The Relationship Between Admission Criteria and Practice Preferences

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A continual decline in the number of occupational therapists selecting mental health as their practice area has resulted in a personnel shortage. This study aimed at examining admission criteria to one occupational therapy program and the relationship of these criteria to practice preferences at admission. The question of whether current admission criteria are biased against those applicants preferring mental health practice is pertinent if the personnel shortage in mental health is to be alleviated. An analysis of the differences in practice preferences between accepted, alternate, and rejected groups of applicants indicated that such a bias did not exist. When admission was recalculated with only grade point average instead of the current procedure of a weighted combination of grade point average and interview, it was found that the admitted class would have contained more students preferring mental health practice. Additional research is recommended to further examine admission criteria and their relationship to practice.

A critical shortage of occupational therapists specializing in the area of mental health was initially identified in 1976 (American Occupational Therapy Association, 1976), and this shortage still concerns administrators, clinicians, educators, and researchers within the occupational therapy field (e.g., Bonder, 1987; Kielhofner & Barris, 1984). Several studies (Christie, Joyce, & Moeller, 1985a, 1985b; Ezersky, Havazelet, Scott, & Zettler, 1989; Page, 1987; Wittman, Swinehart, Cahill, & St. Michel, 1989) have aimed at examining factors that affect the choice of mental health practice. The results of these studies suggested that choices concerning career specialization are made at discrete time periods: at preadmission, during academic course work, and during Level I and Level II fieldwork. Wittman and colleagues (1989), however, reported that, between the time of preadmission and the first professional position, there was a 1% decrease in the overall percentage of persons interested in mental health practice. The reported percentage of persons declaring an interest in mental health practice is low (13%) compared with that for physical disabilities (57%) (Wittman et al., 1989).

A similar shortage of mental health specialists exists in the field of medicine, and, as in occupational therapy, a number of research studies have tried to identify the factors influencing practice choices and the reasons for the shortage of persons selecting psychiatry as their specialty area. Bruhn and Parsons (1964) suggested that students choosing psychiatry had an interest in this area before they entered medical school. Nielsen and Eaton (1981) developed a profile of persons interested in psychiatry and found that they had a higher frequency of humanities or social science degrees and demonstrated less interest in or preference for the hard sciences. They received their highest medical school admission test scores on the verbal and general information sections. Eagle and Marcos (1980) indicated that persons interested in psychiatry tend to favor abstract ideas; be more reflective; have a greater tolerance for ambiguity; and score higher on measures of nurturance, intimacy, and autonomy. They also reported that although persons who choose psychiatry may have a high scholastic ability, they are more likely to have a lower class rank. Scher, Carline, and Murray (1983) stated that medical school admission committees favored students with a strong background in the biological and physical sciences. This combination of factors—that persons interested in psychiatry tend to prefer the social sciences, that they tend to have lower grade point averages, and that medical school admission committees tend to favor those applicants with a strong biological and physical sciences background—supports the possibility that an admission...
bias exists and may therefore account for a diminished number of medical students who select psychiatry as their practice specialty.

Personality differences have been noted between occupational therapists specializing in physical disabilities and those specializing in mental health. Brollicer’s (1970) study of the personalities of occupational therapists found that those working in physical disabilities scored higher in the areas of deference and order, whereas those working in mental health scored higher in the areas of autonomy and dominance.

Both academic achievement identified through grade point average (GPA) and personality factors identified through interview are often considered during the selection process for occupational therapy programs (Johnson, Arbes, & Thompson, 1974). Sabari (1985) said that, although the purpose of admission is to limit entry to those persons who possess qualities in line with perceived professional values and goals, there is a lack of clarity among occupational therapists as to which qualities they value for admission purposes. Considering this lack of clarity, the admission procedures of various occupational therapy programs probably reflect the goals and values of each program’s faculty; therefore, they might favor those persons with a greater interest in a particular practice area. Because the overall percentage of occupational therapy students preferring mental health does not change significantly from predmission to job selection (Wittman et al., 1989), perhaps an increase in the percentage of those preferring mental health practices at admission would result in an increase in those practicing in mental health upon graduation. An important step in effecting change, therefore, might be to examine occupational therapy admission procedures for potential biases that might be eliminating a disproportionate number of applicants who would prefer to practice in mental health. Relative to this issue, we chose to examine the occupational therapy admission process at Indiana University in Indianapolis, Indiana. The baccalaureate occupational therapy program at Indiana University admits students once a year. Admission to the program is based on a weighted combination of cumulative GPA (60%) and composite interview scores (40%). At the time of their interview, the applicants must have a minimum GPA of 2.7 (on a 4.0 scale) and must have completed at least 40 semester credit hours, 21 of which must be from prerequisite courses. The interviews are conducted by three-person teams: an occupational therapist from the faculty, an occupational therapy clinician, and a generalist (e.g., a representative from a third-party payer, a career counselor, a psychologist, or another member of the university community). The faculty and clinicians represent multiple occupational therapy practice areas, and the students are assigned randomly to an interview team. The interview consists of six predetermined questions asked in a specific order (see Table 1). Each interviewer independently records a numerical score based on the applicant’s responses to each interview question. The total interview scores are then averaged, and each applicant’s interview score is combined with his or her GPA. The applicants are ranked numerically, and letters of acceptance are sent out to the top-ranked students (based on an anticipated class size of 40 students).

