A task force sponsored by the Chief's Committee of the Metropolitan New York District of the New York State Occupational Therapy Association was established to clarify the distribution of recent occupational therapy graduates by specialty area and to develop approaches to increase the number of mental health practitioners. Extrapolating from the 1982 Member Data Survey (AOTA, 1984), the task force made the following conservative estimates regarding the national distribution of therapists: 37.1% in physical disabilities, 21.1% in pediatrics, 9.8% in mental health, and 6.1% in geriatrics (the remaining 25.9% were in areas not relevant to this study). It was not known, however, if this estimate was reflective only of the New York region or what factors influenced the choice of mental health as a specialty area. Therefore, a survey was developed to explore these issues.

To identify relevant factors for the survey, a literature review was undertaken. Because little occupational therapy literature on specialty choice was available, the review also included the specialty choice of psychiatry for medical students. A critical personnel shortage in psychiatry was identified as early as 1979 (Nielsen, 1979). This shortage was predicted to continue into the 1990s (Scher, Carline, & Murray, 1983). A similar shortage of occupational therapy personnel practicing in mental health was identified in the mid-1970s (AOTA, 1976). The literature was reviewed within a framework of the factors that influence a career choice in medicine (Hutt, 1976): personality factors, educational factors, career factors, and employment attributes.

**Literature Review**

**Psychiatry**

Personality factors encompass attitudes, values, and interests (Hutt, 1976). Negative attitudes toward psychiatry have been cited among the general public (Scher et al., 1983; Yager & Scheiber, 1981); among students' family members and nonpsychiatric faculty (Crowder & Hollender, 1981); and among psychiatric faculty, psychiatric residents, and medical student peer groups (Markham, 1979). Resistance to intrapsychic processes and fear of the mentally ill has been noted among medical students (Yager & Scheiber).

Compared with other medical students, future psychiatrists scored higher on theoretical values and open-mindedness (Paiva & Haley, 1971) and had a greater capacity to tolerate ambiguity and abstract thought (Walton, 1966), but they scored lower on authoritarianism (Coker, Greenberg, & Kosa, 1965). They also placed greater emphasis on social, aes-
thetic, cultural, and intellectual pursuits (Brook, 1972; Paiva & Haley, 1971; Schumacher, 1964; Sharaf, Schneider, & Kantor, 1968; Walton, 1969).

In regard to educational factors, studies indicate that medical school applicants had limited experience and interest in the humanities and behavioral sciences. Medical students who preferred or majored in the humanities or social sciences were more likely to select psychiatry (Cuca, 1977). Medical schools admissions committees have noted "pro-scientific and anti-psychological bias," along with the perception that psychiatry is less technical and scientific than other medical specialty areas (Scher et al., 1983).

Both the clinical teaching faculty and the clerkship program were identified as major factors influencing specialty choice (Paiva, Vu, & Verhulst, 1982). Positive influencing factors within a well-designed clerkship experience include an active role in treating responsive patients (Burra et al., 1982); close supervision of clinical work and good working relationships with residents and attending faculty (Yager, Lamotte, Nielsen, & Eaton, 1982); self-exploratory experiences (Elizur & Rosenheim, 1982); and longer clinical experiences (Scher et al., 1983). Negative influencing factors include poor clinical role models, limited observation of direct treatment, treatment of mostly chronic patients, role blurring with other mental health professionals, and a dislike of the team approach (Yager & Scheiber, 1981); low morale of residents (Scher et al., 1983); poor supervision and the perception of the psychiatric clerkship as easy (Bashook & Weissman, 1982); and the perception by psychiatric residents that their medical training is not being fully utilized (Taintor, Murphy, Seiden, & Val, 1983).

Career factors and employment attributes that influence career choice include salary, benefits, types and locations of facilities, prestige, the nature of the practice, promotion opportunities, and awards (Hutt, 1976). Negative career factors include increasing competition for reimbursement from nonphysician health care providers (Goleman, 1985), problems with the legal system (Yager & Scheiber, 1981), and difficulty attracting psychiatrists to work with chronic patients (Nielsen, Stein, Talbot, & Lamb, 1981). Employment attributes that contribute to medical students' selection of specialties other than psychiatry and to job dissatisfaction among psychiatrists include negative public image, lower income than other specialties, competition with other psychiatrists and nonphysician health care providers for limited numbers of patients, stress related to threats from patients and families, and a move away from individual psychotherapy and toward treatment in community-based settings (Mawardi, 1981; Yager & Scheiber, 1981).

