Reasons for Choosing Occupational Therapy as a Profession: Implications for Recruitment

Karen R. Cooperstein,
Kathleen Barker Schwartz

Key Words: career choice • education • students, occupational therapy—recruitment

This study examines the ways in which 272 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. The data were analyzed according to age, sex, and geographic region to identify potential ways to improve recruitment efforts. The results indicated that therapists most often learned of the profession while working in a health care setting. First exposure to occupational therapy was usually through an acquaintance in the profession, a family member, or a friend. The primary reasons for choosing occupational therapy included a desire to help people with disabilities, the promise of challenge and variety, the opportunity to work in a health care setting, and the belief that jobs are plentiful. The factors most likely to dissuade people from the profession were the expense of an education and lack of a clear understanding of occupational therapy.

According to the U.S. Department of Labor's moderate growth projections (Kutscher, 1990), the number of positions available for occupational therapists will increase approximately 49% between the years 1988 and 2000. This translates to an increase of 10,000 positions. Because 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 to meet the demand.

The importance of effective recruitment methods for occupational therapy cannot be overemphasized. Unlike common careers, such as those in medicine, law, or acting, 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 occupational therapy. 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, educational programs may experience decreased enrollment and a high dropout rate. Furthermore, understaffed occupational therapy departments can compromise patients' care due to overworked therapists who may burn out and ultimately leave the profession, thus perpetuating the shortage of occupational therapists. 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 clients, who will not receive occupational therapy services, and the integrity of the profession (American Occupational Therapy Association [AOTA], 1985).

There has been a concerted effort in the past 5 years to increase recruitment efforts. Addressing the personnel shortage is the first priority of the AOTA 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 the strategy proposed by Townsend is to maintain the strength and effectiveness of the occupational therapy profession. The survey of new therapists in the present study can provide information to assist in this endeavor.

Purpose

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

This study addressed 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 sex-, 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 education program?

Literature Review

The occupational therapy literature contains several studies concerning recruitment. Pickett (1961) cited personal contact as the most frequent first source of information about occupational therapy as well as the most influential. Pang (1971) found that the highest-ranked reasons for deciding to major in occupational therapy were (a) a desire to help the disabled, (b) contact with patients, and (c) an interest in arts and crafts. In a study of the characteristics of college students enrolled in occupational, physical, and speech therapy educational programs, Holmstrom (1975) concluded that the two most influential factors in choosing a therapy profession were the opportunities to work with others and to help others. Additional factors included the chance to make a contribution to society and the opportunity to work with ideas.

Twenty years after Pickett's (1961) study, a survey by Townsend and Mitchell (1982) revealed personal contact (i.e., friend, relative, or health professional) to be the most influential recruitment factor for potential occupational therapists. Other recruitment methods named included volunteer work, books, and guidance counselors. Similarly, Madigan (1985) found that most occupational therapy students learned of the field from an occupational therapist or an occupational therapy student. Reasons given for entering the profession were similar to previous studies; the primary factors identified were the opportunities to work with people and to help others. In their examination of the effects of recruitment efforts since 1983, Wyrick and Stern (1987) found the most common sources of information about occupational therapy to be occupational therapy students, family, friends, parents, and volunteer work.

A search of nursing and physical therapy literature revealed little research on why and how people initially chose those professions. Rather, most research focused on staff recruitment methods, thus it was directed at those already in the field. Tsuda, Kiser, and Shepard (1982) found that the most common source of knowledge about physical therapy was television. Other sources included family members who had received physical therapy and teachers or counselors. Tise (1988) studied reasons why persons chose nursing careers and found that the major factors included satisfaction of helping others, diversity of opportunity, reasonable starting salaries, availability of jobs, and plentiful financial aid. Kohler and Edwards (1990) examined the perceptions of nursing among high school students. The most frequent source of information about nursing was observation of a nurse followed by watching television and knowing a nurse.

A comparison of the occupational therapy studies with studies done in other allied health fields revealed common motivating factors to be helping and working with people (Holmstrom, 1975; Madigan, 1985; Pang, 1971; Tise, 1988). A fundamental difference was that most people already knew about nursing and physical therapy, frequently from direct contact and from seeing these professions portrayed on television. In contrast, occupational therapy, a profession that is less well known, relied on word-of-mouth information through personal contacts.

Method

Subjects

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

Two hundred seventy-three subjects (63%) returned their questionnaires. One questionnaire was received after the data had been tabulated and was excluded. An additional 10 questionnaires were returned undeliverable by the U.S. Post Office. Replies were received from 224 of the 350 women surveyed (64%) and from 49 of the 84 men (58%).

Instrument

A printed questionnaire was developed for the study. It contained multiple-choice and one-word-answer items 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.

Procedure

Two identical sets of mailing labels with names and addresses of the subjects were obtained from the AOTA 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 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, a statement of participation in research, a postcard with which to request a report of the findings, and a stamped return envelope. Reminder cards were sent 4 weeks after the questionnaires were mailed.

**Results**

The data are based on responses from 273 questionnaires. However, because not all of the respondents answered all of the questions on the questionnaires, the number of responses ranged from 241 to 271.

