Generational Cohort Theory: Have We Overlooked an Important Aspect of the Entry-Level Occupational Therapy Doctorate Debate?

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Many in our profession would agree that the question of whether our profession should move to the entry-level doctoral degree is still a worthy question, one that requires debate and one that needs answering soon, given the educational trends in health care professions. However, those who might attempt to answer this question face a twofold problem: First, those knowledgeable about occupational therapy are likely already occupational therapists or occupational therapy assistants or are members of other professions. Their opinions and perceptions about an entry-level doctorate would likely be based on their own experiences; surveys of their opinions would not yield information about the interest of potential occupational therapists.

Second, although a few studies have investigated people’s predisposition toward college (Bers & Galowich 2002; Butner et al., 2001; De La Rosa, 2006; Hemsley-Brown, 1999) and a larger body of literature exists on college enrollment and the factors that influence enrollment (see National Postsecondary Education Cooperative, 2007, for a review of the research), we know of no research exploring the interests of potential occupational therapists at any level of education or on the basis of any generational cohort. This is likely because there is no effective way of identifying people to survey whose opinions about the entry-level doctoral degree would be predictive of a larger, potential population of occupational therapists who might fill our educational programs. To our knowledge, only occupational therapists have been surveyed about occupational therapy programs (e.g., Dickerson & Wittman, 1999; Runyon, Aitken, & Stolhs, 1994).

Lacking any hard evidence of would-be practitioners’ interest in gaining an entry-level doctorate in occupational therapy, we examined the population of likely traditional consumers of occupational therapy education using Generational Cohort Theory (GCT) and broad educational trends to attempt to gain insight about the possible interest in occupational therapy. In addition, we identified two of the typical arguments offered against the entry-level doctorate in occupational therapy and identified what we believe to be convincing counter-arguments that support instituting the entry-level doctoral degree in occupational therapy.

**Generational Cohort Theory**

Strauss and Howe (1991) popularized GCT in their book *Generations: The History of America’s Future, 1584 to 2069*. Their general thesis is that social cycles repeat themselves every four generations. Each of these generations is called a cohort, which...
Ryder (1965, p. 845) defined as “the aggregate of individuals (with some population definition) who experienced the same event within the same time interval.” Everman and Turner (1998) and Davis (2004) offered useful discussions of the theory and examples of research based on GCT. Virtually everyone in U.S. society has heard of the Baby Boomers and is aware of the impact that this cohort will have on health care and health care costs. A much younger cohort, and the one that is currently entering the occupational therapy profession, is called the Millennial Generation, the Echo Boomer generation, or Generation Y (Gen Y for short). Gen Ys are children born of the Baby Boomer generation roughly between 1977 and 1997. Their ages today range between 11 and 31. Gen Ys have been entering occupational therapy education programs since the late 1990s and may continue to do so until about 2015; they have the potential to enter occupational therapy education programs in large numbers.

Why use GCT to argue for entry-level doctoral training for practitioners? The theory has been used to study and shed light on business and management issues such as marketing sports (Bennett & Lachowetz, 2004), determining consumer preferences for retail formats (Carpenter & Moore, 2005), maintaining a productive workforce (Martin, 2005), and managing disparate generations (Hill, 2002; Mujtabe & Thomas, 2005; Swearingen & Liberman, 2004).

The GCT has also been used in the social sciences to help understand people’s attitudes and values (Davis, 2004), participation in peace demonstrations during the Vietnam era in the United States (Dunham, 1998), political activity (Soule, 2001), and political partisanship (Greenberg, 2003). In education, researchers have used this theory to gain an understanding of the impact of the influx of Gen Ys into higher education (Haynie, Martin, White, Norwood, & Walker, 2006), information-seeking behavior (Weiler, 2004), students’ learning styles and attitudes (Oblinger, 2003), and students’ use of library services (Gardner & Eng, 2005), to name a few.

More specific to the use of GCT in the health care professions, the theory has been used to develop effective allied health recruitment and retention practices (Schoo, Stagnitti, Mercer, & Dunbar, 2005), conflict resolution in nursing (Kupperschmidt, 2006; Swearingen & Liberman, 2004), marketability of physical therapists with postprofessional distance degrees (Ball, Rosenberg, & Gandy, 2002), understanding and responding to change in physical therapy education (Schmoll & Moses, 2002), understanding the physical therapy workforce (Schofield & Fletcher, 2007), and generic abilities of physical therapists (Stumbo, Thiele, & York, 2007).

**Gen Y Characteristics**

There are no incontrovertible truths about any one generation, let alone Gen Y. But this cohort appears to have some consistent characteristics. Much of the following discussion of characteristics of the Gen Y cohort comes from RainmakerThinking, a well-known organization that has been conducting ongoing research on the changing workplace since 1993. On the basis of that research, RainmakerThinking has published 16 books, numerous research reports, hundreds of articles, and multiple sets of management training materials.

