of the allied health fields among counselors and students, particularly nontraditional and minority students, and encouraging employers to make salaries more competitive with non-health care professions.

Although the Holmstrom study (1975), described in the previous section, focused on the attributes of therapists, it also provided information about other health professionals, including nurses. Qualities on which at least half of nursing students rated themselves high were understanding of others (79%), cheerfulness (68%), drive to achieve (56%), academic ability (55%), and leadership (50%). These are similar to the top answers given by therapists; however a higher proportion of the therapists selected each of these categories except for cheerfulness. Like the therapists, the nurses listed as their most important life goal to help others (84%). While the three most influential

factors in choosing a career were the same between groups: to work with people, to help others, and the chance to make a contribution to society, other frequent responses varied somewhat between groups. Responses that ranked considerably higher among the nurses included availability of jobs, past experience in the field, leadership opportunities, and the feeling that it is a well-respected profession.

Tsuda, Kiser, and Shepard (1982) studied the factors influencing high school students' knowledge of physical therapy (P.T.). Junior and senior students from four California high schools answered questions relating to perceptions of physical therapist job tasks and sources of information about physical therapy. A mean score of 6.4 out of a possible 11 correct answers reflected a lack of in-depth understanding of a physical therapist's roles. Students considering health careers performed somewhat better, with a mean score of 7.3. The most common source of information about P.T. was television, cited by 35% of the respondents, followed by a family member who received physical therapy (28%), a family member (23%), and a teacher or counselor (22%). Infrequent responses included family member (4%) or friend (2%) who was a physical therapist, radio (3%), and volunteer or work experience (5%).

Another physical therapy study focused on individuals enrolled in P.T. education programs. In order to summarize

data about persons who select P.T. as a career, Scully and Cox (1982) surveyed 2,280 graduating physical therapy students. The respondents were predominantly female (78%), unmarried (82%), young (84% between ages 21 and 25), and Caucasian (93%). Two percent of the students reported that they had decided to study P.T. prior to starting high school, while 39% made the choice during and 59% after high school. Factors which most influenced the participants to pursue physical therapy included the desire to work in a health care setting (27%), contact with a physical therapist (13%), media such as printed materials (13%), input from relatives (9%), a friend in a health profession (5%), and a teacher or counselor (5%). Male students tended to decide on their career at a later age than did female students, and while men were more often influenced by a physical therapist, more women were persuaded by media and by interest in working in a health care facility. Geographic data indicated that 50% of the respondents came from only eight states, including New York, California, and Pennsylvania.

In a narrative article describing the nursing profession, Tise (1988) described a number of reasons individuals chose nursing careers. These included the satisfaction of helping others, a diversity of opportunities, reasonable starting salaries, high

availability of jobs, good employee benefits, and plentiful financial aid for school. Typical characteristics of nurses listed by Tise included good math and science skills, ability to use common sense and respond well in an emergency, responsible, outgoing and friendly personality, and strong communication skills. Several negative aspects of nursing described were high stress level, inadequate salaries, unattractive work hours, and an unfavorable public image of the profession.

Kohler and Edwards (1990) examined the perceptions of nursing among 306 high school students. A majority of the subjects reported that they believed nursing school to be expensive (70%), requiring difficult courses (66%), and that the job required unpleasant tasks (82%). Furthermore, nearly 80% believed that nurses had little control over their schedules, and more than half assumed that jobs were not always available. Many students also considered nursing to be a low status profession. Only 9% reported that they were seriously contemplating a career in nursing, with an additional 15% perhaps considering it. The study also explored ways in which high schoolers formed their perceptions of the nursing profession. The most frequent primary source of information was observing a nurse (34%), followed by watching television (29%), knowing a nurse

(26%), reading about nursing (7%), and finally, learning about it in school (3%).

Critique

There are several limitations in the studies found in the literature. Most of the occupational therapy research projects focused on currently enrolled students, which did not take into account the attrition of some students due to loss of interest, inability to complete the work or the certification test, or other factors. It is possible that there are differences between those who drop out of a program and those who complete it. Furthermore, while previous studies have obtained a great deal of information that has been valuable to the health professions, it appears that none of these researchers included questions addressing factors that influenced against choosing O.T. as a profession. The Kosegi and Feeley study (1989) of counselors did address this topic as it relates to all health professions; however, the data represented the perceptions of the advisors, not students, and was not O.T. specific. Identifying potential obstacles would help in attracting and retaining students who might not otherwise attempt or succeed in an O.T. educational program.

Others, for example Townsend and Mitchell (1982), surveyed therapists who were recruited over a fairly broad range of time, so the information may not be consistent or up to date, and recall may not be as accurate following a time period of up to 15 years. Also, in some cases the questionnaires were not specific and the choice of answers allowed for some overlap. Motivation among the different age groups and gender also has not been studied at length.

The few studies available from the physical therapy and nursing literature provided the opportunity to compare with other allied health professions. Several similarities among the professions examined were evident. Common motivating factors included the desire to help the disabled, the opportunity to work with people, and the chance to work in a health care setting (Holmstrom, 1975; Madigan, 1985; Pang, 1971; Pickett, 1961; Scully and Cox, 1982; Tise, 1988). Furthermore, O.T., P.T., and nursing research all indicated information given by an individual as one of the most effective means of learning about the profession (Kohler and Edwards, 1990; Pickett, 1961; Townsend and Mitchell, 1982; Tsuda, Kiser, and Shepard, 1982; Wyrick and Stern, 1987).

Despite similarities, a fundamental difference exists between physical therapy and nursing, and occupational therapy. Although perceptions of physical therapy and nursing among high school students were not completely

accurate (Kohler and Edwards, 1990; Tsuda, Kiser, and Shepard, 1982), the fact that those professions exist was commonly known to the students. Occupational therapy, on the other hand, is a profession that is less well known. Many respondents in the physical therapy and nursing studies reported learning about the profession from television (Kohler and Edwards, 1990; Tsuda, Kiser, and Shepard, 1982), unlike the occupational therapy subjects.

The Holmstrom study (1975) provided some insight into the differences between individuals pursuing different health careers. Unfortunately, the grouping of physical, occupational and speech therapies together prevented the identification of characteristics unique to each of those disciplines.

Chapter 3

DESIGN AND METHODOLOGY

The goal of this research was to gain insight into the most effective methods of attracting potential occupational therapists. Because of changes in the labor force, it is essential for the profession to attract underrepresented groups, such as men and re-entry students, into the profession.

Design of the Study

This study used a descriptive survey design. The instrument was a printed questionnaire, developed by the researcher (Appendix B). The questionnaire contained multiple choice and one-word answer items, in order to keep responses as specific and uniform as possible. The form was pilot-tested by seven graduate students and two faculty members at San Jose State University. The questionnaire was revised based on responses and suggestions prior to the nationwide mailing. Approval of the study was granted on January 22, 1990 by the Human Subjects Institutional Review Board of San Jose State University.

Description of the Sample

The subjects for this study were a random sample of 350 women from the group of 1,133 occupational therapists who passed the July, 1989 national certification test, plus all 84 men in the group. Questionnaires were sent to all of the men in the group, because they were of particular interest and may not have been adequately represented in a random sample. This population was chosen in order to obtain the most current data possible, while limiting the sample to individuals who successfully completed the education and certification process. This was done to avoid any differences between those who completed the program and examination, and those who were unable to do so.

