Retaining Occupational Therapists in Rehabilitation Settings: Influential Factors

Maureen Freda

Key Words: personnel management • rehabilitation

The purpose of this study was to identify the factors considered by occupational therapists in their decision to leave or to remain at a present job. Fifty-five occupational therapists practicing in freestanding rehabilitation hospitals in the Philadelphia metropolitan area were surveyed regarding general satisfaction, rewarding and stressful aspects of their current job, and personal or professional reasons to consider leaving a job. The responses were grouped by the therapists' years of experience as a framework for drawing conclusions. The results show that years of experience affects what is important to therapists at their jobs; for example, therapists who have been working for 1 year value different aspects of their jobs than therapists who have been working for over 7 years. In general, the most rewarding aspect of an occupational therapist's job was seen to be patient care; the most stressful, paperwork. In deciding to leave a job, the occupational therapists surveyed most frequently rated the following items as highly important: salary, productivity expectations, professional growth opportunities, peer relationships with other occupational therapists, and vacation time.

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Over the last few years, the shortage of allied health professionals, including occupational therapists, has become a concern of hospital administrators, department directors, and educators alike. In 1988, the American Hospital Association put this shortage on its list of 14 priorities (England, 1988). The National Association of Rehabilitation Facilities (NARF) has also declared a shortage in rehabilitation personnel in a 1988 memo to members; NARF recommends that rehabilitation facilities make it a priority to retain staff. Retention is seen as a major component in the management of this shortage.

One of the primary problems facing occupational therapy specifically is that we do not have accurate information as to what is important to practicing therapists in relation to retaining them in current positions. Knowledge of the factors considered by occupational therapists when they are deciding to leave or remain at a job would assist us in developing successful retention strategies.

The present descriptive survey identifies the factors that occupational therapists in rehabilitation practice believe they would consider if and when they were deciding to change jobs. The factors are professional and personal and include stressors and rewards that are inherent in rehabilitation practice as well as areas of satisfaction and dissatisfaction.

Literature Review

The need for more rehabilitation personnel has increased in part due to the increased geriatric population, advanced technology, and improved emergency care. These factors all contribute to more persons surviving traumatic injuries and catastrophic onset of disease, which in turn results in more persons in need of rehabilitation services. Consequently, in the United States, we have seen a tremendous growth in the rehabilitation industry and the need for rehabilitation personnel.

The increase in rehabilitation beds during the 1980s has been dramatic, according to the American Hospital Association. A 24% increase in freestanding rehabilitation hospitals plus a 97.7% increase in designated rehabilitation beds within acute care facilities between 1980 and 1988 were reported (England, 1988). This greatly affected the need for allied health professionals, including occupational therapy personnel. Silvestri and Lukasiewicz (1987) projected a need for 52% more occupational therapists by the year 2000.

The three bodies of literature that offered insight on the problem of retention of allied health professionals were those in occupational therapy, nursing, and hospital administration and management. Three key factors identified in the literature that assist in the understanding of both the effect and importance of staff retention are (a) turnover, (b) general job satisfaction, and (c) attrition of
Job Dissatisfaction

Job dissatisfaction is defined as a state of discontent or displeasure regarding a current position held by the employee. Job dissatisfaction can lead to absenteeism, poor performance, and turnover (Cooper & Brown, 1986). Herzberg, Mausner, and Snyderman (1959) identified both intrinsic and extrinsic factors that motivate employees and that can lead to either job satisfaction or dissatisfaction. Intrinsic motivators include opportunities for advancement, interesting and challenging work, recognition of achievement, responsibility, and the opportunity for growth. Extrinsic motivators include job security, pay scale, status, interpersonal relationships, and considerable supervision.

When 40 nurses were asked to relate factors that made them feel good or bad about their jobs, almost half the factors mentioned were intrinsic motivators (Ullrich, 1978). Ullrich maintained that to decrease job dissatisfaction and counteract negative results, managers should develop directives that support nurses' primary duties.

