Variables Affecting Specialty Choice in Occupational Therapy

Peggy Prince Wittman, Susan Swinehart, Rosemary Cahill, Gordon St. Michel

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Over the past 15 years, the number of occupational therapists entering the practice area of mental health has greatly declined. To determine the possible reasons for this decline, a random sample of 450 occupational therapy students who graduated in 1986 was surveyed to identify those factors that influence practice choice. Participants were asked to indicate their practice preferences at five points in time: before admission to the academic program, after completion of the academic program, after completion of Level I fieldwork, after completion of Level II fieldwork, and at first employment. The results from 212 questionnaires (a 47% response rate) indicated that the distribution of practice choices remained relatively consistent over time. After completion of the academic program, the choice of mental health practice was seen as negative. Specific negative influences were topic content, teaching methods, and teacher effectiveness. Level I fieldwork was perceived as a negative experience in all five practice areas, but was perceived most negatively in mental health. Level II fieldwork most influenced practice preferences. Specific positive factors were the student supervisor and the patient caseload.

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Over the past 15 years, the number of occupational therapists entering the practice area of mental health has declined greatly. In 1973, 36% of all registered occupational therapists worked in mental health; by 1982, this percentage had declined to 27% (Robertson, 1986).

The American Occupational Therapy Association (AOTA) has made several attempts to examine this trend. One task force report (AOTA, 1975) identified the following as having a negative or potentially negative impact on mental health practice: (a) a lack of knowledge related to the acquisition of necessary funds for program development and maintenance, (b) a lack of leadership in the area, (c) the students’ lack of respect for the practice area, (d) the ambiguity of the role of occupational therapy in mental health, and (e) deficits in continuing education. Later, a second report (AOTA, 1982) identified other adverse factors in the mental health practice arena: (a) occupational therapy’s relationship with other activity therapy disciplines, (b) a lack of reimbursement for services, (c) inadequate educational preparation for practice, and (d) decreasing numbers of therapists working in the area. The report recommended a study of the decline of mental health personnel in other disciplines with a focus on the generalization of possible solutions to the field of occupational therapy.

The 1984 American Occupational Therapy Foundation Mental Health Symposium (Gillette, 1984) examined the crisis in mental health practice and encouraged research activities directed at the development of intervention strategies. It was predicted that, if the number of occupational therapists practicing in mental health continued to decline, by the turn of the century the percentage of occupational therapists working in the area of mental health would be negligible.

Selection of a Practice Area

Despite the discussion in the literature regarding possible causes for the shortage of occupational therapists in mental health settings (Brollier, 1970; Burnett-Beaulieu, 1982; Kaplan & Eskow, 1987; Page, 1987), little data exist on the variables affecting this specialty choice. One survey of 122 therapists indicated that the most influential stage for practice area preference was the preprofessional stage for 16% of the respondents, the academic stage for 13%; and the Level II fieldwork stage for 62% (5% did not respond to this question) (Christie, Joyce, & Moeller, 1985). Item analysis indicated that during the academic stage mental health courses received a majority of negative comments. Although this study did not analyze the relationship between the three potentially influential
stages (preprofessional, academic, and fieldwork) and the actual practice choice of the respondents, the authors suggested that a relationship between academic experiences and practice choice is probable.

Another study attempted to assess the variables influencing practice choice retrospectively (Ezersky, Havazeler, Scott, & Zettler, 1989). It surveyed 411 graduates from nine occupational therapy schools in New York, New Jersey, and Connecticut who passed the AOTA certification examination between 1980 and 1984. Results indicated that the primary reasons for specialty selection were (a) fieldwork experience, (b) a feeling of effectiveness, (c) consistency with personal values, (d) empathy for the patients, and (e) availability of employment.

**Purpose and Design**

There has been a decline in the percentage of occupational therapists selecting mental health as a practice area. However, no data specifically address possible contributing factors to this decline. We used the survey method of retrospective reflection to examine those variables in the occupational therapy educational process that influenced the choice of mental health in occupational therapy. We planned to gather data from therapists who choose mental health as their special interest area as well as those who did not in order to assess the particular variables that may have affected the decision to work in that specialty area.