Method

Sample. The subjects for this study were applicants to the Indiana University baccalaureate occupational therapy program for the academic year beginning in the fall of 1988. An applicant was defined as any person who completed both the written application and the interview process.

Procedure. A questionnaire was mailed to all 98 applicants before their notification of status regarding acceptance or rejection by the occupational therapy program. The questionnaire was designed to identify each applicant’s practice preferences. Each applicant was first asked to indicate on a 5-point Likert-type scale ranging from strongly agree (1) to strongly disagree (5) the extent to which he or she desired to work with people with physical disabilities and with people with mental health problems. The applicants were then asked to choose which of the two areas they would prefer. The applicants were also asked to indicate what people or experiences might have influenced their practice choice. Upon receipt of the completed questionnaires, each applicant’s current GPA and composite interview scores were recorded. The data analysis included descriptive statistical and chi-square analyses.

Results

Eighty (82%) of the 98 applicants returned the questionnaires, 40 of whom were to be accepted into the occupational therapy program initially, 20 of whom were to be rejected, and 20 of whom would be placed on an alternate list (i.e., they were qualified to be accepted but fell below the cutoff for class size restrictions). Alternates may move into the accepted class as spaces open up due to attrition from the initial group accepted. The age range of the applicants was 19 to 33 years, with no significant differences between the mean ages of the three groups.

An analysis of the forced-choice preference ratings within each group indicated a significant difference between those preferring to work with persons with physical disabilities and those preferring to work
Table 1
Occupational Therapy Admissions Interview Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Acceptable Response</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During high school and college, what have you done besides go to classes? What aspect of these experiences have you liked the most? Least? Why?</td>
<td>Sense of responsibility, initiative, leadership competency; realistic appraisal of negative situation; a balance of activities; individual/group; self-initiated/instigated by others; benefiting self/benefiting others; constructive use of time; activities that support personal growth.</td>
<td>4—Superior</td>
</tr>
<tr>
<td></td>
<td>Knowledge of the field; use of sound problem-solving skills in choice; matching of personal assets to OT; internal motivation toward choice of OT; commitment to OT</td>
<td>5—Good (+)</td>
</tr>
<tr>
<td></td>
<td>Knowledge of the field, self-awareness in terms of strengths; ability to discuss personal characteristics</td>
<td>3—Good (+)</td>
</tr>
<tr>
<td></td>
<td>Good decision-making skills; willingness to take a calculated risk; sense of autonomy; alternatives had been thought of and considered.</td>
<td>2—Good (-)</td>
</tr>
<tr>
<td></td>
<td>A realization that communication skills and personality are important in the practice of occupational therapy; admission to the program should be based on more than grade point average.</td>
<td>1—Vague, unclear</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>0—Inappropriate</td>
</tr>
<tr>
<td>2. In choosing a career, how and why did you choose occupational therapy instead of another helping profession?</td>
<td>-</td>
<td>Not rated</td>
</tr>
<tr>
<td>3. What characteristics or traits do you possess that would make you an effective occupational therapist?</td>
<td>-</td>
<td>Not rated</td>
</tr>
<tr>
<td>4. When faced with important decisions, how do you go about planning what you are going to do? Can you give an example?</td>
<td>-</td>
<td>Not rated</td>
</tr>
<tr>
<td>5. Why do you think that an interview is used in the selection of occupational therapy students?</td>
<td>-</td>
<td>Not rated</td>
</tr>
<tr>
<td>6. Do you have any questions or do you have anything else you would like to tell us about yourself?</td>
<td>-</td>
<td>Not rated</td>
</tr>
<tr>
<td>7. Questions to the interviewer: Would I want this person to be my therapist?</td>
<td>-</td>
<td>Not rated</td>
</tr>
</tbody>
</table>