Huey and Hartley (1988) identified 10 sources of job dissatisfaction for nurses: (a) few child-care facilities; (b) little or no support from hospital administrators; (c) excessive amount of paperwork; (d) little or no support from nurse administrators; (e) low salaries; (f) minimal assistance for extra patient care; (g) an unrealistic staff-to-patient ratio; (h) few continuing education opportunities; (i) minimal fringe benefits; and (j) little in-service education. Conversely, Hinshaw et al. (1987) identified five major job satisfiers: (a) group cohesiveness; (b) professional growth; (c) recognition as a professional; (d) autonomy; and (e) control over professional practice.

Turnover

Turnover is defined as the loss of an employee from the staff of an institution. Turnover has two major consequences for an organization—the cost to the organization and the effect on remaining staff.

In 1977, the average cost of rehabilitation staff turnover was $600; in 1983, this figure rose to approximately $2,300; by 1988, it was estimated to range from $2,500 to $25,000 (Sills, 1988). Current estimates of replacement costs for employees are as high as 50% of the newly hired employee's first-year income (Abelson, 1986). Sills (1988) maintained that the actual cost of turnover involves many factors, including recruitment activities (e.g., advertising, printing of brochures, fees for exhibit booths, giveaways); the cost of orienting and training a new employee; the financial burden of paying for unused vacation time to the resigning employee; and the cost of unfilled positions (e.g., use of agency staff, pool personnel, slower provision of treatment, suspension of services).

Turnover also affects staff that remain. Fewer people means decreased efficiency and quality of care (Abelson, 1986; Hinshaw, Schmelzer, & Atwood, 1987; Wolf, 1983). Both staff morale and group productivity are effected by turnover (Sills, 1988).

Attrition From the Profession

A study of attrition among 696 occupational therapists found that one third of the respondents left the profession because of aspects of their job that they liked the least (Bailey, 1990). These aspects are listed below:

- Lack of respect for and understanding of occupational therapy by other professionals.
- Excessive paperwork, red tape, and bureaucracy.
- Limited advancement.
- Stress overload and the daily dealing with others' trauma and pain.
- The chronicity and severity of patients' illnesses.
- Continually having to justify occupational therapy for reimbursement.
- The difficulty of coping with job and family.
- Role conflict with physical therapy.
- Being the only occupational therapist in the setting.
- Long hours and long commute to work.

Bailey postulated that retention of these therapists might have been achieved through a reversal of the conditions identified as negative.

Bailey's (1990) study demonstrates that dissatisfaction with certain aspects of a job can lead to therapists actually leaving the profession. A gap in the literature exists regarding the factors taken into consideration when rehabilitation occupational therapists are deciding whether to remain at a current job. The purpose of my survey was to identify and examine the retention factors that are important to occupational therapists working in rehabilitation.
Method

Subjects

The subjects were 55 occupational therapists employed in four Philadelphia-based rehabilitation hospitals. These four hospitals were the largest employers of rehabilitation occupational therapists in the Philadelphia metropolitan area, employing approximately 60% of the total number of therapists working in adult rehabilitation.

Instrument

A questionnaire was developed on information derived from the literature regarding turnover, job satisfaction, and attrition. To ensure that the survey instrument was comprehensive, I interviewed five occupational therapy managers from freestanding rehabilitation hospitals on the East Coast. These managers were questioned about their experiences related to retention and their professional opinions regarding the importance of certain issues to their staff in relation to job retention. Two of these managers shared the results of in-house surveys that they had conducted regarding retention issues. All this information was used to further develop items for the survey.

To establish face validity, I asked three occupational therapy managers, two administrators, and two educators to review the proposed survey. The questions were then modified on the basis of their comments and concerns.

The final survey consisted of 31 forced-choice questions and 18 Likert scale items. Twenty-seven of the questions concerned the current job, including reasons to remain or leave and stressful or rewarding aspects of the position. Four questions concerned satisfaction levels for certain aspects of the current job. On the Likert scale questions, the respondents were asked to rate the importance of specific issues relating to a decision to leave a current job.

Procedure

The surveys were sent to the occupational therapy directors of the four hospitals, who in turn distributed them to occupational therapy staff for completion at a prearranged meeting. All 35 staff members present on the meeting day completed the survey. This was 71% of the current staff at that time.

