Reasons for Attrition From Occupational Therapy

Diana M. Bailey

Key Words: allied health personnel • occupational therapists, manpower

This study examined the reasons why occupational therapists have left the field of occupational therapy. The purpose of the study was to find ways to prevent attrition and to bring back those who have left the field as a means to address the profession's personnel shortage. Questionnaires from 696 therapists who have left the profession were analyzed. The therapists' most common reasons for leaving were (a) childbearing and child rearing; (b) geographic relocation and subsequent inability to find a job; (c) excessive paperwork; (d) desire for increased salary and promotional opportunities; (e) high caseloads, stress, and burnout; (f) the actual practice of occupational therapy not being what was expected; (g) dissatisfaction with bureaucracy; (h) the chronicity and severity of the clients' illnesses; and (i) an inability to find part-time work. Most therapists who left the profession did not return to practice because they felt professionally out of date and unable to compete with younger therapists.

Occupational therapists and health administrators have long been concerned about the shortage of occupational therapists (Acquaviva & Presseller, 1983; Bender, 1966; Eichler, 1967; Neuhaus, 1969; Robinson, 1961; Rusk, 1949; Smith, 1963; Stattel, 1966; Townsend & Mitchell, 1982). Recently, the shortage has become critical (“Healthy Job Market,” 1987; Silvestri & Lukasiewicz, 1987; Snyder, 1987; “Staff Shortages,” 1987), and there is increasing pressure to boost the number of therapists practicing in the field. The U.S. Bureau of Labor Statistics predicted that occupational therapy will remain among the top 20 growth professions through the year 2000 (Silvestri & Lukasiewicz, 1987) and that an additional 15,000 occupational therapists, or 52.5% of the current numbers, will be required to fill this need.

The American Occupational Therapy Association (AOTA) (1985), in calculating the shortage of occupational therapists nationwide, applied the 75th percentile of the highest, or ideal, ratio of therapists to the population, broken down by state. With this method, AOTA found that 51,066 occupational therapists were needed in 1983, which represented a shortage of 23,707 therapists. The authors projected a need in 1990 for 54,503 occupational therapists. Under the assumption that the profession continues to produce and lose therapists at the current rate, in 1990 there will be a shortage of 25,071 therapists. Locascio (1984) stated that the occupational therapy “educational system adds 1,700 therapists to the workforce each year, which is 800 short of the 2,500 therapists needed” (p. 1). Of these vacancies, 1,300 are new openings and 1,200 are replacement positions (“Future Manpower Needs,” 1980).

The attrition of occupational therapists from the workforce is a major contributor to the shortage, and retention is of primary importance in keeping a viable number of therapists practicing in the field. Some occupational therapy positions remain unfilled for long periods of time, and many dollars are spent advertising long-vacant positions. Some positions are lost when employers cannot fill them. Many patients are thus denied the benefits of occupational therapy, and occupational therapy loses its importance in that facility.

The purpose of the present study was to identify why occupational therapists are leaving the field, so that we can take the necessary steps to change certain conditions that affect occupational tenure, thereby ameliorating harmful variables and exploiting beneficial ones.

Literature Review

I assumed that those health professions staffed predominantly by women would show different reasons

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for attrition than those staffed by men. Thus, I reviewed literature concerned only with female-dominated health professions. This study is concerned solely with the reasons for female attrition from the field of occupational therapy. The reasons for attrition found in the literature may be divided into the following categories: (a) job dissatisfaction factors, (b) economic factors, (c) family responsibilities, and (d) other factors.

Job Dissatisfaction Factors

Huey and Hartley (1988) found that the following factors, in order of importance, contributed to nurses leaving their profession: (a) lack of child care facilities, (b) lack of support from hospital administrators, (c) excessive amounts of paperwork, (d) lack of support from nurse administrators, (e) low salary, (f) low ratio of registered nurses to patients, and (g) lack of continuing education, in-service training, and fringe benefits.