Optimism and diversity seem to be significant characteristics of this generation. According to Tulgan (2002), the Gen Y cohort, children of Baby Boomers, are optimistic people who believe that they can make a difference in the world. They are apparently more socially conscious than any generation since the 1960s and are working for social causes in record numbers (Martin, 2002, 2005; “tis the Season,” 2005; Tulgan, 2002). According to Paul (2001), this generation is accepting of diversity in virtually all areas of their life, from how they define family to attitudes about sexuality and ethnic diversity (34% of Gen Ys are minorities compared with 27% of all Americans). According to Zemke (2001, p. 6), Gen Ys hold “confidence, civic duty, achievement, sociability, morality, diversity, and street smarts as their core values.” Most agree that they are team players (Zemke, 2001). They seek employment in organizations that respect the environment, produce meaningful services, and allow them to collaborate with other highly motivated people (Tulgan, 2002).

These characteristics only generally describe the Gen Y cohort; individual characteristics vary. However, many researchers and observers of society have agreed, as Martin (2005) articulated, that “Yers are the blunt, techno-savvy, contradictory children of Baby Boomers who believe education is a key to success, technology is as transparent as the air, diversity is a given, and social responsibility is a business imperative” (p. 39). The Gen Y students are the traditional students who, along with the nontraditional students from Generation X and even the Baby Boomers, are entering our educational programs today.

Obviously, education programs do not open or close their doors on the basis of which cohorts apply for admission to their programs. However, the sheer number of Gen Ys and their apparent valuing of education raise questions about the argument that the entry-level doctorate will reduce enrollments. Moreover, this generation’s characteristics also make them prime candidates for recruitment into occupational therapy doctoral programs.

**Typical Arguments Against the Entry-Level Doctorate in Occupational Therapy**

Members of the occupational therapy profession and others have debated the issues related to moving to doctoral entry-level and the clinical doctorate degree in general since the early 1990s when Creighton University initiated the first clinical entry-level doctoral program in physical therapy (Runyon et al., 1994). The issues being currently debated, as we understand them, can be organized into two categories: The first consists of issues that can be resolved within the profession, including those such as how to best accredit education programs and the optimal length, content, and number of credits of programs. The second category includes issues over which a profession has no control.

In this article, we address two issues embedded in the category of issues over which we have no control: (1) whether the entry-level doctorate positions our profession out of reach of people who are socially or financially disadvantaged and (2) whether there will be sufficient numbers of people
interested in applying to institutions that offer the degree to make those programs financially viable.

General Trends in Postsecondary Education

The answer to whether the entry-level doctorate places our profession out of reach of people who are socially or financially disadvantaged and whether there will be sufficient numbers of people interested in applying to institutions that offer the degree lies in understanding the recent dynamics of postsecondary education. According to the U.S. Department of Education (USDOE; 2003), degree-granting institutions saw increases in enrollment of between 9% and 17% from 1979 to 1999. Aside from a slight decline in enrollment from 1992 to 1995, enrollment has continued to increase. Women scored the greatest enrollment increases between 1989 and 1999 (13%), and the number of men enrolled rose 5%. The number of young students enrolling has outpaced the number of older students, and according to the USDOE, this pattern is expected to continue. Despite this trend, nontraditional students (those who may be older than the average and have families and jobs) make up a significant portion of college students. According to the Education Commission of the States (Carnevale, 1999), about 42% of students in the late 1990s were >24 years, and of Hispanic students, more than one half were ≥24 years. The USDOE (2008) projects continued record-setting enrollments through Fall 2016.

Canadian Shareowner Magazine (“For-Profit, Post-Secondary Education: Industry Trends,” 2004), an international magazine for investors, indicated that applications for admission to nonprofit schools are increasing despite increases in tuition. More important to investors, both revenue and earnings growth in for-profit postsecondary education are rising at “exceptionally high rates” (“For-Profit, Post-Secondary Education: Industry Trends,” 2004, p. 1). These growth and revenue rates have exceeded 40% per year since 1999 and are occurring in schools that offer associate through doctoral degrees in subject areas from business to health care. A couple of things may be fueling this growth: First, according to Canadian Shareowner Magazine, the rapid development and deployment of computer and other technologies are “forcing working adults to embrace the concept of lifelong learning. It’s a simple, new imperative in the workplace: keep up-to-date with the new technology for your job or risk losing it” (“For-Profit, Post-Secondary Education: Industry Trends,” 2004, p. 2). In addition, the Education Commission of the States (Rupert, 2003) noted that high technology has had the effect of reducing the number of factory and other jobs that do not require higher levels of education.

Second, demand for workers in the health care fields is rising (Rupert, 2003). In particular, the U.S. Department of Labor’s Bureau of Labor Statistics (n.d.) has predicted that between now and 2016, employment of occupational therapists is expected to increase 23%. That increase is greater than the average of all occupations (Bureau of Labor Statistics, n.d.). Also, as the word gets out that the profession has for the past 2 years consistently been listed by U.S. News and World Report (Nemko, 2007) as one of the best of the top 31 careers, more people will be interested in enrolling in occupational therapy education programs.

