Career Self-Efficacy in Occupational Therapy Practice

JoAnn V. Bush, Nancy J. Powell, Georgiana Herzberg

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Career expectations contribute to job satisfaction, which ultimately affects personnel retention. This paper focuses on a current trend in career literature: career self-efficacy, judgments about the efficacy of one's career choice and adjustment. Career self-efficacy is relevant to occupational therapy in that therapists are leaving the profession because of unmet career expectations. This paper explores Bandura's self-efficacy theory (the basis of career self-efficacy) and discusses the authors' experience in clinical practice and education relating the application of career self-efficacy to occupational therapy. Suggested methods for enhancing career self-efficacy include the implementation of a professional development course based on Bandura's self-efficacy theory; incorporation of self-efficacy content into the professional theory and practice courses; clinical supervision that creates realistic self-perceptions of performance during the fieldwork experience; and transitional programs for entry-level practitioners that identify and explore personal career expectations and support for the experienced practitioner.

Researchers have identified unmet career expectations as one reason therapists leave the profession to assume employment in another field (Bailey, 1990a, 1990b; Greensmith & Blumfield, 1989). At a time when there is a demand for services and a shortage of labor, it is essential to study professional expectations and how they are, or are not, met. Self-assessment of abilities can be studied with Bandura's self-efficacy theory (1977), a theory previously applied to patient treatment, to gain insight into personal job satisfaction. Career self-efficacy research is a step toward acknowledgment of the emotional development and transitional periods of the occupational therapy community. The concept of career self-efficacy is presented in this paper as a key factor in professional development, job satisfaction, and personnel retention of occupational therapists.

Literature Review

Career Expectations in Occupational Therapy

Career expectation is an issue ultimately affecting occupational therapy personnel retention. The current job shortage has prompted researchers to study attrition in occupational therapy. Bailey (1990a, 1990b) surveyed 696 female certified occupational therapists who left the profession. Childrearing, full- or part-time, was determined to gain insight into personal job satisfaction. Career self-efficacy research is a step toward acknowledgment of the emotional development and transitional periods of the occupational therapy community. The concept of career self-efficacy is presented in this paper as a key factor in professional development, job satisfaction, and personnel retention of occupational therapists.

In a survey conducted in England, Greensmith and Blumfield (1989) found that lack of professional status, demanding workload, lack of resources, and disillusionment rated high as reasons to consider leaving the profession. In fact, 41.7% of the respondents stated that their career expectations were not fully met. Of those planning on leaving the profession, 78.6% had already taken time out to have a family. The authors concluded that persons leave occupational therapy for professional rather than personal reasons.

Dissatisfaction with the profession is not limited to women. Posthuma (1983) surveyed male students and male clinicians who graduated from six Canadian Universities from 1974 through 1979 to determine reasons for male attrition from occupational therapy. It was found that nearly 50% of the population have left their studies, left the profession, or intend to leave the profession for another field. Brown (1992) researched the possibility that one reason for this high rate of male occupational therapy attrition was the role strain of being a man in a profession dominated by women. Results revealed that
83% of the male strain). Career expectations can be a contributing factor in the occupational therapy attraction rates of women and men.

Personal satisfaction and successful role performance are achieved when expectations of self are realistic. Currently, occupational therapy literature is devoid of research exploring the development and satisfaction of career expectations.

Self-Efficacy


Efficacy can have positive or negative aspects. The correct assessment of one’s own capabilities has important functional value.

Misjudgment of personal efficacy can have unpleasant consequences (Bandura, 1981). People who overestimate their skill level participate in activities beyond their ability. As a result, they experience unnecessary difficulties and needless failure. Underestimating personal efficacy often results in self-limiting behavior that denies growth-promoting opportunities. Keys to understanding how self-efficacy affects behavior are efficacy expectations and outcome expectations. “An efficacy expectation is the conviction that one can successfully execute the behavior required to produce the outcomes” (Bandura, 1977, p. 193). Efficacy expectations affect the initiation of a task and the persistence to attend to it. People will avoid situations that are beyond personal coping abilities, whereas they actively engage in positive self-eficacious activities. Efficacy expectations also determine the environment in which a person chooses to act.

Personal efficacy affects outcome performance (Bandura, 1986). “An outcome expectancy is defined as a person’s estimate that a given behavior will lead to certain outcomes” (Bandura, 1977, p. 193). Persons who judge themselves efficacious expect favorable outcomes, whereas ineffectual persons expect mediocre performance that may result in negative outcome.