Occupational Therapy

The relationship between academic selection criteria and specialty choice has yet to be examined. Sabati (1985) suggested that "occupational therapy has not yet clarified which qualities it values for prospective students" (p. 97). A review of the admissions criteria of occupational therapy academic programs indicated that the following factors were most heavily weighted: (a) motivation to become a therapist, (b) academics, and (c) personality (Johnson, Arbes, & Thompson, 1974). Personality variables and emotional competencies are difficult to assess (Mann, 1979). Knowledge of the field is also an admission consideration in approximately 20% of the educational programs (Johnson et al., 1974). A study comparing various allied health students indicated that occupational therapy students' initial perception of the field was inaccurate (actually more inaccurate than the initial perceptions of students in other allied health fields), because occupational therapy involves more psychosocial and biological aspects than the students expected (Nordholm & Westbrook, 1981). For most applicants, exposure was a factor in their choice of the field. Approximately 16% of the therapists in a study of specialty preference indicated that they had made their choice before they started school (Christie, Joyce, & Moeller, 1985). These students were influenced by the content of the profession and by exposure to an occupational therapist or to occupational therapy service.

Christie et al. (1985a) identified the following academic factors (in order of importance) that contribute to specialty selection: course content, Level I fieldwork, instructors, and teaching methods. Course work in psychiatry was cited as a negative influence three times more frequently than in other specialties. Attitudes toward psychiatry became more negative when occupational therapy students were exposed to a psychiatry course without a clinical experience (Burra et al., 1982). Stimulating instructors, clinical experience, a positive supervision experience, teaching methods that favor independent problem-solving skills, and the application of theory with experiential approaches were specific positive influences (Lucci, 1974). In a survey of graduates of basic master's-level programs, Lucci found that if respondents perceived a program as being strong in physical disabilities, they classified it as weak in psychosocial dysfunction. The reverse was also true. Although the majority of respondents had majored in psychology, the most frequently selected specialty was physical disabilities.
Christie et al. (1985a) indicated that the fieldwork experience has the greatest impact on specialty preference. More than half of the sample either changed their preference or finalized their specialty choice based on this influence. This research supported the viability of exposure to both physical disability and psychosocial Level II fieldwork. The supervisor/role model and attitudinal/interpersonal environment were the most crucial factors in specialty preference, followed by the content and structure of the fieldwork program. The mental health clinical experience was mentioned as a negative influence in specialty preference three times more frequently than clinical experience in other specialty areas.

Christie et al. (1985b) underscored the importance of effective supervision as a primary element that distinguished good from poor fieldwork experiences. They also noted that therapists frequently lack sufficient preparation to assume supervisory responsibilities. Sabari (1985) questioned the consistency of preference. More than half of the sample either changed their preference or finalized their specialty choice based on this influence. This research supported the viability of exposure to both physical disability and psychosocial Level II fieldwork. The supervisor/role model and attitudinal/interpersonal environment were the most crucial factors in specialty preference, followed by the content and structure of the fieldwork program. The mental health clinical experience was mentioned as a negative influence in specialty preference three times more frequently than clinical experience in other specialty areas.

Studies of the personality factors of occupational therapists working in mental health showed high scores on autonomy, dominance (Brollier, 1970); and self-reliance (Hendrickson, 1962); therapists in physical disabilities scored high on order and deference (Brollier, 1970). Employment attributes perceived as negative influences on the choice of psychosocial occupational therapy included a perception of mental health practice as having a weak status, competition in the job market from other mental health practitioners (e.g., activity therapists, social workers) (AOTA, 1976; Conway, 1983), low levels of job satisfaction partly attributable to the weak management skills of chief occupational therapists (Brollier, 1985), decreased opportunities for private practice, and a devaluation of the treatment of emotional dysfunction due to the ambiguity of the treatment process (AOTA, 1976).

Occupational therapists tend to define their roles situationally, which can be a major factor in role ambiguity (Sabari, 1985). Attention has been called to the need to discriminate critical occupational therapy theory, skills, and knowledge in mental health (Barris & Kielhofner, 1986; Conway, 1983).