Not everyone sees this sustained growth in postsecondary enrollment as a positive sign for the allied health professions. The Association of Schools of Allied Health Professions (n.d.) has recently published a position paper on the clinical doctorate. The document refers to “the increased chasm between entry-level certificate or associate-degree programs and doctoral-level programs” (p. 1). This so-called chasm has been offered as an argument against entry-level doctoral programs; however, the evidence to support the argument is contradictory. For example, according to the Education Commission of the States (Rupert, 2003), there will be a general increase in the required levels of education for what are sometimes considered the “best” jobs in management and the professions. From 2000 to 2015, the Gen Y generation of students are expected to increase by 2.3 million, or 13%. The commission expects that enrollment of typically under-enrolled racial groups and low-income students of this generation should increase as well. In addition, the commission has stated that approximately 72% of the increase in postsecondary education requirements are the result of higher skills required of managers and professionals.

Furthermore, as the saying goes, the incoming tide raises all boats no matter how large or small. In addition to increases in demand for education among those in the professions, the commission found that crafts and clerical workers and technicians in 1996 had some college or 2-year degrees, whereas 57% of men and 30% of women holding those types of jobs in 1959 were high school dropouts (Carnevale, 1999). These data suggest that although there may be a gap between allied health entry-level certificate or associate’s-degree programs and doctoral-level programs, that gap will likely remain constant rather than widen.

In addition, some educators have argued that moving to an entry-level doctorate will create barriers for minorities interested in our profession. Although this is possible, and as a profession we need to do all that we can to remove barriers to our educational programs, the argument fails to consider that diversity is a problem in all sectors of postsecondary education and beyond. For example, despite increases in enrollment of African Americans and Hispanics, these groups trail White Americans in the percentage of 18- to 24-year-old high school graduates enrolled in college. White college enrollment rates increased from 43% to 48% between 1993 and 1995 and between 2003 and 2005, whereas African-American enrollment increased from only 35% to 41% during the same periods. The Hispanic college enrollment rate showed little improvement during the same periods (Cook & Córdova, 2007).

As stated in the Education Commission of the States report (Carnevale, 1999), “Improving access to college for students of all races, ages, and income backgrounds will require a decisive response from educators and government officials at every level [italics added]—elementary, secondary, and postsecondary education and local, state, and federal governments” (pp. 2–3). The lack of diversity in occupational therapy education programs and elsewhere is a complex problem that requires complex
solutions. Deciding not to move to an entry-level doctorate will likely have little, if any, effect on the diversity problem in education.

In summary, there seems to be a very robust market for postsecondary education and beyond because of increasing enrollments from most sectors of the population. Both for-profit and not-for-profit school enrollments are increasing even while tuition is also increasing. This trend likely bodes well for any profession that wants to raise the level of its education. We conclude that the arguments against moving to an entry-level doctoral degree on the basis of the possibility of increasing the gap between associate’s degree programs and doctoral-level programs, or on the basis of the possibility of placing a barrier to our educational programs, are not effectively applied to the entry-level doctorate in occupational therapy.

Gaps exist between technical and associate’s-degree programs and doctoral programs across the educational landscape. Barriers to educational programs exist for people of minority groups. These are necessary reasons to develop strategies to minimize barriers to, and gaps in, education, but not sufficient reasons to decide against the entry-level doctoral degree in occupational therapy.

Conclusion

In this article, we have addressed two arguments related to moving to the entry-level clinical doctorate in occupational therapy: (1) that the entry-level doctorate would place our profession out of reach of people who are socially or financially disadvantaged and (2) that the entry-level doctorate may be too costly in terms of time and money and therefore reduce enrollments in educational programs. Despite these arguments, there seems to be a very robust market for postsecondary education and beyond, as exhibited by increasing enrollments from most sectors of the population. Even though tuition is rising, both for-profit and not-for-profit school enrollments are increasing. And even though barriers exist between technical or associate’s-degree programs and doctoral-level programs across the educational landscape, these disparities are necessary reasons to develop strategies to minimize barriers to and gaps in education; they are not sufficient reasons to decide against the entry-level doctoral degree in occupational therapy. Finally, the sheer number of Gen Ys make the next decade an opportunity to attract and train young people who value education, lifelong learning, diversity, and giving back to the community, among many other laudable characteristics that make them excellent candidates for occupational therapy doctoral programs.

Although many have used these arguments against the entry-level occupational therapy doctoral degree, we believe that close examination exposes these arguments as concerns to be addressed, not barriers, and that our profession can successfully overcome them. To ensure the profession’s continued viability while realizing our Centennial Vision (American Occupational Therapy Association, 2007), we must attend to this discussion. Attracting and recruiting the best and most talented students to the profession is critical for our future. We cannot afford to lose the best candidates to other professions because ours is not keeping pace with the market. The profession needs to recruit future leaders who are able to determine best practice through research evidence, become best educators who can maintain and heighten standards of educational excellence, and become best practitioners able to understand negotiating systems and contribute to policymaking. We cannot afford to maintain entry-level systems that address neither the needs of the profession nor the generational cohort of students who will likely become the profession’s future. At this juncture in our history, we must choose wisely so that the next generation of therapists will not look back and judge our decision as a missed opportunity. It is imperative that members of the profession act on the knowledge presented in this article and continue a scholarly discussion.

References