Occupational therapists, on the other hand, mentioned the following dissatisfaction factors for leaving the field: (a) role ambiguity (Biers & Murphy, 1970), (b) depression and disillusionment in dealing with severely and chronically ill psychiatric patients (Burnett-Beaulieu, 1982), (c) the need for control over hours and the lack of part-time work (Flint & Spensley, 1968), (d) the need for more challenge and autonomy, and (e) the lack of a career ladder (Madill, Brinnell, Stewin, Fitzsimmons, & Macnab, 1985). Recurrent back strain, physician ignorance about physical therapy training, and the lack of a career ladder were listed in Gomez’s (1978) study of physical therapists who have left practice. Additionally, nurses, social workers, and occupational and physical therapists all mentioned burnout, stress, disillusionment, frustration with bureaucracy, and poor promotional opportunities as reasons for leaving their professions (Biers & Murphy, 1970; Burnett-Beaulieu, 1982; Cleland, Bass, McHugh, & Montano, 1976; Gomez, 1978; Herrick, Takagi, Coleman, & Morgan, 1983; Madill et al., 1985).

Economic Factors

The literature cites numerous economic reasons given by health professionals for leaving their fields, including pay inequity, poor promotional opportunities, and other family income being available so that the health professional did not have to work. In Huey and Hartley’s (1988) study of nurses, salary had dropped from the number one dissatisfaction factor in 1980 to the fifth spot in 1987, whereas dissatisfaction with fringe benefits had dropped from the ninth to the tenth position.

Low salary alone (Gomez, 1978; Herrick et al., 1983; Stone & Athelstan, 1969) and low salary coupled with the high cost of working (e.g., child care costs) (Cleland et al., 1976; Flint & Spensley, 1968; Gomez, 1978) were cited by occupational and physical therapists and social workers as reasons not to continue working. An article in the Boston Globe (Snyder, 1987) stated that “many single women in teaching, social work, nursing and other helping professions are leaving them in their late 20’s and early 30’s for jobs offering higher salaries” (p. 37).

Family Responsibilities

The lack of available child care has moved into the top position as a contributor to nurses’ reasons for leaving their profession (Huey & Hartley, 1988). Family responsibilities are often mentioned by nurses as their reason for leaving, and some specify time conflicts between their jobs and family activities as a major contributor (Cleland et al., 1976). In Knopf’s (1979) nurse-career pattern study, 29% of the married nurses worked full-time, 27% worked part-time, and 44% were not employed outside the home. Work status was closely related to the presence of children in the home.

Pregnancy and child rearing were found to be the most common reasons for social workers and occupational and physical therapists to leave their jobs (Flint & Spensley, 1968; Gomez, 1978; Herrick et al., 1983; Madill et al., 1985). Biers and Murphy (1970) found that some therapists’ husbands did not wish them to work, and Hiller and Philliber (1980) found that the number of preschool children at home was highly correlated with a woman leaving her profession.

Other Factors

Mallinger (1984) found that nurses who had left nursing often had entered nursing “by default” and were better educated than those who stayed. Donsky and Judge (1983) found that the nurses who had left the profession had begun their nursing education at an earlier age than the nurses who stayed. Physical therapists complained of sex discrimination in promotion (Gomez, 1978), and both physical and occupational therapists left in large numbers to return to school to train in other fields (Gomez, 1978; Madill et al., 1985). Madill and colleagues (1986) found that Canadian occupational therapists with two profoundly negative work experiences usually left the field after the second negative experience.

The literature concerning reasons for health professionals leaving their fields often addresses the reasons why those who have left are not returning to their fields. Social workers cited the unavailability of suitable jobs (Herrick et al., 1983), and occupational and
physical therapists stated that after relocating with their families, they were unable to find jobs in their specialty areas (Biers & Murphy, 1970; Gomez, 1978; Madill et al., 1986). Madill and colleagues (1986) found that some Canadian occupational therapists who relocated, taken a job in a new specialty area, and then left occupational therapy after not doing well in the new specialty.

Finally, occupational and physical therapists said that after being out of the field for a number of years, they felt they needed refresher courses or on-the-job retraining, neither of which they were able to find (Biers & Murphy, 1970; Flint & Spensley, 1968; Gomez, 1978; Madill et al., 1985).