Altogether, 273 subjects (63%) returned their questionnaires. One was received after the data had been tabulated, and was excluded. An additional ten questionnaires were returned undeliverable by the United States Post Office. Replies were received from 224 of the 350 women surveyed (64%), and from 49 of the 84 men (58%). Not all participants answered all questions, so the number of responses to specific questions ranged from 241 to 271.

Collection Techniques

Two identical sets of mailing labels with names and addresses of the subjects were purchased from the American Occupational Therapy Association direct mail service. Both sets were coded with matching identification numbers. The same identification number was written on the subject's return envelope. This procedure allowed the questionnaires to be tracked, to avoid sending unneeded reminder cards, while protecting the identity of the subjects.

The questionnaires were mailed to the subjects' home addresses, and included a cover letter explaining the project (Appendix C), a statement of participation in research (Appendix D), a postcard with which to request a report of the findings, and a stamped return envelope. Reminder cards were sent four weeks after the questionnaires were mailed (Appendix E).

Statistical Techniques

A coding system was developed to enter the data into the computer system (Appendix F). The data were entered into the computer using the MS-DOS line editor, and statistical analysis performed using the student edition of the Minitab statistical software package.

CHAPTER 4

DATA AND RESULTS

Demographics

The respondents for this study ranged in age from 22 to 52 years old ($N = 271$), with a median age of 25. The most frequent ages were 23 (19%), 24 (15%), and 25 (15%). The distribution of therapists' home states varied considerably. Prior to studying occupational therapy, 255 lived in states that had in-state occupational therapy programs, and ten were from states that did not have an O.T. program. Among those ten who came from states without O.T. programs, three returned to their home state after completing their education. Appendix G lists states with and without occupational therapy programs. Those respondents with a home state in the Northeastern United States produced the highest number of replies (33.5%), with 91 therapists responding from that region. Appendix A lists the states included in each region. The midwest followed closely with 83 participants (30.5%). Fifty-three therapists lived in the south (19.5%) prior to attending occupational therapy school. The smallest number of respondents, 29, reported being from the western states (10.7%). There were an

additional 15 individuals who listed foreign countries (5.5%).

More than half of the participants ($n = 154$) relocated in order to attend their occupational therapy programs, while 116 remained in the same home. One hundred ninety seven subjects stayed in their home state (or country) to study occupational therapy, and 75 went to school in a different state or country. Among those who moved, the median distance reported ($N = 144$) was 145 miles, and the trimmed mean was 239 miles. The minimum was 20 miles, and the maximum was 1800 miles.

At the time of the survey, 265 (97.8%) of the respondents were employed as occupational therapists, and 6 (2.2%) were not ($N = 271$). Among those with jobs, 245 (92.5%) worked more than 32 hours per week. An additional 16 (6%) worked between 16 and 32 hours weekly, and 4 individuals (1.5%) spent less than 16 hours at their jobs each week. Among the 270 people who answered the question, 99 (36.7%) were living in their home town, and an additional 60 (22.2%) resided in a different city but the same state as before attending an O.T. program. Twenty-four (8.9%) individuals were currently living in the same city as the college or university they attended (not their home town), and 14 of those who had moved to new states to go to school were residing in those states, but different cities. Those

who were living in a state other than that of their prior home or education totaled 73 (27%).

A majority of the respondents ($n = 238$, 87.8%) earned a baccalaureate degree in occupational therapy. Twenty-six (9.6%) earned masters degrees, and 7 people (2.6%) reported that they had obtained a certificate in O.T. Among those who responded ($N = 270$), 148 individuals (54.8%) had a different major before they chose to pursue occupational therapy. Degrees (associates, bachelors, or masters) in those areas of study were earned by 63 (42.9%) of those who reported a previous major.

Research Questions

1) How did recently graduated occupational therapists learn about the profession?

The ages at which respondents recall first learning about occupational therapy ranged from 5 to 44 years old, with a mean of 19.8. Table 1 presents the distribution among age groups.

Table 1

Age First Learned About Occupational Therapy (N = 267)

Age range	n	Percent
Pre-high school 5-13	7	2.6%
High school 14-17	82	30.7
Early college 18-20	96	36.0
Late college 21-25	55	20.6
Re-entry age 26-44	27	10.1

In answer to the research question asking how recent graduates learned of the profession, the most commonly reported exposure to occupational therapy was "paid or volunteer work experience in a health care setting," with 103 responses (37.9%). Closely following was "a visit to a hospital or clinical setting," an answer selected by 91 people (33.5%). The third most frequent answer was "literature from a particular school," indicated by 77 individuals (28.3%). Table 2 presents the frequencies and percentages related to the ways therapists learned about O.T. Because participants were allowed to choose as many answers as they wished, the total number of frequencies is greater than 272, and the cumulative percentage is greater than 100. "Other" responses included "a career or health professions book" ($n = 16$), "as part of a class" ($n = 11$), and "researching allied health professions" ($n = 3$).

The most frequent ways respondents were first introduced to occupational therapy involved information given by a familiar person. The most recurrent response, "friend (O.T. or O.T. student)," was given by 33 respondents (12.1%), followed closely by "family member (not an O.T.)," with a frequency of 32 (11.8%), and "friend (not an O.T.)," cited by 31 individuals (11.4%). Table 2 displays all of the ways therapists were exposed to the profession, and

Table 2

Ways Therapists Learned About Occupational Therapy (N = 271)

Source of information	<i>n</i> ^a	Percent ^b
Work in health setting	103	37.9
Visit to hospital/clinic	91	33.5
Literature from a school	77	28.3
O.T. or O.T. student friend	65	23.9
Non-O.T. family member	60	22.1
College advisor	57	21.0
Non-O.T. friend	52	19.1
Other	47	17.3
High school counselor/teacher	32	11.8
Vocational test	31	11.4
Self or other received O.T.	27	9.9
Career Day	25	9.2
Other periodical	14	5.1
Guest speaker in class/club	13	4.8
AOTA literature	13	4.8
O.T. or O.T. student family member	12	4.4
O.T. periodical	6	2.2
Radio/tv	4	1.5

^aParticipants were allowed more than one answer.

^bPercent of respondents giving each answer. Total is greater than 100.

Table 3 displays the frequencies of the very first ways they learned about occupational therapy. The two most frequent "other" answers have been listed separately, and the "other" tally reduced.

2) What factors motivated new therapists to choose occupational therapy as a career?

The most recurrent reason reported by the sample for choosing occupational therapy as a career was the opportunity to help people who are physically or mentally disabled. Ninety-five (38.3%) respondents indicated this reason as their first choice. An additional 47 respondents (19%) assigned this answer second, and 20 (8.1%) and 13 (5.3%) ranked it as third and fourth, respectively. In all, 175 (70.8%) of those who completed the question listed helping the disabled as influential.

The second most frequently cited reason for choosing occupational therapy was the challenge and variety of this profession. The challenge and variety of O.T. was the strongest motivating factor for 36 participants (14.5%), and rated second by 34 people (13.7%). Furthermore, this was selected most frequently as the third ranking influential factor, cited by 45 individuals (18.1%), and chosen as the number four reason by 35 people (14.3%). A total of 150

Table 3

How Therapists First Learned About Occupational Therapy(N = 266)

Source of information	<u>n</u>	Percent
O.T. or O.T. student friend	33	12.4
Non-O.T. family member	32	12.0
Non-O.T. friend	31	11.6
College advisor	14	9.8
Work in health setting	22	8.3
Literature from a school	20	7.5
High school counselor/teacher	15	5.6
Self or other received O.T.	14	5.3
Other	14	5.3
O.T. or O.T. student family member	10	3.7
Vocational test	10	3.7
Part of a class	8	3.0
Career/health profession books	8	3.0
Career Day	6	2.2
Visit to hospital/clinic	7	2.6
Other periodical	5	1.9
Guest speaker in class/club	3	1.1
AOTA literature	1	.4
Radio/tv	1	.4
O.T. periodical	0	---

therapists (60.7%) were strongly attracted by the diversity offered by occupational therapy.