According to Bandura (1977), efficacy expectations can be derived from the following four sources:

1. **Performance accomplishments.** This is the most influential source of efficacy information. It is derived from personal experience; successful experiences enhance self-efficacy, whereas repeated failures, or negative experiences, decrease self-efficacy.

2. **Vicarious experience.** This factor is based on social comparison. When people observe persons with similar abilities performing successfully, personal efficacy is enhanced. If persons who possess similar capabilities fail, personal efficacy is reduced. However, in difficult situations, a competent role model can demonstrate adequate coping strategies that benefit the observer (Bandura, 1982).

3. **Verbal persuasion.** This element uses conversation (social interaction) to determine personal capabilities. The feedback is used to shape or enhance specific performance attainment. Feedback must be realistic to have any power to alter self-efficacy positively.

4. **Emotional arousal.** People tend to judge their capabilities according to physiological states such as stress, fatigue, aches, or pain. Stressful situations increase visceral arousal, which indicates that performance may be ineffective.

These sources of social, situational, and temporal cues in the environment influence the cognitive integration process. Feedback, or lack of feedback, and how the person processes each experience are keys to the development of personal efficacy.

Gaining knowledge and skills promotes growth and contributes to a positive sense of personal efficacy. “If self-efficacy is lacking, people tend to behave ineffectually, even though they know what to do” (Bandura, 1982, p. 127). How one judges individual capabilities determines the choice of action, the rate of skill acquisition, and mastery of achievement. Self-efficacy is enhanced more by how people perceive success than by actual successful performance (Bandura, 1986). Occupational therapy education is the means by which to increase knowledge, gain new skills, and lay the foundation for perceived professional performance.

**Academic Programming and Efficacy Expectation**

Experiences in educational programs provide a source of efficacy expectation and career choice. Christie, Joyce, and Moeller (1985a) have studied the effect of fieldwork experience on future practice preference during career development. A sample of 131 registered occupational therapists employed nationally in a variety of clinical practice settings was surveyed. They found that 13% of respondents acknowledged that the academic stage of
professional development was most influential in therapist's choice of clinical practice.

Course content was cited by 40% of the total responses as an important component in influencing clinical practice preference (Christie et al., 1985a). The study found that students not adequately prepared in the theoretical background of specific clinical areas (i.e., psychiatry) chose not to practice in those exact areas because of personal feelings of insecurity and inadequacy.

Occupational therapy students' professional self-image can be enhanced by faculty; instructors are important role models because they demonstrate professional qualities and characteristics. Christie et al. (1985a) found that the instructor's interpersonal and attitude qualities have great positive influence on occupational therapy students. Students benefit from the teacher who has clinical experience, is well prepared, is stimulating and enthusiastic, shares feelings, gives positive feedback in response to input, is supportive, is encouraging, and serves as a positive role model.

The occupational therapy academic program is intended to prepare the student for fieldwork placements. Some of the respondents in Bailey's survey (1990b) thought that school did not prepare them for the responsibility of clinical practice. Mitchell and Kampfe (1990), in their study of 24 entry-level graduate occupational therapy students completing their second Level II fieldwork experience, concluded that occupational therapy academic curricula should include discussion and education on coping strategies to reduce stress in students during the transition from academic to clinical status. Students need formal education to learn how to cope with changes to be prepared for fieldwork placements.

**The Influence of Fieldwork on Self-Efficacy**

The clinical setting is a laboratory for learning knowledge, skills, and professional development (Flagler, Loper-Fowers, & Spitzer, 1988). Qualities that contribute to professionalism, such as confidence in therapeutic abilities, time management, and interdisciplinary interactions, cannot be learned in the classroom. The patients, staff members, other students, and direct supervisors influence the student's perception of personal abilities during the clinical experience.

Christie et al. (1985a) studied the influence of fieldwork on occupational therapy professional development. Twenty-one percent of the 131 respondents to their study identified personal feelings or emotional responses (such as lack of confidence, fear, or anxiety) in fieldwork as factors in the decision not to practice in a specific area. The self-efficacy theory states that emotive feelings are perceived as an omen of vulnerability and possible failure (Bandura, 1982). A student's decision not to practice in a specific domain of occupational therapy is an example of how self-efficacy expectations may influence the environment (employment setting).