Results

Seventy percent of the 55 respondents held bachelor’s degrees. Fifty-two percent of the respondents were staff therapists, and 20% supervised staff. Ninety-seven percent of the respondents worked full-time, and most (87%) worked with an adult population. The respondents were fairly evenly distributed across number of years of experience in a rehabilitation setting, with a slightly lower number having practiced more than 7 years. Twenty percent of the respondents had less than 1 year of experience; 44%, 2 to 3 years’ experience; 25%, 4 to 6 years’ experience; 11%, 7 to 10 years’ experience, and 0%, more than 10 years’ experience.

The responses were grouped by years of experience as an analytic framework from which to draw conclusions. This appeared to make sense in light of the literature, suggesting a relationship between years of experience and changing jobs.

Personal reasons for leaving a job. As indicated in Table 1, the factors that the respondents could choose from in this section were (a) marriage; (b) relocation of spouse; (c) birth of a first child; (d) birth of additional children; (e) desire to see another geographic location; and (f) pursuit of an additional degree. Two of these categories, having a first child and the relocation of spouse, were the most frequently chosen personal reasons given for consideration of leaving a current job. Surprisingly, 38% of the 7- to 10-year group chose obtaining an additional degree as a possible reason to leave current employment.

Professional reasons for leaving a job. The choices for projected professional reasons to leave a job were (a) an increased caseload; (b) increased productivity expectations; (c) increased amount of paperwork required; (d) a decrease in the availability of continuing education opportunities; (e) a change in the staff-to-patient ratio; (f) a low salary increase; (g) an interprofessional conflict at the job; (h) decreased input in departmental decisions; and (i) disillusionment with departmental management. Subjects in the less-than-1-year group were the least defi-
Table 2
Projected Professional Reasons Given by Respondents for Leaving Current Job

<table>
<thead>
<tr>
<th>Reasons</th>
<th>&lt;1 (n=11) (%)</th>
<th>1-3 (n=24) (%)</th>
<th>4-6 (n=14) (%)</th>
<th>7-10 (n=6) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased caseload</td>
<td>38</td>
<td>48</td>
<td>22</td>
<td>38</td>
</tr>
<tr>
<td>Increased productivity expectations</td>
<td>31</td>
<td>64</td>
<td>33</td>
<td>38</td>
</tr>
<tr>
<td>Increased paperwork</td>
<td>34</td>
<td>60</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Decreased continuing education</td>
<td>39</td>
<td>36</td>
<td>64</td>
<td>38</td>
</tr>
<tr>
<td>Change in staff-to-patient ratio</td>
<td>23</td>
<td>40</td>
<td>33</td>
<td>63</td>
</tr>
<tr>
<td>Low salary increase</td>
<td>30</td>
<td>37</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Interpersonal conflict</td>
<td>25</td>
<td>44</td>
<td>33</td>
<td>62</td>
</tr>
<tr>
<td>Decreased input in departmental decisions</td>
<td>31</td>
<td>28</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>Disillusioned with departmental manage</td>
<td>31</td>
<td>56</td>
<td>61</td>
<td>63</td>
</tr>
</tbody>
</table>

Note. The survey question was, "What change in your present working conditions would cause you to consider leaving your present place of employment?"

tive about their choices. The 1-to-3-year group seemed to be most affected by the concrete clinical issues listed, and the 7-to-10-year group appeared to be more affected by the interpersonal and management issues as possible reasons for leaving. The responses of the 4-to-6-year group were harder to summarize, because these subjects chose responses from both the clinical and management areas; they were the only group to clearly choose a low salary increase as a possible reason for leaving a current position (see Table 2).

What could lure staff away from their current job? Table 3 lists the nine possible reasons that the respondents could choose that might lure them away from their current job. The choices were job offers with (a) a higher salary; (b) a promotion; (c) a smaller caseload; (d) more vacation time; (e) less responsibility; (f) more responsibility; (g) more continuing education opportunities; (h) the hospital's reputation; and (i) a recommendation from a friend. Being offered a higher salary and having a promotional opportunity were by far the most frequently chosen responses and the most likely reasons a therapist might be lured away from her or his current job, across all years of experience.