Comments: (Feedback or impressions regarding the candidate's performance)

Note: OT = occupational therapy.

with persons with mental health problems in both the accepted group ($df = 2, \chi^2 = 17.68, p < .001$) and the rejected group ($df = 2, \chi^2 = 14.52, p < .001$). Although these two groups reported a clear preference for physical disabilities, no significant differences were noted in the preferences of the alternate group. An analysis of practice preference choices between groups was not significant ($df = 2, \chi^2 = 1.98, p = .39$ [not significant]) (see Table 2).

Because no applicants indicated that they would not like to work with either population, the analysis of desirability ratings was based on a range from strongly agree (1) to undecided (3) concerning a desire to work with a specific disability group (i.e., only 3 of the 5 Likert points were used by the respondents). When the subjects were asked to rate their desire to work with persons with psychiatric problems but were not forced to choose between disability groups, a significant difference between groups was noted, with the rejected group indicating the least desire to work with a psychiatric population ($df = 4, \chi^2 = 11.02, p < .05$).

Twenty-five respondents (31%) indicated that they would very much like to work with persons with physical disabilities as well as with those with psychi-

Table 2
Applicants' Practice Preferences ($N = 80$)

<table>
<thead>
<tr>
<th>Applicant Group</th>
<th>n</th>
<th>Physical Disabilities</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted</td>
<td>40</td>
<td>34 (85%)</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Rejected</td>
<td>20</td>
<td>16 (84%)</td>
<td>3 (16%)</td>
</tr>
<tr>
<td>Alternate</td>
<td>20</td>
<td>15 (75%)</td>
<td>5 (25%)</td>
</tr>
</tbody>
</table>

Note. Percentages have been rounded.
* One subject gave no response.
atric problems. When forced to choose only one of these disability groups, however, 18 of the 25 respondents (72%) preferred physical disabilities, 3 (12%) preferred mental health practice, and 4 (16%) did not respond.

Most respondents had both volunteer experience (71) and work experience (54), and most reported that these experiences had a positive influence on their practice choice regardless of their practice preference (see Table 3). There were no significant differences between preference groups related to GPAs or interview scores, but minimum criteria for program application limited the potential variability. GPAs and interview scores decreased sequentially in all groups (accepted, alternate, and rejected) with one exception: GPAs were higher for the rejected group than for the alternate group for those applicants preferring mental health (see Table 4).

Discussion
The hypothesis that the admission procedures of Indiana University's occupational therapy program might discriminate against students preferring to work with persons with mental health problems was not supported, because the percentage of applicants preferring mental health was smaller in the rejected group than in either the accepted or alternate groups. The overall percentage of applicants accepted into this program who had indicated a desire to work in mental health (15 of 40 respondents) was higher than that reported in a 1986 survey of occupational therapy graduates who had indicated before admission that they preferred to practice in mental health (Wittman et al., 1989).

Although group analyses did not yield evidence of admission biases, a reanalysis focusing on the GPA and interview data of the 12 subjects preferring psychiatry within the total applicant group yielded some interesting findings. The 3 subjects in the rejected group who indicated a preference for psychiatry were rejected from admission to the program because of poor interview scores. Therefore, we recalculated admission for all subjects using only their GPAs. Although this procedure would have admitted 3 additional students who preferred psychiatry, it also would have resulted in the displacement of 1 previously accepted student who preferred psychiatry. Thus, in this particular admitting class, GPAs alone would have resulted in the admission of 2 additional students who preferred to work in mental health. In view of the small numbers of students preferring psychiatry, this might be considered a noteworthy increase. A broader study examining practice choice in relation to various admission criteria at several occupational therapy schools is needed to determine if a relationship exists. If there is a relationship, then occupational therapy schools could possibly alleviate personnel shortages by changing their admission procedures.