The desire to work in a health care setting was expressed as a high priority by 116 of those who answered the question (46.9%). The distribution among first through fourth most influential was fairly uniform, as Table 4 demonstrates.

The fourth strongest overall response was the availability of many jobs in the field of occupational therapy. Although it was chosen as first or second most influential by very few (7 and 18, respectively, or 2.8% and 7.3%), the promising job outlook was the third choice of 36 people (14.5%), and the fourth selection of 43 respondents (17.5%).

Other factors that motivated more than 25% of the respondents to choose a career in occupational therapy were the profession's holistic approach to health care (33.6%), the promise of a large amount of personal contact (30.3%), and the chance to utilize creativity (29.9%).

A complete display of data for this question can be found in Table 4. The Table lists the number and percentage of people selecting each choice as first, second, third, and fourth most influential in forming a decision. Table 5 lists the cumulative response for each item.

Table 4

Reasons for Choosing Occupational Therapy as a Profession
By Rank (N = 245)

	1st	2nd	3rd	4th
Help disabled	95	47	20	13
people	38.3%	18.9%	8.1%	5.3%
Work with	5	12	10	8
children	2.0	4.8	4.0	3.3
Work in health	30	27	26	33
care setting	12.1	10.9	10.5	13.5
Could not get	11	5	2	8
into P.T.	4.4	2.0	.8	3.3
Many jobs	7	18	36	43
available	2.8	7.3	14.5	17.5
Good salary	4	13	23	21
	1.6	5.2	9.3	8.6
Opportunity for	5	3	11	5
advancement	2.0	1.2	4.4	2.0
Chance to use	12	22	18	22
creativity	4.8	8.9	7.3	9.0

Continued...

Table 4-Continued

	1st	2nd	3rd	4th
Challenge/ variety	36 14.5%	34 13.7%	45 18.1%	35 14.3%
A lot of personal contact	11 4.4%	29 11.7%	17 6.8%	18 7.3%
Holistic approach to health care	16 6.4	21 8.5	24 9.7	22 9.0
Combines crafts with medicine	5 2.0	7 2.8	6 2.4	5 2.0
Advice from someone	2 .8	7 2.8	5 2.0	7 2.9
Other	9 3.6	3 1.2	5 2.0	5 2.0

Note. 1st is most influential reason.

Table 5

Cumulative Four Reasons That Most Influenced Therapists to
Choose Occupational Therapy as a Career (N = 248)

	<u>n</u> ^a	Percent ^b
Help disabled people	175	70.8%
Challenge/variety	150	60.7
Work in health setting	116	46.9
Many jobs available	104	42.1
Holistic approach	83	33.6
Lots of personal contact	75	30.3
Chance to use creativity	74	29.9
Good salary	61	24.7
Work with children	35	14.2
Could not get into P.T.	26	10.5
Opportunity for advancement	24	9.7
Combines crafts & medicine	23	9.3
Other	22	8.9
Advice from someone	21	8.5

^aThe total of this column is greater than N because each respondent was allowed 4 choices.

^bPercent of N giving each response.

3) What factors could have influenced therapists against choosing occupational therapy as a profession?

This question was addressed because it is important to consider factors that dissuade potential applicants, as well as forces that attract them. Although these data were provided by individuals who decided to pursue the profession of occupational therapy, it is assumed that many others who chose against the profession did so for the same reasons expressed here.

There were two answers that received notably higher response rates than the rest of the suggested factors which may have influenced against undertaking the study of occupational therapy. The most often mentioned deterrent to pursuing occupational therapy was the expense of education. This issue was ranked number one by 53 individuals (22%), and was identified as important by a total of 138 respondents (56.6%). According to the 1988 listing of educational programs in occupational therapy (American Occupational Therapy Association), 29 states in the U.S. had public universities which offered a professional occupational therapy major. Four additional states, plus Washington, D.C. had O.T. programs in private universities only, and 17 states had no OTR program.

The second most frequent answer, given by a total of 134 people (54.9%), was "didn't understand what O.T. is." This was the most influential factor against choosing O.T. for 47 individuals (19.5%).

Another factor which may influence against choosing occupational therapy was the concern of not being accepted by an O.T. program. This issue was indicated by 84 of the 244 respondents, 34.4%. Obviously, all those surveyed did, in fact, apply and gain admission to an occupational therapy program. However, there are most likely others who elected not to apply, for the same reason.

Responses from 84 people (34.4%) showed that a number of potential occupational therapists are intimidated by the perceived difficulty of the education and training necessary to reach that goal. The length of the O.T. education was also a possible deterrent to 79 people (32.4%).

Although representing only 6.1% of the respondents, it is compelling to notice that 15 individuals wrote in as an "other" answer concern about the lack of awareness and respect from other health professionals and the public regarding occupational therapy. If this issue was of sufficient concern to 15 people that they added it by their own initiative, it is likely that this represents the unspoken concern of many others as well.

Among those 70 people (28.7%) who indicated another profession of interest as a potential deterrent, alternatives were widely varied, including medicine (12), teaching (10), psychology (8), and nursing (7). Table 6 presents a complete display of data for this question. The Table lists the number and percentage of people selecting each choice as first, second, third, and fourth most influential in considering not pursuing a career in O.T. Number 1 is the most influential factor against choosing occupational therapy. The cumulative data from this question are presented in Table 7.

4) Are there any gender, geographic, or age related trends associated with the reasons given for making the decision to become an occupational therapist?

Gender Related Trends

Women both learned about O.T. and selected it as a career at earlier ages than did men. Women were more likely to learn about O.T. from family members, whereas men tended to discover the profession during a visit to a setting where O.T. was being performed. During the decision-making process, men were more influenced by prospects of good salary and career advancement, and were potentially deterred

Table 6

Factors influencing Against Choosing Occupational Therapy as
a Profession By Rank (N = 241)

	1st	2nd	3rd	4th
Expense of	53	46	24	15
education	22.0%	19.7%	10.9%	7.3%
Training too	22	22	19	21
difficult	9.1	9.4	8.6	10.2
Afraid of not	23	16	29	16
being accepted	9.5	6.9	13.2	7.8
Salaries not	19	16	16	15
high enough	7.9	6.9	7.3	7.3
Poor potential	6	15	10	9
for advancement	2.5	6.4	4.5	4.4
Did not understand	47	29	30	28
what O.T. is	19.5	12.4	13.6	13.6
It is a "female"	7	12	16	21
profession	2.9	5.1	7.3	10.2
Distance of	15	25	16	10
nearest program	6.2	10.7	7.3	4.8

Continued...