**Method**

**Survey Instrument**

The educational process was defined with key points. These key points, determined by a pretest of 10 occupational therapists, were preadmission, formal academic training, preclinical training (Level I fieldwork), and clinical training (Level II fieldwork). These key points were used to develop a questionnaire of 106 items. Demographic data were included, and a Likert scale was used to identify the influence of selection variables following each of the key points. Additionally, the influence of selected variables on job selection was assessed. Table 1 depicts the variables rated at each of the four key points and at the point of job selection.

The questionnaire was pretested on faculty and students at 10 universities. This pretest resulted in the decision to include five special interest areas defined by AOTA in the final questionnaire: sensory integration, developmental disabilities, physical disabilities, mental health, and gerontology, as well as other.

**Sample and Procedure**

A cover letter and questionnaire were sent to a random sample of 450 occupational therapists who graduated from accredited occupational therapy educational programs in 1986. A total of 418 surveys were returned. Of these, 206 were eliminated from the data analysis because of incomplete responses or multiple responses to individual items. Consequently, 212 of the returned surveys (47% of the total sample) were used for the data analysis. Table 2 indicates the demographic characteristics of the sample.

**Results**

The overall distribution of special interest preferences given by survey respondents reflects that a minority of practicing occupational therapists chose mental health. Furthermore, there were minimal changes in the percentages of practice area preferences at the preadmission point, at the other three key points, and at the job selection point (see Table 3). Approximately 13% of the respondents selected mental health practice as their special interest at the point of preadmission to an occupational therapy program, and approximately 12% selected it as their current job choice, a net loss of only 2 people.

**Preadmission.** The data from the preadmission point indicate that for both the mental health and the
physical disabilities areas, volunteer work experience was the most influential factor. The majority of therapists performed volunteer work in areas other than mental health. Approximately 63% of the respondents indicated that they had no volunteer work experience in a mental health setting, only 32% had no volunteer experience in a physical disabilities setting. Of those who volunteered in a physical disabilities setting prior to academic admission, 55.6% rated their experience as positive or very positive. Only 28.3% of those who had volunteered in a mental health setting before entering an academic program had a positive or very positive experience.

**Formal academic training.** The ratings given by all respondents for the mental health classes they attended, including topic content, teaching methods, and effectiveness of teachers, were negative. On the other hand, most respondents viewed these same factors for physical disabilities classes as neutral or positive.

**Preclinical training (Level I fieldwork).** The Level I fieldwork experience in mental health was viewed as the most negative point in the education process. At this stage, the two most negative influences were the clinical opportunities and the fieldwork supervisor; the two most positive influences were the patient exposure and the fieldwork supervisor. It is interesting to note that the Level I fieldwork experience elicited few neutral responses regarding the influence of the fieldwork supervisor. Overall, all of the respondents viewed the Level I fieldwork experience as negative, regardless of the content area.

**Clinical training (Level II fieldwork).** Overall perceptions of Level II fieldwork were positive in all five practice areas. The most positive characteristics of the Level II fieldwork experience in mental health were the fieldwork supervisor and the patient caseload. The least positive characteristic was the theoretical model used by the site.

**Discussion**

Although the overall percentages for practice preference did not change from the preadmission point to the actual job selection point, there was some movement within all five special interest areas at every key point. Only 5 of the 27 respondents who preferred mental health practice at the preadmission point ended up employed in a mental health setting, but the data suggest that the mental health area both gained and lost some people over the course of the educational process. Further analysis provided information on possible reasons for these changes and revealed new information about the preadmission, academic, and preclinical points.

Although Level I fieldwork has been touted as a logical and effective way of integrating theory and practice at an early stage in the student's training (Heater & Hishmann, 1988; Kautzmann, 1987), our study indicated that it was a negative experience for most respondents, regardless of their practice preference. This suggests that educational programs may need to place more emphasis on the evaluation of this component of the education process and to plan and implement effective strategies for coping with potential problems in Level I fieldwork situations. This finding agrees with Leonardelli and Caruso's 1986 study and also suggests that Level I fieldwork, which has received less attention in the literature than Level II fieldwork, is a topic worthy of study.