Most stressful aspects of current job. The nine categories considered for this question were (a) direct patient care; (b) program development; (c) staff supervision; (d) clinical research; (e) student supervision; (f) management responsibilities; and (f) participation in hospital-wide committees. Direct patient care was overwhelmingly chosen as the most rewarding aspect of their current job by all therapists with up to 3 years of experience. Program development activities and responsibilities as well as management and supervisory aspects of the job become rewarding as therapists stay in the work field longer and gain experience (see Table 5).

Special issues influencing the decision to leave. The 18-item Likert scale section of the survey examined the importance of specific issues as they relate to a therapist's decision to leave or remain at a current job. The areas rated were (a) child care; (b) vacation time; (c) continuing education; (d) salary; (e) productivity; (f) caseload; (g) tuition reimbursement; (h) paperwork; (i) relationship with supervisor; (j) physicians' opinions of the occupational therapist; (k) the occupational therapy director's management style; (l) professional growth opportunities; management; (h) program development; and (i) teaching. Paperwork was consistently chosen as the most stressful aspect of the respondents' current jobs across all experience levels (see Table 4).

Most rewarding aspects of current job. There were seven responses to choose from as the most rewarding aspects of the respondents' current job: (a) direct patient care; (b) program development; (c) staff supervision; (d) clinical research; (e) student supervision; (f) management responsibilities; and (f) participation in hospital-wide committees. Direct patient care was overwhelmingly chosen as the most rewarding aspect of their current job by all therapists with up to 3 years of experience. Program development activities and responsibilities as well as management and supervisory aspects of the job become rewarding as therapists stay in the work field longer and gain experience (see Table 4).

Table 3
Offers That Could Lure Respondents From Their Current Job

<table>
<thead>
<tr>
<th>Reasons</th>
<th>&lt;1 (n=11) (%)</th>
<th>1-3 (n=24) (%)</th>
<th>4-6 (n=14) (%)</th>
<th>7-10 (n=6) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher salary</td>
<td>69</td>
<td>92</td>
<td>78</td>
<td>63</td>
</tr>
<tr>
<td>Promotion</td>
<td>46</td>
<td>56</td>
<td>56</td>
<td>50</td>
</tr>
<tr>
<td>Decreased caseload</td>
<td>8</td>
<td>36</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>More vacation</td>
<td>31</td>
<td>28</td>
<td>44</td>
<td>15</td>
</tr>
<tr>
<td>Less responsibility</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>More responsibility</td>
<td>31</td>
<td>40</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>More continuing education</td>
<td>54</td>
<td>36</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Hospital's reputation</td>
<td>0</td>
<td>16</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Recommendation of friend</td>
<td>8</td>
<td>40</td>
<td>44</td>
<td>25</td>
</tr>
</tbody>
</table>

Note. Survey question was, "What type of offer could lure you away from your present place of employment?"
Table 4
Most Stressful Aspects of Respondent's Current Job

<table>
<thead>
<tr>
<th>Reasons</th>
<th>&lt;1 (n = 11) (%)</th>
<th>1-3 (n = 24) (%)</th>
<th>4-6 (n = 14) (%)</th>
<th>7-10 (n = 6) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating patients</td>
<td>7.7</td>
<td>8.0</td>
<td>21.0</td>
<td>13.0</td>
</tr>
<tr>
<td>Paperwork</td>
<td>31.0</td>
<td>64.0</td>
<td>68.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Size of caseload</td>
<td>31.0</td>
<td>64.0</td>
<td>68.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Staff supervision</td>
<td>50.0</td>
<td>50.0</td>
<td>32.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Clinical research</td>
<td>50.0</td>
<td>50.0</td>
<td>32.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Student supervision</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Management</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Program development</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Teaching</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

(m) peer relationships with other occupational therapists; (n) part-time opportunities; (o) qualified supervisory staff; (p) opportunities for promotion; (q) opportunity to choose where to work within the department; and (r) the interdisciplinary team.