**Method**

The subjects were female certified occupational therapists who had left the profession either permanently or temporarily. The following groups were surveyed with a questionnaire:

- 500 randomly selected occupational therapists who had completed the 1986 AOTA Member Data Survey (AOTA, 1987) saying that they were not working currently but planned to return to occupational therapy
- 500 randomly selected occupational therapists who had completed the 1986 AOTA Member Data Survey saying that they were not working currently and did not intend to return to work
- 500 randomly selected occupational therapists who had let their AOTA memberships lapse during 1987
- 63 therapists whose names were provided by colleagues and who were thought to be working in non-occupational therapy jobs

A 54-item questionnaire was constructed that reflected the concerns found in the literature, including career history, geographic location, maintenance of professional skills, type of clients served, further education, family responsibilities, and economics. Open-ended questions were added to elicit additional reasons for leaving the field. Frequencies and cross-tabulations were run on the data to compile reasons for leaving or for not returning to occupational therapy.

**Results**

Of the 1,563 surveys mailed, 940 (60%) were returned, 696 (45%) of which were usable. Of the unusable surveys returned, 21 were rejected because they were completed by men (this study was concerned with women's attrition only); 116 were rejected because the respondents had retired at full retirement age (however, early retirees were included in the sample because their reasons for choosing early retirement were potentially relevant to the study); and 107 were rejected because those respondents were still working as occupational therapists.

The study sample comprised 102 women currently employed full-time in non-occupational therapy fields, 115 employed part-time in non-occupational therapy fields, 220 not working who stated that they planned to work again as occupational therapists, 65 not working who stated that they planned to work again but not as occupational therapists, and 194 who were not working and did not intend to return to outside employment.

Of the 696 respondents, 80% were married; 14% were single; and 6% were separated, divorced, or widowed. When asked if they still identified themselves as occupational therapists, 27% of those working in non-occupational therapy jobs stated that they did, and 28% of those not working at all stated that they did. In response to the question, Does your occupational therapy training help you in your full-time or part-time non-occupational therapy job? 52% replied that it did help very much and 40% replied that it did help somewhat to moderately.

Of those who left the field, 63% had planned to take time off from their jobs to have and raise children, and 37% said that they had not planned to do so. When those who had left were asked how long they planned to take off to raise children, 10% said less than a year, 13% said 1 to 3 years, 17% said 4 to 5 years, and 60% said more than 5 years. Although the accuracy of these predictions cannot be determined, they do show that a large percentage of occupational therapists plan to take long periods off from their profession to have and raise children.

The average number of years spent in the field was calculated for the respondents. The largest group who left (35%) did so after working 5 to 10 years in occupational therapy, the next largest group (21%) left after 10 to 15 years, and the third largest group (19%) left after 0 to 5 years.

**Negative Aspects of Jobs**

When those who left were asked what they liked least about their jobs and if that item contributed to their leaving occupational therapy, one third stated that the thing they liked least about their job did contribute to their leaving the field. The items that they listed included (a) the lack of respect for occupational therapy by other professionals (39 respondents); (b) the lack of understanding of occupational therapy by other professionals (36); (c) excessive paperwork (33); (d) red tape and bureaucracy (30); (e) limited advancement, both professionally and financially (28); (f) stress, overload, and the daily dealing with others' trauma and pain (26); (g) the chronicity and
severity of patients' illnesses (15); (h) continually having to justify occupational therapy for reimbursement (9); (i) the difficulty of coping with job and family (7); (j) role conflict with physical therapy (7); (k) being the only occupational therapist in a setting; (6), and (l) long hours and a long commute to work (4).

**Geographic location.** Because the literature indicated that geographic location is an important factor in the ability to find a job (Biers & Murphy, 1970; Gomez, 1978; Herrick et al., 1983; Madill et al., 1986), those who left were asked if they had relocated because their husbands had new job opportunities and if this had had an effect on their ability to find a job. Of the 280 who reported relocating with their husbands, 76 (27%) could not find a new job in occupational therapy and had stopped working, and 67 (24%) could find only non-occupational therapy jobs. Therefore, 143 of the therapists in this study have been lost to the profession because of the location of their husbands' jobs.