Table 6-Continued

	1st	2nd	3rd	4th
Length of O.T.	12	15	24	28
training	5.0%	6.4%	10.9%	13.6%
Another profession	13	22	17	18
of interest	5.4	9.4	7.7	8.7
Interest in	15	8	5	11
Physical therapy	6.2	3.4	2.3	5.3
Lack of respect	4	2	4	5
for O.T.	1.7	.9	1.8	2.4
Other	5	5	10	8
	2.1	2.1	4.5	3.9

Note. 1st is the most influential reason.

Table 7

Cumulative Four Reasons Most influential Against Choosing
Occupational Therapy (N = 244)

	n ^a	Percent ^b
Expense of education	138	56.6%
Did not understand what O.T. is	134	54.9
Training too difficult	84	34.4
Afraid of not being accepted	84	34.4
Length of training	79	32.4
Other field of interest	70	28.7
Distance of nearest program	66	27.0
Salaries not high enough	66	27.0
It is a "female" profession	56	22.9
Poor chance for advancement	40	16.4
Interest in P.T.	39	16.0
Other	28	11.5
Lack of respect	15	6.1

^aThe total of this column is greater than N because each respondent was allowed 4 choices.

^bPercent of N giving each response.

by the perception of O.T. being a primarily "female" profession. Women were more interested in the challenge and variety offered by occupational therapy, but also found poor potential for career advancement and other career options to be significant factors against choosing O.T.

Women first learned about occupational therapy at a younger age than did men. The mean age at which women were introduced to the profession was 19.5, while for the men it was 21.4, nearly a two year difference. Men were also somewhat older when they made the decision to become occupational therapists. The mean age at which men chose the profession was 23.6, over two years more than the female mean of 21.3. Table 8 describes the variance between the genders.

Although the overall chi square for the first way men and women learned about occupational therapy do not show marked deviation between the groups, there are two specific areas of significance. The percentage of women in the sample who were introduced to the profession by non-occupational therapist family members was 13.8%, and among men, 4.1%, $\chi^2(1, n = 266) = 5.519, p < .02$. Conversely, more men (8.2%) than women (1.38%) first discovered occupational therapy during a visit to a hospital or clinical setting $\chi^2(1, N = 266) = 12.22, p < .001$.

Table 8

Age Differences Between Women and Men

	<u>n</u>	mean	SD
Age 1st learned of O.T. ^a			
Women	220	19.5	4.8
Men	47	21.4	4.7
Age chose O.T. as career ^b			
Women	222	21.3	5.2
Men	49	23.6	4.9

^aF = 6.34, p < .05^bF = 7.78, p < .01

As in the first way learned about occupational therapy, the overall distribution of reasons for choosing O.T. as a career was not statistically significant. However, there were notable differences within several individual factors. To simplify data analysis, cumulative ratings were considered, rather than attempting to study each of the rankings separately.

While men and women gave similar value to the availability of many jobs, the men in the group were more influenced by other success-related factors than were the women. The prospect of a good salary attracted 21.8% of the female respondents, and 36.9% of the males $\chi^2(1, N = 248) = 6.36, p < .05$. Likewise, the number of men listing opportunity for career advancement as an important factor was 26.1%, far exceeding the 5.9% of the women who selected that answer $\chi^2(1, N = 248) = 29.21, p < .001$.

Whereas men appeared to be focused on position, the data show that women were more interested in the quality of the professional work itself, in at least one key area. The proportion of women (63.4%) identifying the challenge and variety of occupational therapy as an important factor was greater than the 47.8% of the men who gave this response $\chi^2(1, N = 248) = 2.86, p < .10$. There are other features that were more frequently selected by women than by men, including helping disabled people, working with children,

and the high level of personal contact. These other features, however, were not statistically significant.

There were also several key differences among factors influencing against choosing occupational therapy. The issue of most particular concern for the men was their belief that occupational therapy was considered a "female" profession $\chi^2(1, N = 244) = 57.9, p < .001$. This was the foremost deterrent for males, cited by 58.3%. Only 14.3% of the women considered this to be a barrier.

While a greater proportion of men than women were attracted by the potential for career advancement offered by occupational therapy, the reverse is true for the concern that there may not be enough opportunity to progress. This issue was labeled important by 18.9% of the female respondents, and 6.2% of the men $\chi^2(1, N = 244) = 6.72, p < .01$.

The final area of significance is interest in other professions. More women (27.5%) than men (14.6) reported that another field of study might have influenced them away from pursuing occupational therapy $\chi^2(1, N = 244) = 6.92, p < .01$.

Geographic Trends

Fewer significant differences exist according to region than by gender or age. People in the midwest were more

likely to learn about O.T. from a college advisor, while the highest number discovering O.T. during a job experience were from the west. Southerners and Northeasterners reported more positive influence from the expectation of a high salary, and people from the west were more often persuaded by the advice of others to choose an O.T. career. Occupational therapy's reputation as a female profession was most significant as a deterrent to those from the midwest, and respondents from western states gave the highest response rates to both the distance of the nearest education program and lack of knowledge regarding O.T.

There was some variation noted in the distribution of men and women therapists by region, although it does not meet the chi square significance level. While the greatest concentration of women was from the northeastern states (36.%), more men listed hometowns in the midwest (34.6%). The second most frequent region for women was the midwest (29.7%), followed by the south (18.5%), the west (11.3%), and the fewest female respondents listed foreign countries as their home prior to beginning O.T. training (4.5%). The remaining order of homes listed by the men was the south, in second place (24.5%), then the northeast (22.5%), foreign countries (10.2%), and finally, the western United States (8.2%).

Several differences between regions in how individuals first learned about occupational therapy are evident. People living in the midwest (15.8%) were informed of O.T. by college advisors more often than others $\chi^2(4, N = 266) = 10.78, p < .05$. The southern region followed closely with 11.5% being introduced to occupational therapy in this way, and 3.6% of the westerners heard about O.T. from college advisors.

Therapists from the western states (14.3%) did, however, gain more first-time exposure to occupational therapy while at a paid or volunteer job than did others, $\chi^2(4, N = 266) = 14.803, p < .01$. They too were followed by those in the south (11.5%). This answer was also given by 8.5% of the midwesterners, and 5.6% of those who resided in the northeastern states. This pattern inversely follows the concentration of therapists from the different regions of the country.

There were few remarkable differences between groups related to reasons for choosing occupational therapy. The therapists from foreign countries were not included in this portion of data analysis due to their small number (15). Those who came from southern (37.5%) and northeastern regions (26.8%) reported the expectation of a good salary to be a motivating factor significantly more often than those in the other regions $\chi^2(3, N = 248) = 11.874, p < .01$. The

proportion of therapists from the midwest citing salary as a strong influence is 19.5%, and even less from the western states, at 14.8%.

It also appears that individuals from the western states were more influenced by the advice of their families, friends, or advisors than were those in other parts of the country. The chi square value for this choice is 8.294, with 3 degrees of freedom and a p value of .05. Those from the west selected this answer 14.8% of the time, in contrast with southerners, only 4.2% of whom reported being motivated by the opinion of others. Those from the midwest (5.2%) and the northeast (9.7%) fell in between.

Three prominent differences emerged among the reasons that may have influenced respondents against pursuing occupational therapy. First, those from the midwest (32.9%) were most concerned about occupational therapy's reputation as being a female profession $\chi^2(3, N = 244) = 11.268$, $p < .02$. Following are the northeastern therapists (20.8%), and the southerners (19.1%). Those from the west (11.1%) showed the least concern about this issue.