**Demographic Data**

The respondents for this study ranged in age from 22 to 52 years (N = 271), with a median age of 25 years. At the time of the survey, 265 (97.8%) of the respondents were employed as occupational therapists, and 6 (2.2%) were not. Two hundred thirty-eight of the respondents (87.8%) had a baccalaureate degree in occupational therapy, 26 (9.6%), a master’s degree; and 7 (2.6%), a certificate in occupational therapy.

**Ways in Which Occupational Therapists Learned of the Profession**

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%). Next was “A visit to a hospital or clinical setting,” which was selected by 91 people (33.5%). The third most frequent answer was “Literature from a particular school,” indicated by 77 persons (28.3%). Table 1 shows the frequencies and percentages of the ways in which occupational therapists learned about occupational therapy. “Other” responses included “A career or health professions book” (n = 11), “As part of a class” (n = 11), and “Researching allied health professions” (n = 3).

**Reasons for Choosing Occupational Therapy**

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 (see Table 2). Ninety-five respondents (38.3%) indicated this reason as their first choice. In all, 175 (70.8%) of those who completed the question listed helping the disabled as influential.

<table>
<thead>
<tr>
<th>Issue</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help disabled people</td>
<td>175 (70.8)</td>
</tr>
<tr>
<td>Challenge/variety</td>
<td>150 (60.7)</td>
</tr>
<tr>
<td>Work in health setting</td>
<td>116 (46.9)</td>
</tr>
<tr>
<td>Many jobs available</td>
<td>104 (42.1)</td>
</tr>
<tr>
<td>Holistic approach</td>
<td>108 (33.6)</td>
</tr>
<tr>
<td>Lots of personal contact</td>
<td>75 (30.3)</td>
</tr>
<tr>
<td>Chance to use creativity</td>
<td>71 (29.9)</td>
</tr>
<tr>
<td>Good salary</td>
<td>61 (24.7)</td>
</tr>
<tr>
<td>Work with children</td>
<td>35 (14.2)</td>
</tr>
<tr>
<td>Could not get into physical therapy</td>
<td>25 (10.5)</td>
</tr>
<tr>
<td>Opportunity for advancement</td>
<td>24 (9.7)</td>
</tr>
<tr>
<td>Combines crafts and medicine</td>
<td>23 (9.3)</td>
</tr>
<tr>
<td>Other</td>
<td>22 (8.9)</td>
</tr>
<tr>
<td>Advice from someone</td>
<td>21 (8.5)</td>
</tr>
</tbody>
</table>

*Note: Participants were allowed to choose 4 items.*
Reasons Against Choosing Occupational Therapy

A question regarding what factors could have influenced therapists against choosing occupational therapy as a profession 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 persons who decided to pursue the profession of occupational therapy, it is likely that many 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 that may have influenced respondents 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 first by 55 respondents (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 (AOTA, 1988), 29 states in the United States had public universities that offered a professional occupational therapy major. Four additional states plus Washington, DC, had occupational therapy programs in private universities only, and 17 states had no occupational therapy programs.

The second most frequent answer, given by 134 people (54.9%), was “Didn’t understand what occupational therapy is.” This was the most influential factor against choosing occupational therapy for 47 respondents (19.5%).

Although representing only 6.1% of the respondents, it is compelling to notice that 15 persons 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, such that they added it by their own initiative, then it is likely that this represents the unspoken concern of many others as well. The cumulative data from this question are presented in Table 3.

Sex-, Age-, and Geography-Related Trends

Men were attracted to occupational therapy by prospects of good salary [$\chi^2(1, N = 248) = 6.36, p < .05$] and career advancement [$\chi^2(1, N = 248) = 29.21, p < .001$] and were deterred by the perception of occupational therapy being a primarily female profession, cited by 58.3% of the male respondents [$\chi^2(1, N = 244) = 57.9, p < .001$]. Women were attracted to occupational therapy by the challenge and variety offered by occupational therapy [$\chi^2(1, N = 248) = 2.86, p < .10$], and were dissuaded by perceptions of poor potential for career advancement [$\chi^2(1, N = 244) = 6.72, p < .01$] and the possibilities offered by other career options [$\chi^2(1, N = 244) = 6.92, p < .01$].

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 to 13 years of age), high school (14 to 17 years of age), early college (18 to 20 years of age), late college (21 to 25 years of age), and reentry age (26 to 44 years of age). No respondents were in the pre-high school age group when they made the decision to study occupational therapy.

The positive influence of the possibility of career advancement increased with age [$\chi^2(3, N = 248) = 13.222, p < .01$], and the opportunity to use creativity was most powerful among those who chose occupational therapy while in high school [$\chi^2(3, N = 248) = 17.062, p < .001$]. The holistic approach to health care offered by occupational therapy was significantly more influential to the reentry age group than to any other set [$\chi^2(3, N = 248) = 9.673, p < .05$]. 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 [$\chi^2(3, N = 244) = 17.445, p < .001$]. 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 [$\chi^2(3, N = 244) = 10.023, p < .02$].