"The student develops self-perceptions through achievements, failures, conflicts, and embarrassments" (Rothrock, 1989, p. 1424). An important component of the fieldwork experience is the supervisor's interactions with the student. Supervisors are clinical role models providing a vicarious source of efficacy expectation.

Christie et al. (1985b) found that student supervision is the most important factor in Level II fieldwork and that the effectiveness of supervision (as judged by students and supervisors) is determined by attitudinal and interpersonal variables. The most valuable characteristics listed by students and supervisors were interpersonal and communication skills. Effective supervisors were active listeners, demonstrated integrity, provided timely feedback, and were flexible to student needs. A supervisor who was organized, demonstrated teaching skills, and functioned as a good role model also contributed to factors in effective student-supervisor relationships.

Not all student supervisors are effective (Christie et al., 1985b). Characteristics that detract from effective supervision include inadequate feedback, lack of clinical experience, lack of supervisory experience, lack of availability, rigid thinking (not allowing student creativity), controlling attitudes, and uncaring attitudes.

Christie et al. (1985b) concluded that when students become entry-level practitioners, their practice preference is influenced by their student supervisors, and they do not practice where they have had negative experiences. Thus, fieldwork does influence the professional development of occupational therapists. Examination of fieldwork also suggests factors that may influence career self-efficacy.

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The Employment Years and the Development of Self-Efficacy

The initial months of employment are essential to establishing professional identity in occupational therapy. Parker's (1991) survey of the needs of newly qualified therapists trained in Scottish occupational therapy schools suggested that a minimum of 6 months is required to complete the transition from entry-level practitioner to comfortably functioning staff therapist. Parker also found that decreased self-confidence in professional abilities was one of the primary problems faced by newly employed occupational therapists. Respondents cited fear of making decisions and lack of experience as factors creating the most apprehension. These novice clinicians voiced decreased confidence in personal ability to execute specific career behaviors. Judgments of personal self-efficacy determine persistence in the midst of difficult situations. Persons who doubt their abilities will decrease effort or abandon the task completely (Bandura, 1982).
Entry-level practitioners are not the ones leaving the profession. Of the 696 occupational therapists in Bailey's (1990a) study, 35% left the profession after 5 to 10 years of practice; 21% left after 10 to 15 years of practice. Brown (1992) examined role strain on male occupational therapists and found that 74% of his sample (83% of the male membership in the Canadian Association of Occupational Therapy, 1990–1991) expect to leave the profession. Nearly half of the respondents planned to practice occupational therapy up to 5 years, and 29% expected to remain in the profession up to 10 years. Interestingly, three quarters of the male respondents were employed as staff or senior therapists, not administrative positions as might be expected. Occupational therapy is losing experienced staff, not novices, to attrition.

From one's first job until retirement, professional growth and development continue. The studies reviewed (Bailey, 1990a; Brown, 1992) suggest that unfulfilled career expectations may contribute to occupational therapy attrition.

Self-Efficacy Theory and Career Development

Self-efficacy theory can be applied to adult development during the employment years. In fact, researchers in psychology have identified a link between perceived self-efficacy and career behaviors. Evidence was so strong that the term career self-efficacy evolved to describe this literature. Career self-efficacy research is in its primary stages. The pioneering study on self-efficacy expectations and career choice by Betz and Hackett (1981) proved to be a springboard to other career-related topics. Selection of a college major, academic achievement, and persistence in academic programs are other efficacy-related subjects studied (Lent & Hackett, 1987). According to Lent and Hackett (1987), there is promise in understanding career entry behaviors. To date, there is little research relating personal self-efficacy to career development beyond college or specific career behaviors.

Career adjustment is "the process of implementing one's career choice and finding success and satisfaction in one's chosen career" (Lent & Hackett, 1987, p. 360). Adjustment to the career of occupational therapy is not necessarily a smooth transition. Occupational therapists were included in Clance and Imes's (1978) initial study of inefficacious thinking in professional women. Their findings described a population of successful, competent persons who doubted their intelligence and ability to achieve. This emotional state was thus labeled the imposter phenomenon.