Previous research has indicated that some changes in the practice choices of occupational therapy students occur as a result of both positive and negative experiences during the educational process (Christie et al., 1985a, 1985b; Ezersky et al., 1989; Wittman et al., 1989). Some students abandon their initial desire to work in mental health, whereas others switch to mental health practice. Nonetheless, the overall percentage of graduating occupational therapists who select mental health as their preferred practice area does not differ significantly from the percentage who enter academic programs with mental health as their preferred practice area. Thus, as the personnel shortage of occupational therapists in mental health continues, the examination of potential admission biases is important. If admission biases do not exist, then perhaps occupational therapy schools should consider directing greater recruitment efforts toward qualified students with a predication preference for mental health practice (e.g., psychology and other social sciences).

Additional research is needed to identify the sociobehavioral reasons for practice choices before admission to occupational therapy school. Although one third of all applicants to our occupational therapy program reported that they would very much like to work both with persons with physical disabilities and those

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Experiences Influencing Applicants' Practice Preferences (n = 75)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Experience</td>
<td>Practice Preference</td>
</tr>
<tr>
<td></td>
<td>Physical Disabilities</td>
</tr>
<tr>
<td>Work experience</td>
<td>46/61 (75%)</td>
</tr>
<tr>
<td>Positive influence</td>
<td>27/46 (59%)</td>
</tr>
<tr>
<td>Volunteer experience</td>
<td>58/61 (95%)</td>
</tr>
<tr>
<td>Positive influence</td>
<td>45/58 (78%)</td>
</tr>
</tbody>
</table>

* Five subjects gave no response.
with psychiatric problems, when forced to make a choice between the two, most selected physical disabilities.

A potential limitation of this study was the initial dichotomizing of practice choices. Considering potential occupational therapy students' limited knowledge of practice areas, however, we felt that they would best be able to distinguish between broad category choices. The identification of attitudes and experiences before admission to occupational therapy school may provide valuable information on the reasons for occupational therapy applicants' diminished interest in working in mental health. The general public's negative attitudes toward psychiatry have been noted (Shore, 1979), and these negative attitudes affect medical students' practice choice (Scher et al., 1985). Likewise, the negative attitudes of family members, friends, or significant others may influence occupational therapy students to select practice areas other than psychiatry.

A large percentage of those applicants preferring physical disabilities had work experience and reported that such experience had a positive influence on their practice choice. The vast majority of both preference groups had volunteer experience and, in general, had found such experience to be a very positive influence on their practice choice. We did not know the type and relevance of the applicants' work and volunteer experiences, but if the experiences had been relevant, perhaps more work or volunteer experiences were available in the area of physical disabilities. Psychiatric facilities are often reluctant to use volunteers for reasons of confidentiality, but occupational therapists practicing in psychiatry should attempt to make more volunteer and work experiences available to potential occupational therapy students. Experience with specific populations is often a positive influence toward that population; therefore it may be a useful tool in combating the identified personnel shortage in psychiatry. As the number of specialization areas within occupational therapy increases, occupational therapists working within the established practice areas must preserve and promote their specialty areas.

Conclusion

Previous research regarding practice preferences has aimed at identifying students' critical decision points after admission to occupational therapy school. Analysis of this previous work, however, indicates that although some changes in practice choices occur during the course of formal occupational therapy education, the overall percentage of occupational therapists preferring psychiatry does not change significantly from preadmission to first professional employment.

Because the percentage of therapists practicing in mental health is low and a personnel shortage in this specialty area exists, we designed this study as a pilot project to determine if occupational therapy admission procedures might inadvertently be screening out applicants with a preference for mental health practice.

The results of this study of a single admitting class at one university show that biases relative to future practice choice did not appear to exist, that is, the ratio of those in the accepted group did not differ significantly from those in the rejected group relative to practice preference. An analysis of individual applicants relative to admission criteria, however, indicated that if admission had been based solely on GPA and not on a weighted combination of GPA and interview, more students preferring psychiatric practice would have been accepted. Yet if the interview process effectively identifies personality factors relevant to future success or failure in occupational therapy, it is a valuable part of the admission procedure. Further research, therefore, is needed to determine the efficacy of the interview process.

The issue of personnel shortages in specific specialty areas is complex. Factors influencing career choice and practice preference are multifaceted, and no one factor is likely to provide a solution to this problem. We recommend that longitudinal studies of students be done from preadmission to first professional employment, so that we can gain a greater understanding of the factors influencing practice choice. Qualitative methodology may provide valuable information regarding reasons for choice selection and for changes in practice preferences over time. Further research examining admission criteria in relation to practice preference is recommended, because increasing numbers of students preferring future employment in areas currently facing personnel shortages might be most effectively dealt with at the time of admission to occupational therapy school.

References


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