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Reasons That Respondents Gave as Most Influential Against Choosing Occupational Therapy (N = 244)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>n (%)</td>
</tr>
<tr>
<td>Expense of education</td>
<td>138 (56.6)</td>
</tr>
<tr>
<td>Did not understand what occupational therapy is</td>
<td>134 (54.9)</td>
</tr>
<tr>
<td>Training too difficult</td>
<td>84 (34.4)</td>
</tr>
<tr>
<td>Afraid of not being accepted</td>
<td>84 (34.4)</td>
</tr>
<tr>
<td>Length of training</td>
<td>79 (32.4)</td>
</tr>
<tr>
<td>Other field of interest</td>
<td>70 (28.7)</td>
</tr>
<tr>
<td>Distance of nearest program</td>
<td>66 (27.0)</td>
</tr>
<tr>
<td>Salaries not high enough</td>
<td>66 (27.0)</td>
</tr>
<tr>
<td>It is a female profession</td>
<td>50 (22.9)</td>
</tr>
<tr>
<td>Poor chance for advancement</td>
<td>40 (16.4)</td>
</tr>
<tr>
<td>Interest in physical therapy</td>
<td>39 (16.0)</td>
</tr>
<tr>
<td>Other</td>
<td>28 (11.5)</td>
</tr>
<tr>
<td>Lack of respect</td>
<td>15 (6.1)</td>
</tr>
</tbody>
</table>

Note. Participants were allowed to choose 4 items.
Factors Against Completing Education

Among the 272 respondents, 37 (13.6%) reported that they encountered no major difficulties while completing their education. Money was the most frequent problem cited. Financial difficulties were reported to be problematic for 155 persons (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 was 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.

Study Limitations

Because of the relatively small sample size used in this study, information about the ages or geographic regions that comprised a small percentage of the total population may have been insufficient to draw accurate conclusions. Additionally, the subjects were drawn from a specific time frame, thus it is possible that as a group they were influenced by unique factors, such as the country's political climate or economic condition. 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.

Discussion and Recommendations

This research suggests that there have been marked changes in the reasons for becoming an occupational therapist since Pickett's 1961 study. Although 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, the desire to work with people, and the diversity of experiences offered by occupational therapy. Current research indicates a greater concern for success-related issues, such as availability of jobs and the expectation of earning a good salary.

The most fundamental issue is the continuing lack of understanding of occupational therapy as a profession. It is important to reiterate that of the 272 persons who completed questionnaires, only 7 (2.6%) had heard of occupational therapy before 14 years of age, while an additional 30.7% learned about occupational therapy 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 by the time they are teenagers. 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 (54.3% in this study), it is likely that there are more people who would be excellent candidates, but choose something else because they are not aware of occupational therapy.

As this and previous research has indicated, personal contact is the most important way to influence people to consider occupational therapy as a 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 occupational therapist. For the entire subject pool, the top four ways persons first learned about occupational therapy were through friends (occupational therapist or non-occupational therapist), 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 occupational therapist, they must be informed themselves. 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.

Recommendations for Further Research

Several implications for further research are identified by this survey. One topic for further research could be a study of persons in other health professions to determine if they knew of occupational therapy when they chose their careers and whether they considered occupational therapy as a possibility. It would also be of interest to learn if those who did not know about occupational therapy 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 regarding 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 AOTA 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 he or she is a student, help convey that occupational therapy is a career option with a future.

Acknowledgment

We acknowledge the California Foundation for Occupational Therapy for the research grant to fund this study.

This paper is based on research conducted by the first author in partial fulfillment of the degree of master of science in occupational therapy at San Jose State University, San Jose, California.

References


---

The Gem of the Southwest

Santa Fe, New Mexico, is the gem of the Southwest with its azure skies and pine green forests. Working at St. Vincent Hospital will bring you into this treasured world. We seek OTRs for the following full-time positions:

- **Inpatient Rehab** – Work with a multidisciplinary team treating a strong neuro population.
- **Outpatient Physical Rehab** – Enjoy variety and autonomy handling inpatients and outpatients including pediatrics.

RELOCATION BONUS, employee wellness programs, and highly competitive pay and benefits are reasons to work at St. Vincent. Style and charm are reasons to live in Santa Fe – the gem of the Southwest! Contact St. Vincent Hospital, Human Resources, P.O. Box 2107, Santa Fe, NM 87504, 800-545-2090. EOE, M/F/V/H.

The American Journal of Occupational Therapy

Genuine leather moccasins are easy to make

[Image: Genuine leather moccasins are easy to make]

Just lace & go!

[Image: Just lace & go!]

This economical kit is ideal for building good hand-eye coordination. Kits include lace and tough, pre-punched suede leather with pre-attached foam insoles. Sizes 4-5, 6-7, 8-9, 10-11, 12-13. In medium widths only. Women order shoe size, men order one size larger. Fast and easy! FREE! 1992 full-line catalog with your order!

Order now for bonus!

Tandy Leather Company

Send $8.69 plus $1.50 pstg./mdg. per kit to: Tandy Leather Co., Dept. AJ592, P.O. Box 2934, Ft. Worth, TX 76113. Offer expires 10/31/92. TX residents add 7% sales tax. Good in U.S. and U.S. possessions only.