Summary: When viewed as a whole, the items most frequently rated as highly important were salary, productivity expectations, professional growth opportunities, occupational therapy peer relationships, and vacation time. It appears that to come to the decision to leave a current job, the therapist takes into account a combination of factors from the three general areas of concrete clinical issues, general professional issues, and interpersonal issues.

When asked to select the most important factor from the items on the scale, the less-than-1-year group chose professional growth opportunities, salary, and occupational therapy peer relationships as most important. Professional growth, the choice of where to work in the department, and the size of the caseload were seen as most important to the 1-to-3-year group. Professional growth was also chosen by the 4-to-6-year group, along with sound interdisciplinary teamwork and the relationship with the department director. In the 7-to-10-year group, the only factor that stood out clearly was the opportunity for professional growth.

Discussion

The results of this study indicate that years of experience affect what occupational therapists consider important in deciding whether to remain at or leave a current job. This idea is supported by Seybolt's (1986) study of nurses, which suggested that the intention to leave a current job was affected by various factors, depending on how long the nurse had been employed. As the number of years the therapist works increases, the important aspects of the job become clearer to him or her. Novice therapists were the least definite or clear about which factors were most important; they may find it more difficult to articulate their needs and what is important to them in a particular job. This group may warrant special attention by department directors, who can help them identify what is important to them in terms of job satisfaction. This can help in the development of retention strategies that meet those needs specifically.

The finding that paperwork is the leading stressor for all levels of staff supports Bailey's (1990) work; excessive paperwork was the most frequently chosen factor as contributing to attrition and was the least favorite aspect of the respondent's job in Bailey's attrition study. Excessive paperwork is also a major source of job dissatisfaction for nurses (Huey & Hartley, 1988). Occupational therapy managers need to critically examine the paperwork demands on their staff as part of an overall retention strategy.

Patient care is seen as one of the most rewarding aspects of a therapist's job for the novice and for those with up to 3 years of experience (92%). As the therapist gains experience and begins to accept new responsibilities (4-to-6-year group), program development becomes important and rewarding (72%), as does direct patient care.
care (67%). Management responsibilities are not seen as rewarding aspects of the job until the 7-to-10-year range of experience. A professional growth continuum can be seen in this progression through a clinical ladder from the novice clinician to the experienced supervisor. Staff should be nurtured through the development stages and given the opportunity to grow from one stage to the next naturally. This means that the professional development needs of the therapist also differ according to years of experience and where the therapists are in the continuum.

The finding that competing offers of increased salary and promotional opportunities are the most likely to be accepted by therapists across all levels of experience supports Bailey (1990), who found that poor promotional opportunities contributed to attrition. Occupational therapy department directors will need to develop appropriate clinical ladders to counteract the attractiveness of competing offers.

Summary
Retention strategies must be responsive to the various factors identified by occupational therapists as being important considerations in their decision to leave or remain at a job. The differences in what therapists consider to be important in relation to years of experience must be acknowledged. Managers might develop retention strategies by level; that is, for each level of experience, the manager would target specific strategies and professional growth activities. For example, a staff therapist with 5 years of experience might be given the opportunity to be involved with the development of a new program in the area of his or her special interest. In this way, the manager introduces the professional task needed at the next level of the department hierarchy and the therapist begins to gain new skills.

Additional research is needed to compare these results with results from a different geographic area. This study has limitations in its generalizability due to the use of only one geographic area being surveyed, the small sample size, and the focus on one group of occupational therapy practitioners (i.e., those in rehabilitation settings). Research could also be targeted to specifically explore which influences can be used to encourage staff members to remain at their current jobs. Another possible direction for future research would be to further examine the perceived needs of the novice therapist versus those of the experienced and master therapists and relate those findings to specific retention and staff development strategies.

Finally, there are similarities between the factors contributing to attrition from the profession found in Bailey’s (1990) study and the factors identified in the present study as considerations for leaving a present job. Particularly, the stressors of paperwork and the opportunities for promotion and salary increases were noted as factors in both studies. These and other similarities make it imperative for occupational therapy managers to prioritize the development of retention strategies that address these issues. By increasing our ability to retain occupational therapists in our work settings and in the profession in general, we will be better able to effectively manage the current and projected shortage of occupational therapists in rehabilitation.

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References