People from the western states (37%) did, however, express most frequently that distance to the nearest occupational therapy training program was a problem, $\chi^2(3, N = 244) = 8.885$, $p < .05$. The numbers of northeastern respondents were in a close second place regarding this

issue (35.1%), followed by those in the south (27.6%). Therapists in the midwest included this factor 18.4% of the time.

The final area of interest is regional variation regarding not having a clear understanding of occupational therapy $\chi^2(3, N = 244) = 7.712, p < .10$. Those in the west reported the most difficulty in this area, with 74.1% of those responding to the question listing it as a problem. Following in order are the midwestern group (57.9%), the southerners (51.1%), and finally, those in the northeast (49.3%).

Age Related Trends

The ages at which participants decided to pursue occupational therapy were divided into five groups according to typically occurring boundaries. The groups were pre-high school (5-13 years), high school (14-17 years), early college (18-20), late college (21-25), and re-entry age (26-44). No respondents were in the pre-high school age group when they made the decision to study O.T.

Those in the older groups more often first discovered occupational therapy in a work setting, while the high school age group most frequently learned about O.T. from a non-O.T. family member. The positive influence of the

possibility of career advancement increased with age, and the opportunity to utilize creativity was most powerful among those who chose O.T. while in high school. The expectation of high personal contact was also most appealing to the younger age group, and declined as age increased. The potential deterrent with the greatest age variance was the perception of limited potential for advancement, of greatest concern to the youngest group, and declining with increased age. Not understanding the profession of occupational therapy presented the greatest barrier to early college age students, and created the least difficulty to the oldest group.

The chi square value for the distribution of the first way learned about occupational therapy between age groups is 70.817. Because the degrees of freedom for this calculation (51) exceeds the maximum of 30 found on the chi square tables consulted, it is uncertain whether the variation of the entire table is significant. There are, however, noticeable trends within several individual ways therapists were first introduced to O.T., including two that were statistically significant.

The most remarkable difference relates to hospital based exposure to occupational therapy $\chi^2(3, N = 266) = 34.317, p < .001$. Among the 22 respondents who first learned about occupational therapy through volunteer or paid

experience in a health care setting, none was in the high school age group. Furthermore, only 3 were in their early college years (2.3% of that age group). On the other hand, work experience provided the second most frequent first contact for the late college age group (14.3%), and was the most common answer among re-entry age people (20%). A somewhat similar, although less pronounced, pattern appeared regarding a visit to a hospital or clinic.

The other response with a significant chi square is information given by a family member who was not an occupational therapist $\chi^2(3, N = 266) = 14.5, p < .01$. In this case, the high school age group most often learned of O.T. through this avenue (24.1%). The other three age groups reported this factor in descending frequency, 11.6%, 9.5%, and 8%, respectively. The late college age group was most likely to first learn about occupational therapy from a non-O.T. friend, and the eldest age group reported the highest frequency of being introduced to the profession by a friend who was an occupational therapist.

Several age related deviations are evident among the reasons for choosing occupational therapy as a profession. Influence by the opportunity for career advancement increased as age did $\chi^2(3, N = 248) = 13.222, p < .01$. None of the high school age group found this to be a motivator, but it was chosen by 8.5% of the early college group, 11.7%

of the late college group, and 15.9% of the re-entry students.

The opportunity to utilize creativity peaked among the high schoolers, with 50% of the group selecting that answer. In sharpest contrast is the group that decided on occupational therapy early in college; only 24.6% found the creativity important. The other two groups fell in between, with 33.3% of the late college group, and 27.3% of the re-entry age set, $\chi^2(3, N = 248) = 17.062, p < .001$.

The appeal of occupational therapy as a job with a great deal of personal contact was strongest with the younger age group (38.5%), and steadily declined among the early and late college age decision makers (33% and 31.7%, respectively). There is a sharp decrease in desire for personal contact with the oldest age group, who chose it as a motivator only 15.9% of the time, $\chi^2(3, N = 248) = 9.363, p < .05$.

The holistic approach to health care offered by occupational therapy was significantly more influential to the re-entry age group than to any other set $\chi^2(3, N = 248) = 9.673, p < .05$. This answer was chosen by 50% of the eldest group, and least often by the early college group (26.3%).

Those who decided to pursue O.T. while still high schoolers chose the deterrent of not enough potential for

advancement in much higher concentration than did their older counterparts $\chi^2(3, N = 244) = 17.445, p < .001$. While this response was given by 9.1% of the oldest group, 30.8% of the high school set considered this a potential problem. The early and late college group members once again fell between the two extremes, with response rates of 18.7% and 11.9%, respectively.

The issue of lacking an understanding of occupational therapy offers a variation from the usual linear trend, $\chi^2(3, N = 244) = 10.023, p < .02$. The early college age group was most discouraged by lack of understanding occupational therapy, with that response cited by 66.1%. This group was followed by the late college set, with 54.2% giving that answer. Vagueness about the profession was a potential deterrent to 42.3% of the high school age group, and to 38.6% of the re-entry age respondents.

5) What factors could have influenced therapists against completing the training program?

Among the 272 respondents, 37 (13.6%) reported that they encountered no major barriers while completing their education. Money was the most frequent difficulty cited. Financial difficulties were reported to be problematic for 155 individuals (57%). Six people wrote that the

internships, which are usually full time and unpaid, were especially stressful financially.

One area of difficulty for 122 people (44.8%) was the high level of perceived stress at school. Relating closely to this was the impression that some of the material is difficult to master, which was indicated in 65 replies (23.9%). This problem may have been further compounded for the 45 men and women (16.5%) who reported that they found their poor study habits to be an obstacle.

Aside from problems directly related to school, a number of therapists experienced severe stressors in their personal lives. Family or personal illnesses or other crises were encountered by 68 people (25%). In the "other" category, nine individuals remarked that they found it taxing to juggle work, school, and family life. An additional seven people were adversely affected by the geographic relocation or long commute necessary to complete their occupational therapy education and training.

Chapter 5

DISCUSSION AND RECOMMENDATIONS

This study has identified several major areas of concern relevant to the recruitment of occupational therapists. This research demonstrates that changes have occurred in the reasons why occupational therapists choose occupational therapy today, as compared to reasons given 30 years ago (Pickett, 1961). The current study identified that the most common ways participants learned about occupational therapy were working in a health care setting, visiting a hospital or clinic, reading literature from a particular school, from an O.T. friend or from a non-O.T. family member. The most frequently given reasons for choosing occupational therapy as a career were to help disabled people, the challenge and variety offered by O.T., to work in a health care setting, because many jobs are available, and because of the holistic approach of occupational therapy. The most prevalent factors against pursuing occupational therapy were identified as the expense of education, not understanding O.T., fear that training would be too difficult, and concern about not being accepted in an education program. Difficulties most often encountered while completing occupational therapy education

included financial pressure, perceived stress at school, and demanding subject material.

Changes in Perspective

This research suggests that there have been marked changes in the reasons for becoming an occupational therapist since Pickett's 1961 study. While factors most frequently identified in her investigation were interest in children and ability to combine crafts with medicine, these were among the least influential factors cited by current subjects. Results from the current study did, however, reflect reasons for entering the profession similar to those described by Pang (1971), Holmstrom (1975), and Madigan (1985), particularly the desire to help people, to work with people, and the diversity of experiences offered by occupational therapy. Current research does indicate a shift away from the arts and crafts aspect of O.T. and a greater concern for success related issues, such as availability of jobs and the expectation of earning a good salary.