Of the 114 respondents whose family responsibilities influenced their geographic location (e.g., parental illness, child care), 48 (33%) had to compromise on the type of job they took, either by taking a non-occupational therapy job or by taking an occupational therapy job outside their specialty. Of the 192 respondents who settled in their geographic preference area by choice, 33 (17%) were obliged to take an occupational therapy job outside their specialty, and 61 (32%) were obliged to take a non-occupational therapy job.

**Professionally out of date.** In the present study, many of those who left the profession (261) said that they felt out of date. Ninety-eight (38%) of them sought refresher courses, 50 (51%) of whom were unable to find such courses. Several respondents commented that they had tried to find on-the-job training positions (paid or unpaid) to regain their skills but had been unsuccessful.

**Severity and chronicity of clients' illnesses.** Those who have left the profession were asked if the severity and chronicity of their clients' illnesses had contributed to their leaving, as posited by Burnett-Beaulieu (1982). The respondents' answers to this question and related questions are shown in Table 1.

**Clients' age group.** Some respondents indicated that the age group of the clients with whom they worked contributed to their leaving occupational therapy or to leaving a specific job; some respondents indicated that a particular group was depressing to work with (see Table 2).

**Return to school.** Of the respondents who have left the profession, 210 (31%) left to pursue a degree in another field, and 147 of those have completed their training. Of the 147 respondents who completed their training, 85% have worked or are still working in that new field. Their stated reasons for choosing the

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**Table 1**

Effects of Client Population on Occupational Therapists' Decisions to Leave the Profession (n = 590)

<table>
<thead>
<tr>
<th>Questions Asked of Respondents</th>
<th>Acute Psychiatric (n = 140)</th>
<th>Chronic Psychiatric (n = 41)</th>
<th>Acute Physical Disabilities (n = 154)</th>
<th>Chronic Physical Disabilities (n = 255)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you find it depressing working with this type of client?</td>
<td>21 (15%)</td>
<td>18 (44%)</td>
<td>27 (18%)</td>
<td>50 (20%)</td>
</tr>
<tr>
<td>2. Did the severity and chronicity of the clients' illnesses contribute to your leaving your job?</td>
<td>15 (11%)</td>
<td>12 (29%)</td>
<td>12 (8%)</td>
<td>40 (16%)</td>
</tr>
<tr>
<td>3. Did the severity and chronicity of the clients' illnesses contribute to your leaving occupational therapy?</td>
<td>11 (8%)</td>
<td>10 (24%)</td>
<td>8 (5%)</td>
<td>22 (9%)</td>
</tr>
</tbody>
</table>

Note. Numbers in table refer to number of respondents within the given specialty who answered yes to the question posed.

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**Table 2**

Effects of Clients' Age Group on Occupational Therapists' Decisions to Leave the Profession (n = 576)

<table>
<thead>
<tr>
<th>Questions Asked of Respondents</th>
<th>0-3 Years</th>
<th>4-21 Years</th>
<th>22-60 Years</th>
<th>61 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What age group did you work with?</td>
<td>26 (4%)</td>
<td>117 (17%)</td>
<td>346 (51%)</td>
<td>87 (13%)</td>
</tr>
<tr>
<td>2. Did you find it depressing working with this age group?</td>
<td>8 (30%)</td>
<td>21 (18%)</td>
<td>53 (15%)</td>
<td>31 (36%)</td>
</tr>
<tr>
<td>3. Did the clients' age group cause you to leave a job?</td>
<td>11 (42%)</td>
<td>25 (20%)</td>
<td>32 (9%)</td>
<td>21 (24%)</td>
</tr>
<tr>
<td>4. Did the clients' age group contribute to your leaving occupational therapy?</td>
<td>8 (54%)</td>
<td>20 (17%)</td>
<td>28 (8%)</td>
<td>14 (16%)</td>
</tr>
</tbody>
</table>