Persons experiencing the imposter phenomenon have had ample evidence that they are capable and successful in their areas of endeavor, but they cannot allow themselves to feel confident (Clance, 1985). Usually, imposter phenomenon sufferers are high-achievers and perfectionists, fear failure, commonly deny personal competence, and deny praise. Feelings of doubt and stress escalate for students, first-generation professionals, new employees, beginners of new projects, or children of a successful family. Such emotions affect personal expectations and professional performance.

The personal judgments of career self-efficacy and career adjustment are experienced by occupational therapists. How persons cope with career expectation reflects on the occupational therapy profession as a whole.

Occupational Therapy Career Self-Efficacy

The four factors that develop efficacy expectations, according to Bandura's premise, can be seen in occupational therapy as follows: Fieldwork Level I and II and clinical experience in occupational therapy are performance accomplishments that establish confidence in patient management. Teachers and practicing occupational therapists become role models of performance. Hence, vicarious sources of efficacy expectation enable beginning therapists to envision personal role performance. Interaction with supervisors or colleagues provides feedback (verbal persuasion) that promotes feelings of self-efficacy. Personal judgments of performance are shaped by emotive responses. An occupational therapist feels rewarded when a patient accomplishes a predetermined goal. Stress and anxiety result when goals are not obtained.

These sources of efficacy expectation do not, however, guarantee development of positive efficacious behavior in the clinical environment. They must be integrated, weighed, and incorporated into behavior patterns influenced by the environment (Bandura, 1982). Occupational therapists should be concerned with career self-efficacy for two reasons. First, it is a quality assurance issue. Occupational therapy managers and educators must assess therapists' professional development and look for means of improving the quality of professional preparation. Second, career self-efficacy studies will also assist in defining factors that affect the provision of quality occupational therapy services. Such studies will answer some of the recruitment and retention problems now facing the profession.

The understanding of professional development based on career self-efficacy studies provides a focus and direction for therapists' management of inefficacious thinking. Low career self-efficacy need not be a permanent mode of thinking. However, feelings not appropriately managed are potentially destructive. The occupational therapy profession would benefit from including an understanding of personal efficacious thinking in regard to professional roles in its body of knowledge. If professionals understood this critical cognitive process, its principles could be incorporated into academic curricula and continuing education programs. Disseminating this knowledge might empower individual therapists to find
fulfillment in their daily roles. Clinicians questioning their places in the field of occupational therapy might work through their frustration rather than leaving the discipline.

Professional Applications

The course content requirements outlined in the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (AOTA & American Medical Association, 1991) include the subject of professional development under Professional Ethics. The Essentials contains a requirement that students receive instruction in planning for future professional development. We believe that the professional community can help persons reach their potential in the following ways.

The Educators’ Role

The academic faculty, clinical faculty, and students all are responsible for the successful outcome of the professional educational experience. Each has a unique role to contribute in establishing a healthy environment for learning.

Occupational therapy course work that focuses specifically on professional development might be arranged. Professional responsibility is referred to throughout academic training but generally is not presented in an organized format. Course content in a professional skills course ideally includes career development theories that educate students to anticipate major life changes. Other academic topics that might enhance professional efficacy include personality assessment, assertiveness training, self-efficacy, conflict management, evaluation, and management skills.

A curriculum that incorporates professional enhancement based on Bandura’s self-efficacy theory may add impetus to career development. Courses in curricula that integrate theory and practice areas such as physical dysfunction, mental health, and pediatrics could contain self-efficacy material and could be co-taught with experts in self-efficacy, including social psychologists, developmental psychologists, or other social science faculty. Those interdisciplinary sections in theory and practice courses should define role and performance expectation and address students’ feelings related to self-efficacy while learning. Dynamic teaching methods that require active participation prepare students for clinical practice. Appropriate teaching methods may include self-assessment, role-play, case studies, and group interaction assignments.

Level I fieldwork experience or a specially arranged clinical placement is pivotal for creating positive self-efficacious thinking. Students should be encouraged to express their perceptions of their clinical experiences in the classroom so that the instructor or peers provide realistic feedback.

Cohn (1988) described the transition from the academic setting to clinical fieldwork as “an obvious, yet potentially underestimated, life change” (p. 31). Academic instructors and clinical faculty need to work together to ease the student’s transition. Theoretical content in classes will be most effective if it is clinically related. Perhaps inviting clinical supervisors to teach portions of the practice units might increase their insight to students’ academic training.