Knowing About the Profession

The most fundamental issue is that of many individuals not knowing about occupational therapy as a profession. It is important to reiterate that of the 272 individuals who completed questionnaires, only 7 (2.6%) had heard of occupational therapy before 14 years of age, while an additional 30.7 percent learned about O.T. in high school. This provides a stark contrast to the studies conducted by Kohler and Edwards (1990) and Tsuda, Kiser, and Shepard (1982), regarding high school students' perceptions of nursing and physical therapy. In those fields, it is expected that virtually everyone will have some knowledge of the profession. In occupational therapy, however, this is evidently not the case. If a majority of those who became occupational therapists were uncertain of what the profession encompasses (54.9% in this study), it is likely that there are more people who would be excellent candidates, but chose something else because they were not aware of O.T.

It is interesting to note that those who chose occupational therapy while college age felt that they had less understanding of the profession than did their younger and older peers. An explanation for this may be that the oldest age group may have had the least difficulty with this

because as re-entry students, they could have had more time to investigate career options thoroughly before selecting an educational program. It is also possible that vague knowledge of O.T. was reported less often among those in the high school age group because of the increased emphasis placed on recruiting efforts in recent years.

Recruiting Prospective Students

As Wyrick and Stern (1987) discussed, it is important to further strengthen the most successful ways of recruiting new occupational therapy students, without forsaking the somewhat less fruitful methods. Rather, the greater the variety of recruitment strategies, the more people will learn of the profession. Potential students should not be the only target of contact. The results of this study show that young people are most likely to first hear about occupational therapy from a family member who is not an O.T. For the entire subject pool, the top four ways individuals first learned about O.T. were through friends (O.T. or non-O.T.), family members, and advisors, most of whom were not occupational therapists. It then follows that for people to be able to tell their children, siblings, spouses, nephews or cousins to consider being an O.T., they must be informed themselves.

Informing the Public

Informing the general public of the existence of occupational therapy is an effort that is shared by every member of the profession (Townsend & Mitchell, 1982). This study indicated that therapists need to be knowledgeable and willing to take the time to articulate exactly what their jobs entail, and why they perform them. One means of influence on the general public for occupational therapists is being involved in their communities. A demonstration of adaptive equipment to grade school classes or an invitation for local girl or boy scout troops to visit their clinic could introduce children to the field. Young boys, in particular, are fascinated with mechanical devices such as reachers, wheelchairs, and prostheses, and everyone likes to experiment with therapy putty. Clinicians could also consider developing volunteer programs within their departments, as well as making an extra effort to know general hospital volunteers such as candy strippers. Volunteer or paid work experience (not necessarily in the therapy department) was the single most common way therapists reported learning about the profession, and it is an avenue that can be utilized even more.

This research has suggested the importance of both printed and verbal information being targeted for the

specific audience it is intended to reach. For example, literature directed toward those in their late twenties and older, as well as men, should focus on O.T. as a career with a prospect of job availability, salary levels, and room for advancement. Re-entry age students were also particularly attracted to the holistic approach to health care afforded by O.T. Since individuals who chose O.T. while in high school placed strong value on the creative aspect of the profession and high level of interpersonal contact, these features may be emphasized when presenting information to that age group.

Many people think of therapy as being performed in a hospital, and are not aware of the multitude of options, such as schools, rehabilitation centers, home health agencies, outpatient clinics, work hardening programs. Occupational therapy offers enough latitude that a clinician has the potential to find a position with almost any combination of client age and disability, in nearly any type of environment. In addition, with private practice, experienced therapists are free to carve out their own special niche. Highlighting the variety of work settings will continue to attract those who desire to work in a health care setting, and may add appeal for those who prefer not to work in a traditional hospital environment.

Since twenty seven percent of the respondents in this study listed inadequate salary as a potential deterrent, it would also be helpful for salary information to be more openly discussed. With increased demand for therapists and more privately owned rehabilitation providers, wages have risen in recent years. Salary averages should also be calculated on a local level. The 1988 Occupational Outlook Handbook (U.S. Department of Labor) listed the average salary of an occupational therapist as approximately \$26,000. While this might seem generous in the midwest, such a salary would be considered low in California, for instance. The favorable job market is a feature of the profession that could also be worthwhile to emphasize in recruitment efforts. The availability of flexible, part time, and on call work schedules may be appealing as well.

Expense of Education

The expense of education was the number one deterrent reported by participants in this study, and financial difficulties were the most frequent problem encountered while in school. It can therefore be assumed that financing an occupational therapy education may be a major barrier to many potential therapists. This may be a particular problem for re-entry age students, who are no longer relying on

parents to support them, and may, in fact, have families of their own to support. This may also be true of minority students.

There are numerous ways in which the occupational therapy community can become involved in alleviating this widespread problem. One significant area of financial hardship was reported to be during internships. If more therapy departments that accept students for Level II Fieldwork were willing to provide housing, meals, or a stipend to their interns, it would relieve a great deal of pressure. Another idea would be for members of the local occupational therapy association chapter to host out of town fieldwork students in their homes. In addition to providing practical support for students, this might also help draw new therapists to severely understaffed areas.

Occupational therapists can also help by contributing to scholarship funds specifically for O.T. students. Members of the profession can encourage the involvement of community groups such as the Rotary Club, Kiwanis, and local health organizations or medical and therapy supply vendors. Another suggestion, particularly in cities that do not have a local college or university offering occupational therapy, is for the area O.T. association to sponsor a scholarship fund especially for local residents who wish to pursue occupational therapy careers. This could serve the double

purpose of arousing general interest and awareness of the field and assisting students.

New Educational Programs

According to the responses of this survey, only 10 of 272 therapists were from the 17 states without O.T. programs. This indicates a largely untapped population from which to draw new therapists. Encouraging, supporting, and helping to establish occupational therapy educational programs in more public universities and colleges would make the profession more accessible to those unable to pay high tuition at private universities. This would also save expenses for those who presently are forced to move away from home, as well as attracting those who are living in states that have no occupational therapy education program. Although many states will pay out-of-state tuition for their residents who must travel to another state to study a field not available locally, students must still manage travel and living expenses that may have been avoided by remaining at home.

Many of the existing educational programs are very far apart, especially in the western states. Establishing O.T. education programs in public or private colleges and universities in new geographic areas would also meet the

needs of those for whom relocation would be a major deterrent. This may be particularly true for those who already have children and/or spouses with secure jobs.

Fear of the Unknown

Hesitation due to fears of not being admitted by a school or not being able to learn the material, as well as difficulty with stress and particular coursework once in school, were issues frequently identified as highly influential by new therapists. In fact, high admission standards are necessary and some of the material is challenging to master. However, it is important that those who are qualified and likely to succeed in the profession not be selected out due to fear of the unknown.

These are areas in which experienced occupational therapists can have an impact. Practicing therapists can provide the opportunity for potential recruits to accumulate the volunteer hours needed to gain admission to most programs. These supervisors can share personal experience about the education process, which may help alleviate anxiety. They will also be able to write persuasive letters of recommendation for these individuals. Professional associations could sponsor workshops to help students

without strong family support to fill out college and scholarship applications.

Therapists who live in the communities surrounding the universities with O.T. educational programs also have the ability to help students progress through the training. Mentor programs which match students with an experienced therapist who can provide individual support and encouragement may be successful. Local therapists can also offer workshops in areas of interest to students, such as how to study kinesiology, splinting, preparing for the certification examination, or how to survive an internship.