Note. Numbers in table to Questions 2, 3, and 4 refer to the number of respondents working with the given client age group who answered yes to the question posed.
new field of study included (a) seeking more challenge, more status, more autonomy, a career ladder, or more money; (b) being disillusioned with occupational therapy; and (c) seeking better hours, more pleasant work, and a less depressing environment. Of the respondents who returned to school and who are now working full-time in non-occupational therapy fields, 35 work in human services, 24 in business, 12 in sales, 10 in the arts, and 8 in education. In addition, 7 full-time students have chosen anthropology, special education, medicine, law, social work, or counseling as their new field of study.

Of the respondents now working part-time in non-occupational therapy fields, 44 work in business, 22 in education, 14 in sales, 13 in the arts, and 9 in human services. Forty-nine of the 115 respondents employed part-time in non-occupational therapy jobs have returned to school to train in the areas of physician's assistant, public administration, psychology, real estate, vocational rehabilitation counseling, business, education, special education, music, small business management, childbirth education, art, journalism, and videography.

Of the respondents training for new fields who were not working at the time of the study but who planned to work again in a non-occupational therapy field, 5 were interested in business administration; 4 in computer programming; 3 in education; 2 in law; and 1 each in the fine arts, physical education, speech pathology, guidance and counseling, marriage and family counseling, psychology, theology, fashion, image consulting, technical writing, and photography.

Non-supportive husband. In contrast to Biros and Murphy's (1970) findings that some therapists left because their husbands did not want them to work outside of the home, 61% of the respondents stated that their husbands were supportive of their working outside of the home, and only 8% stated that their husbands were not supportive. In even fewer cases did the husbands' negative attitudes contribute to the therapists' leaving the field.

Entering the field by default. Mallinger (1984) found that nurses who left their profession were often the ones who had entered nursing "by default," meaning that when they entered they were not strongly motivated for or against nursing but were offered only a limited choice of occupation. In the present study, 84 (12%) of the respondents who left occupational therapy classified themselves as having entered the field by default.

Flexible schedules. The literature states that many women would return to work if they could work part-time rather than full-time and if they could work on a schedule that fit with their families' needs (Castle & Johnson, 1968; Cleland et al., 1976; Flint & Spensley, 1968; Herrick et al., 1983). When asked if they would return to work if they could be part of a personnel pool in which they could choose their own hours, 41% (283) of the respondents indicated an interest in this kind of arrangement and indicated the ideal number of hours they would like to work as follows:

<table>
<thead>
<tr>
<th>Hours per week</th>
<th>No of therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>53</td>
</tr>
<tr>
<td>6-10</td>
<td>37</td>
</tr>
<tr>
<td>11-15</td>
<td>135</td>
</tr>
<tr>
<td>16-20</td>
<td>15</td>
</tr>
<tr>
<td>21-25</td>
<td>16</td>
</tr>
<tr>
<td>26-30</td>
<td>7</td>
</tr>
<tr>
<td>31-35</td>
<td>1</td>
</tr>
</tbody>
</table>

Seventy-five respondents (11%) indicated that they wished to return to occupational therapy but were unable to find a part-time job; 41 (6%) indicated that a part-time job was not economically viable. Sixty-seven respondents (10%) stated that they could not find a suitable job, and 20 (3%) indicated that they had not been offered a job. Eighty-seven (13%) of the respondents who wished to return to occupational therapy said that they did not feel able to compete with younger therapists in job hunting.

Number of children at home. Both the Knopf (1979) and the Hiller and Philliber (1980) studies found that the number of children at home is highly correlated with a woman leaving her profession. Of the respondents in the present study who had left the field, 422 (61%) had one or more children at home when they left the field: 18 had one child, 246 had two children, 121 had three children, 31 had four children, and 6 had more than four children. Of these women, 45 (19%) said that they had been unable to find household help or child care, so they had to stay home although they would like to continue working. The majority of the respondents (345, or 82%) reported that they preferred to stay home with their children, either full-time or part-time, despite the availability of household help and child care.