Clinicians who accept student supervision assignments will benefit from introspective examination of their personal professional strengths and weaknesses. Because professionalism and career development are personal responsibilities for occupational therapists, individual preparation is essential. Organizational abilities to create time for supervision and communication are key to effective student learning. The student supervisor must assume responsibility for structuring student learning experiences to enhance accurate perception of clinical performance. Schools may assist in preparing clinicians to be student supervisors. Proactive student participation in fieldwork placement contributes to personal career self-efficacy. Students that set personal learning objectives for the training sessions help to clarify their own role expectations. Clinical participation refines occupational therapy treatment skills. However, the secondary learning benefit for the novice is development of professional thinking skills.

The evaluation of student performance is a dual responsibility of the student and supervisor. After the student identifies personal fieldwork performance objectives, periodic self-evaluation can contribute to personal expectations of clinical performance. The academic instructor or clinical supervisor who provides written or verbal feedback (or both) gives the student an additional perspective on perceived personal abilities.

With the university faculty providing adequate academic preparation, resourceful fieldwork supervisors providing support and feedback in a practice setting, and students empowered with knowledge and understanding of self-efficacy, positive efficacious thinking may emerge in novice occupational therapists.

Entry-Level Career Adjustment

The transition from student to entry-level clinician is a volatile period for a budding professional. Employers have an important responsibility to nurture and encourage the growth process. Peer support, experience, and educational opportunities, both formal and informal, create an interactive environment that actively promotes professional growth.

As fieldwork placement sites have organized programs for affiliating students, employers will benefit from an established plan of action for their entry-level employ-
Experienced Clinicians’ Career Adjustment

Clinicians with more than 5 years of experience also face career self-efficacy issues. Cherniss (1989) found in a 12-year follow-up study of public service professionals that a key theme in career adaptation is the perceived ability to perform duties with a sense of competence (career self-efficacy). Feeling incompetent leads to burnout. Professionals must have an avenue for developing unique contributions in their respective fields. Occupational therapy, with its broad base of practice, provides opportunities for every member of its community to make a distinct mark.

Clinicians who have developed expertise need recognition from management and colleagues. Facilities providing occupational therapy services can recognize persons for contributions through career ladders or peer recognition awards. Reinforcements for a job well done need not be monetary. Certificates, tokens, and names published in a newsletter all provide motivational feedback and additional perspective to individual abilities.

Where there are limited opportunities to develop professionally within the workplace, professional associations or the educational arena may fill the gap. In defining the reflective therapist, Parham (1987) stated “We must seize whatever opportunities are available that will enable us to take responsibility for the future of occupational therapy. For some of us, those opportunities will arise in practice; for others, in education, political action, or research and scholarship” (p. 555). Providing membership with alternative avenues for creative contributions ensures a future for the profession and its constituents.

State and national professional associations also support and enhance career self-efficacy through networking, continuing education, and supporting research projects. Networking provides the emotional support and feedback that contributes to career expectations. For example, Special Interest Sections could address self-efficacy issues by discussing feelings of competency in practice techniques such as Bobath’s neurological developmental treatment and sensory integration. Conferences that include workshops about the stages of career development with application to Bandura’s self-efficacy theory would provide a general education in personal career self-efficacy.

Lastly, research must validate career expectations of occupational therapist. Through consultation with social psychologists, a knowledge base could be established. What is the effect of perceived expectations on clinical practice? Does it affect attrition in the profession? Professional association monies that fund such research are investments in the future of occupational therapy.

Summary

Occupational therapy is respected in the medical community for public service rendered. A sense of pride and a sense of professionalism exist in its membership. Therapists must independently navigate their career paths in directions that are personally satisfying and productive. However, not all have found satisfaction and reward in their careers. Therapists opt to leave the profession for reasons such as unmet career expectations.

Self-efficacy is a useful rationale to support career self-efficacy studies in occupational therapy. Do unmet career expectations factor into occupational therapy attrition? Does career self-efficacy influence clinical practice selection? How does career self-efficacy change in occupational therapy professional development from student to experienced clinician? Professional education in the classroom, fieldwork, and the first year of employment are key periods in establishing career self-efficacy.

Career self-efficacy studies would determine whether persons’ perceptions have an effect on occupational therapy practice. If they do, a body of knowledge will need to be accumulated to identify specific measures to prepare professionals for the life changes a career brings. Perhaps this knowledge base will enhance job satisfaction and ensure professional retention.

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