Recommendations for Further Research

Several implications for further research are identified by this survey. One topic for further research could be a study of individuals in other health professions to determine if they knew of occupational therapy when they chose their careers, and whether they considered it a possibility. It would also be of interest to learn if those who did not know about O.T. might have considered it as a career had they been aware that the field existed. Another relevant project would be to examine the attitudes and actions of practicing occupational therapists with regard to their role in recruitment.

There is no simple, all-encompassing solution to increasing the ranks of occupational therapists. However, by continuing to enhance and expand recruitment efforts, the profession has the potential to continue to grow in strength, numbers, and diversity. The American Occupational Therapy Association has already identified this need as the first priority of the Association's strategic plan for the 1990s (Townsend, 1990). It is most important that every therapist, from the time that they are students, help to convey that occupational therapy is a career option with a future.

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APPENDIX A
DIVISION OF STATES INTO REGIONS

DIVISION OF STATES INTO REGIONS*

<u>West</u>	<u>Midwest</u>	<u>South</u>	<u>Northeast</u>
Alaska	Illinois	Alabama	Connecticut
Arizona	Indiana	Arkansas	Maine
California	Iowa	Delaware	Massachusetts
Colorado	Kansas	District of Columbia	New Hampshire
Hawaii	Michigan	Florida	New Jersey
Idaho	Minnesota	Georgia	New York
Montana	Missouri	Kentucky	Pennsylvania
Nevada	Nebraska	Louisiana	Rhode Island
New Mexico	North Dakota	Maryland	Vermont
Oregon	Ohio	Mississippi	
Utah	South Dakota	North Carolina	
Washington	Wisconsin	Oklahoma	
Wyoming		South Carolina	
		Tennessee	
		Texas	
		Virginia	
		West Virginia	

*U.S. Bureau of the Census. (1990). Statistical abstract of the United States:1990 (110th ed.). Washington, DC: Bureau of Labor Statistics.

APPENDIX B
RECRUITMENT INFORMATION QUESTIONNAIRE

RECRUITMENT INFORMATION QUESTIONNAIRE

Statement of Consent

By completing this questionnaire you are giving your consent for the information obtained to be used for research and publication. Your name will not be used anywhere in the report(s). Please check the box to indicate that you have read and understand this statement. []

1. How old were you the first time you learned about occupational therapy? _____

2a. Your age now: _____

2b. Your age when you decided to study OT _____

2c. Your age when you began OT program _____

3a. Please check all the different ways you learned about occupational therapy before choosing it as your profession.

- _____ Family member (was an OT or OT student)
- _____ Family member (not an OT)
- _____ Friend (was an OT or OT student)
- _____ Friend (not an OT)
- _____ Self, family member or friend received occupational therapy
- _____ High school counselor or teacher
- _____ Career day
- _____ Guest speaker in a class or club
- _____ College or junior college advisor
- _____ OT journal or newspaper
- _____ Other journal, magazine or newspaper
- _____ AOTA recruitment/publicity literature
- _____ Literature from a particular school
- _____ Radio or television
- _____ Volunteer or paid work in health care setting
- _____ Visit to a hospital or clinical setting
- _____ Vocational aptitude test
- _____ Other (please specify) _____

3b. On the list above, please circle the very first way you learned about OT.

(Please continue to the next page)

4. Please rank, from 1 to 4, the 4 reasons that most influenced you to choose occupational therapy for your career (1 is the most influential).

☐ To help people who are physically or mentally disabled
☐ To work with children
☐ To work in a health care environment
☐ Could not get into a physical therapy program
☐ Many jobs are available
☐ Good salary
☐ Opportunity for career advancement
☐ Chance to utilize creativity
☐ Liked the challenge/variety of this profession
☐ It is a job with a lot of personal contact
☐ It has a holistic approach to health care
☐ Opportunity to combine crafts with medical care
☐ Advice from a family member, friend, or counselor
☐ Other (please specify) _____
☐ Other (please specify) _____

5. Please rank, from 1 to 4, the 4 factors which might have most influenced you against pursuing OT as your profession (1 is the most influential)

☐ The expense of education
☐ Thought the training might be too difficult
☐ Didn't think I would be accepted by an OT school
☐ Didn't think OT offers high enough salaries
☐ Not enough potential for advancement
☐ Didn't understand what OT is
☐ It is considered a "female" profession
☐ Distance of the nearest OT program
☐ The length of the OT program
☐ Another profession of interest (What? _____)
☐ Other (please specify) _____

6. Please check any of the factors below which might have made it difficult for you to complete your OT education.

☐ Financial difficulties
☐ Family/ personal illness or crisis
☐ High level of stress at school
☐ Poor study habits
☐ Some of the material was difficult to master
☐ No difficulties
☐ Other (please specify) _____

- 7a. Are you currently working as an OTR? yes___ no___
7b. If yes, check one: under 16 hours per week___
16-32 hours per week___ Over 32 hours per week___

8. Please list all areas of OT in which you presently practice (ie physical disabilities, hand therapy, geriatric rehab, etc): _____

- 9a. City and state of residence prior to attending OT program _____
9b. From what college or university did you receive your OT degree? (College, City, & State) _____
9c. Did you move to attend OT program? _____
If yes, how many miles? _____
9d. In what city & state do you now live? _____
10. Sex: Male___ Female___
- 11a. Are you married? Yes___ No___
11b. Do you have children? Yes___ No___
11c. If yes, are any under the age of 5? Yes___ No___
- 12a. Did you have a different major before occupational therapy? Yes___ No___
12b. If yes, what was your major? _____
12c. If you checked yes, did you receive a degree in your first major? Yes___ No___
13. Was OT your intended major when you entered the college or university where you completed the OT program?
Yes___ No___
14. OT credential? BA/BS___ MA/MS___ Certificate___

Thank you for your participation.

Please return this form to:

Karen Cooperstein, OTR
100 Buckingham Dr. #244
Santa Clara, CA 95051

A stamped addressed envelope is provided for your convenience.

APPENDIX C
COVER LETTER

Karen R. Cooperstein
100 Buckingham Dr. #244
Santa Clara, CA 95051
408-296-8617

April 23, 1990

As you are probably aware, the shortage of occupational therapists in the United States is one of the most critical issues within our profession at this time. I am conducting a survey of occupational therapists to examine the ways in which occupational therapists learned about the profession and why they selected it as their career. Gaining current data about this issue will help to assess and refine recruitment methods in order to keep our profession strong.

Please complete the enclosed questionnaire and return it in the envelope provided by May 10, 1990. Your participation in this survey will take just a few minutes of your time, and the results of the study may be of value to the entire profession of occupational therapy.

I am conducting this survey in partial fulfillment of the requirements for a Master's degree at San Jose State University. If for some reason you are unable to complete this questionnaire, please return it blank. Decisions whether or not to participate in this study will in no way affect your relationship with San Jose State University.

If you would like to receive a report of the findings of this study, please write your name and address on the enclosed index card, and mail it separately.

Thank you for your participation.

Sincerely,

Karen R. Cooperstein, OTR
Occupational Therapy Graduate Student

APPENDIX D
STATEMENT OF PARTICIPATION IN RESEARCH

STATEMENT OF PARTICIPATION IN RESEARCH

RESPONSIBLE INVESTIGATOR: Karen R. Cooperstein

TITLE OF PROTOCOL: Reasons Why New Therapists Chose
Occupational Therapy as a Profession: Implications for
Recruitment

You have been asked to participate in a research study that is investigating what factors led therapists to chose occupational therapy as their profession. The results of this study should further our understanding of how to recruit new members to our profession.