**Table 2**

Demographic Characteristics of Respondents (N = 212)

<table>
<thead>
<tr>
<th>SEX</th>
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<tbody>
<tr>
<td>Female</td>
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<tr>
<td>Male</td>
<td>11</td>
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<table>
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<th>AGE (IN YEARS)</th>
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<tr>
<td>23-25</td>
<td>116</td>
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<td>26-30</td>
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<tr>
<td>41-45</td>
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<tr>
<td>46 or older</td>
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<table>
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<th>DEGREE HELD</th>
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<tbody>
<tr>
<td>Bachelor's</td>
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<tr>
<td>Master's</td>
<td>16</td>
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<tr>
<td>Certificate</td>
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<td>Other</td>
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</table>

**Table 3**

Special Interest Preferences of Respondents At Key Points (N = 212)

<table>
<thead>
<tr>
<th></th>
<th>Preadmission (%)</th>
<th>Formal Academic (%)</th>
<th>Level I Fieldwork (%)</th>
<th>Level II Fieldwork (%)</th>
<th>Job Selection (%)</th>
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<tbody>
<tr>
<td>Mental health</td>
<td>12.7</td>
<td>11.8</td>
<td>9.9</td>
<td>14.6</td>
<td>11.8</td>
</tr>
<tr>
<td>Developmental disabilities</td>
<td>16.0</td>
<td>12.7</td>
<td>15.6</td>
<td>16.0</td>
<td>19.3</td>
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<tr>
<td>Sensory integration</td>
<td>3.8</td>
<td>4.3</td>
<td>2.8</td>
<td>2.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>57.1</td>
<td>59.9</td>
<td>59.9</td>
<td>58.0</td>
<td>53.7</td>
</tr>
<tr>
<td>Gerontology</td>
<td>3.8</td>
<td>1.9</td>
<td>1.9</td>
<td>0.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Other</td>
<td>6.6</td>
<td>9.4</td>
<td>9.9</td>
<td>8.5</td>
<td>9.4</td>
</tr>
</tbody>
</table>
The finding that the effectiveness of the mental health instructors was perceived more negatively by all respondents than the effectiveness of instructors in other special interest areas concurs with the Christie et al. (1985) study and points to the strong influence that educators, as role models, have on practice choice. The specific positive and negative influences of academic instructors is another area that is worthy of further study. A careful assessment of the mental health curriculum and instructors would help to ensure quality instruction that meets the needs of the students as well as the educational goals of the profession.

This study’s findings also concur with previous research (Christie et al., 1985; Ezersky et al., 1989) that indicated that the Level II fieldwork experience is an important factor in a student’s choice of practice area and that the supervisor variable has the greatest impact on the student. These results suggest a need for further study, training, and education in the student supervision process.

Finally, our findings indicate that, despite small shifts in practice area preference, the percentage of respondents interested in a given special interest area at the preadmission point is basically the same as that at the job selection point. This suggests that if more practitioners are needed in certain special interest areas, efforts should be directed not only toward effecting change during the educational experience but also toward effecting change at admission. For example, the profession as a whole, as well as individual educational programs, should closely examine admission requirements and the potential influence of those requirements on a student’s choice of special interest area. To increase the number of mental health practitioners, we must find, admit, and nurture students with positive preadmission experiences in mental health and an interest in pursuing this practice choice.

Recommendations

Further research could address the influence of the exposure of potential students to a wide variety of occupational therapy settings, including mental health and nontraditional settings. The impact of fixed personality traits, attitudes, and learning style characteristics that may not be amenable to change over the course of the student’s academic career could also be assessed.

The large number of multiple responses given on the survey made data analysis difficult. However, if the goal of occupational therapy education is to generate generic therapists who are qualified to work in a variety of practice arenas with a variety of populations, then these responses can be viewed as positive for the profession. Many respondents apparently were not committed at the end of their educational experience to only one practice area choice; instead, they seemed to view themselves as generalists who could be happy and satisfied working in any of several different areas.

A limitation of this study was its retrospective nature. Additionally, the designation of practice areas in accordance with AOTA’s special interest section categories may have been confusing. It is recognized, for example, that sensory integration could be considered a technique within multiple practice arenas and that gerontology may be considered a part of physical disabilities or of mental health practice. Although an adequate sample was used in this study, the number of mental health respondents was predictably small due to their relatively small percentage within the occupational therapy profession. Therefore, a random sample of mental health therapists should be resurveyed to further study the influence of the particular variables that affect their practice choice. Individual-case qualitative analysis could be used in addition to frequency comparisons to further ascertain individual differences.

Summary

This study assessed the factors that influence occupational therapists’ choice of specialty area. Results indicated that although there are some shifts between areas during the education process, the overall percentages of specialty choice at the preadmission point and at the job selection point remain essentially the same.

Acknowledgment

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References


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