Economics. Seventy-four (11%) of the respondents stated that their salary was so low that they took a better paying job in another field, whereas 337 (48%) said that their salary was sufficient and had nothing to do with their reasons for leaving the field. Furthermore, 378 (54%) reported that their husbands' incomes were sufficient so that they did not need to work, and 86 (12%) of these respondents stated that their husbands' incomes were sufficient to allow them to change fields without considering income. Three of the respondents said their husbands' incomes were insufficient, so the therapists changed fields to earn more. (Some of the respondents checked more than one category, so the numbers totaled more than 100%.)

When the economic questions were correlated with marital status, it was found that almost four times as many single respondents as married respondents left occupational therapy because their salaries were too low—they took better paying non-occupational therapy jobs. However, equal percentages of single
and married respondents stated that their occupational therapy salaries were sufficient, but that they changed careers anyway.

Illness. A reason for leaving mentioned by several respondents that had not been included on the questionnaire was illness, either of the therapist herself or of a family member. Two respondents working in another field had left occupational therapy because of their husbands’ illness, 3 were not working at all, and 1 was working part-time in a non–occupational therapy job because of a family illness. Ten were working part-time in non–occupational therapy jobs and 4 were not working at all due to their own illness. Thirty-eight of the early retirees had retired because of personal illness and 18 because of family illness. Two respondents mentioned fear of AIDS as a contributing factor for their leaving the health care arena.

Although none of the literature reviewed mentioned illness as a reason for professionals to leave employment in significant numbers, it has been found that many female professionals are losing significant amounts of time from their jobs as a result of caring for sick elderly family members (Dietz, 1987).

Summary of Responses

Of the 217 respondents employed full-time or part-time in non–occupational therapy fields, 59 were employed in business, 51 in human services, 25 in education, 23 in sales, and 16 in the arts; 43 were students in another field. The major reasons these respondents gave for leaving occupational therapy are summarized in Table 3. The 110 respondents who retired early did so for the reasons listed in Table 4.

Of the 84 respondents who did not plan to return to outside employment, 42 had worked happily for 1 to 9 years in occupational therapy, had left to have children, and then never returned. At the time of the survey, these women had been out of the field for 2 to 29 years. Twenty-eight others had been employed unhappily as occupational therapists, usually suffering burnout, disillusionment, or insecurity. As one of these 28 respondents described it, she “escaped into motherhood” when the opportunity arose and did not return to occupational therapy.

In the remainder of this group who did not intend to return to practice, 1 respondent had alternated her time in and out of practice with raising a family and caring for sick relatives. Thirteen had raised children and had hoped to return to occupational therapy, but, of these respondents, 6 wanted part-time work and could not find it, 4 did not feel able to compete with younger therapists for jobs, and 3 could not find jobs in their geographic areas.

Summary

This paper has presented the purpose, method, and results of a survey of therapists who have left occupational therapy. The results and suggestions for retaining personnel in occupational therapy are discussed in the following paper (Bailey, 1990).

Table 4

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal illness</td>
<td>38</td>
</tr>
<tr>
<td>Illness in family</td>
<td>18</td>
</tr>
<tr>
<td>Stress and burnout on the job</td>
<td>14</td>
</tr>
<tr>
<td>To raise children</td>
<td>10</td>
</tr>
<tr>
<td>To be with husband in his retirement</td>
<td>9</td>
</tr>
<tr>
<td>To change fields for more personal satisfaction</td>
<td>6</td>
</tr>
<tr>
<td>Could not find job in new geographic location</td>
<td>5</td>
</tr>
<tr>
<td>For more money</td>
<td>3</td>
</tr>
<tr>
<td>For better hours for child rearing</td>
<td>2</td>
</tr>
<tr>
<td>Cutbacks in hospital personnel</td>
<td>2</td>
</tr>
<tr>
<td>Salary resulted in too much tax when combined with husband’s salary</td>
<td>1</td>
</tr>
<tr>
<td>No longer felt challenged by occupational therapy</td>
<td>1</td>
</tr>
</tbody>
</table>

References


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