Please read the following information:

- 1) You are asked to complete the enclosed questionnaire and return it in the envelope provided. You may be receiving a reminder postcard in 1-2 weeks.
- 2) There are no perceived risks associated with this study.
- 3) A possible benefit to you is the opportunity to receive a summary of the findings of this study.
- 4) The results of this study will be published as a thesis and possibly in journal article form, but any information from this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.
- 5) Any questions about your participation in this study will be answered by Karen Cooperstein, at 408-296-8617. Complaints about the procedures may be presented to Lela Llorens, Ph.D., OTR, FAOTA, (Chair, Department of Occupational Therapy) at 408-924-3070. For questions or complaints about research subject's rights, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies) at 408-924-2480.
- 6) Your participation is voluntary. You may refuse to participate in this study or in any part of the study without prejudice to your relations with San Jose State University.

You may keep this copy for your information. Completing and returning the questionnaire indicates your decision to participate in the study.

APPENDIX E
REMINDER CARD

Dear Fellow OTR,

5-22-90

I need your help!! About 4 weeks ago, you were mailed a short questionnaire entitled, "Recruitment Information Questionnaire". If you have not yet returned your copy, please put it in the mail today. Your viewpoint is important. If you need another copy, please call 408-296-8617 (I will send you 50¢ for the phone call).

Thank you for your help!!

Karen Cooperstein, OTR

APPENDIX F
QUESTIONNAIRE CODING SYSTEM

RECRUITMENT INFORMATION QUESTIONNAIRE

ss#

Statement of Consent

By completing this questionnaire you are giving your consent for the information obtained to be used for research and publication. Your name will not be used anywhere in the report(s). Please check the box to indicate that you have read and understand this statement. []

1. How old were you the first time you learned about occupational therapy? _____

2a. Your age now: _____

2b. Your age when you decided to study OT _____

2c. Your age when you began OT program _____

3a. Please check all the different ways you learned about occupational therapy before choosing it as your profession.

1=yes, 2=n

c6 Family member (was an OT or OT student)

c7 Family member (not an OT)

c8 Friend (was an OT or OT student)

c9 Friend (not an OT)

c10 Self, family member or friend received occupational therapy

c11 High school counselor or teacher

c12 Career day

c13 Guest speaker in a class or club

c14 College or junior college advisor

c15 OT journal or newspaper

c16 Other journal, magazine or newspaper

c17 AOTA recruitment/publicity literature

c18 Literature from a particular school

c19 Radio or television

c20 Volunteer or paid work in health care setting

c21 Visit to a hospital or clinical setting

c22 Vocational aptitude test

c23 Other (please specify) _____

3b. On the list above, please circle the very first way you learned about OT.

c24 (06-23)

(Please continue to the next page)

4. Please rank, from 1 to 4, the 4 reasons that most influenced you to choose occupational therapy for your career (1 is the most influential).

<u>1</u>	To help people who are physically or mentally disabled	#1-14
c30=1st
<u>2</u>	To work with children	c31=2nd
<u>3</u>	To work in a health care environment	c32=3rd
<u>4</u>	Could not get into a physical therapy program	c33=4th
<u>5</u>	Many jobs are available	
<u>6</u>	Good salary	
<u>7</u>	Opportunity for career advancement	
<u>8</u>	Chance to utilize creativity	
<u>9</u>	Liked the challenge/variety of this profession	
<u>10</u>	It is a job with a lot of personal contact	
<u>11</u>	It has a holistic approach to health care	
<u>12</u>	Opportunity to combine crafts with medical care	
<u>13</u>	Advice from a family member, friend, or counselor	
<u>14</u>	Other (please specify) _____	
<u>14</u>	Other (please specify) _____	

5. Please rank, from 1 to 4, the 4 factors which might have most influenced you against pursuing OT as your profession (1 is the most influential)

<u>1</u>	The expense of education	
<u>2</u>	Thought the training might be too difficult	
<u>3</u>	Didn't think I would be accepted by an OT school	
<u>4</u>	Didn't think OT offers high enough salaries	
<u>5</u>	Not enough potential for advancement	#1-11
<u>6</u>	Didn't understand what OT is	c34=1st
<u>7</u>	It is considered a "female" profession	c35=2nd
<u>8</u>	Distance of the nearest OT program	c36=3rd
<u>9</u>	The length of the OT program	c37=4th
<u>10</u>	Another profession of interest (What?_____)	
<u>11</u>	Other (please specify)_____	

6. Please check any of the factors below which might have made it difficult for you to complete your OT education.

1=yes 2=no

<u> </u>	Financial difficulties
<u> </u>	Family/ personal illness or crisis
<u> </u>	High level of stress at school
<u> </u>	Poor study habits
<u> </u>	Some of the material was difficult to master
<u> </u>	No difficulties
<u> </u>	Other (please specify)_____

- 7a. Are you currently working as an OTR? yes 1 no 2
7b. If yes, check one: under 16 hours per week 1
16-32 hours per week 2 Over 32 hours per week 3

8. Please list all areas of OT in which you presently practice (ie physical disabilities, hand therapy, geriatric rehab, etc): _____

- 9a. City and state of residence prior to attending OT program 1-52
9b. From what college or university did you receive your OT degree? (College, City, & State) 1-52
9c. Did you move to attend OT program? _____ 1=yes, 2=no
If yes, how many miles? _____
9d. In what city & state do you now live? _____
10. Sex: Male _____ Female _____
- 11a. Are you married? Yes 1 No 2
11b. Do you have children? Yes 1 No 2
11c. If yes, are any under the age of 5? Yes 1 No 2
- 12a. Did you have a different major before occupational therapy? Yes 1 No 2
12b. If yes, what was your major? _____
12c. If you checked yes, did you receive a degree in your first major? Yes 1 No 2
13. Was OT your intended major when you entered the college or university where you completed the OT program?
Yes 1 No 2
14. OT credential? BA/BS 1 MA/MS 2 Certificate 3

Thank you for your participation.
Please return this form to:

Karen Cooperstein, OTR
100 Buckingham Dr. #244
Santa Clara, CA 95051

A stamped addressed envelope is provided for your convenience.

APPENDIX G
STATES WITH AND WITHOUT OCCUPATIONAL THERAPY
EDUCATION PROGRAMS IN 1988

States With Professional Level Occupational
Therapy Education Programs*

Alabama	Kentucky	North Carolina
Arkansas	Louisiana	North Dakota
California	Maine	Ohio
Colorado	Maryland	Oklahoma
Connecticut	Massachusetts	Oregon
District of Columbia	Michigan	Pennsylvania
Florida	Minnesota	South Carolina
Georgia	Missouri	Texas
Illinois	Nebraska	Virginia
Indiana	New Hampshire	Washington
Kansas	New Jersey	Wisconsin
	New York	

States Without Professional Level Occupational
Therapy Education Programs*

Alaska	Mississippi	Tennessee
Arizona	Montana	Utah
Delaware	Nevada	Vermont
Hawaii	New Mexico	West Virginia
Idaho	Rhode Island	Wyoming
Iowa	South Dakota	

*Based on American Occupational Therapy Association (1988).
Listing of educational programs in occupational therapy.
American Journal of Occupational Therapy, 42, 797-800.