Methodology

Based on information derived from the literature review, a three-part questionnaire was developed to determine occupational therapists specialty choices and the factors that influenced those choices. The first section consisted of demographic questions regarding preoccupational therapy studies, employment, school attended, degree received, dates of graduation and certification examination, past and present occupational therapy positions and specialty areas, and years in current position. The second section asked respondents to place themselves in one of the following specialty areas based on current employment: physical disabilities, mental health, pediatrics, and geriatrics. It included an option for specialties not listed. The third section listed 21 factors, 1 of which was open-ended, that could positively or negatively influence the choice of a specialty. Respondents were asked to choose and rank both positive influencing factors for the specialty chosen and negative influencing factors for the specialties not chosen. Categories from which factors were drawn included academic preparation, clinical experience, perceptions regarding employment attributes, and personal values. The questionnaire was pilot tested on a small sample of occupational therapists at the 1984 American Occupational Therapy Association (AOTA) Annual Conference and revised in accordance with the findings of the pilot test.

The revised questionnaire was sent to 733 occupational therapists who were graduates of basic master's, bachelor's, and certificate occupational therapy programs at the following schools: Columbia University, Health Science Center at Brooklyn, State University of New York (formerly Downstate Medical Center), Kean College, New York University, Quinnipiac College, State University of New York at Buffalo, Utica College, and York College of City University of New York. All therapists had passed the AOTA Certification Examination between 1981 and 1984. Two additional mailings were sent to all nonresponders. The raw data were analyzed using the Statistical Package for the Social Sciences (SPSS).

Results

Of the 733 surveys mailed, 513 were returned. Of these, 411 contained usable data. This represented a response rate of 56.1%. There were 388 female respondents (94.4%) and 23 male respondents (5.6%). The respondents' mean age was 26.2 years, and the range was 22 to 53 years. Bachelor's degrees were held by 81.5% of the respondents, and master's degrees were held by 18.3%. The typical order of affiliations was mental health followed by physical disabilities and pediatrics.

The percentage of students entering each specialty area varied from school to school. The results, however, indicated that the majority of respondents specialized in physical disabilities (43.4%), followed by pediatrics (25.5%), mental health (13.2%), geriatrics (10.5%), and developmental disabilities and...
other areas (7.4%). Close to 50% of the sample had held previous occupational therapy positions. Respondents’ current employment positions were staff therapist (88.1%), supervisor, chief, and administrator (9.1%); and therapist in private practice, self-employed, and other positions (2.7%). More than two thirds (67.1%) of the respondents had been in their current positions for 1 year or less, one fourth (24.9%) had been in their current positions for 2 years, and the remainder (8%) had been in their current positions for 3 to 5 years.

Findings indicated that men were more likely to specialize in mental health and less likely to specialize in pediatrics. Both pediatrics and geriatrics had almost equal distributions of men and women. Practitioners in pediatrics and geriatrics were more likely to enter the field with master’s degrees. The largest percentage of respondents with previous degrees (i.e., bachelor degrees in fields other than occupational therapy) specialized in geriatrics (43.6%), followed by physical disabilities (28.7%), mental health (25.9%), and pediatrics (22.6%) (some specialized in more than one field). A higher percentage of respondents held supervisory or administrative positions in geriatrics than in other specialties. Only 11.8% of the undergraduate psychology majors chose mental health; apparently, previous psychology course work does not necessarily predispose students to enter mental health.

During a review of the reasons given for specialty selection, both the primary reasons and the three most frequently chosen reasons were analyzed.

The fieldwork experience was a powerful influencing variable that attracted students to all four specialty areas. It was also a strong deterring variable in both physical disabilities and mental health. Feeling effective in the specialty area was another frequently selected primary reason for specialization in physical disabilities, mental health, and pediatrics. Not feeling effective was a strong deterrent in all four specialties, although slightly less common in physical disabilities. Respondents rated the availability of employment as a positive reason for specialization in all four areas in the following descending order: geriatrics, mental health, pediatrics, and physical disabilities. The unavailability of employment in physical disabilities and pediatrics encouraged people to choose other practice areas. The discrepancy in employment availability ratings (i.e., both positive and negative ratings for physical disabilities and pediatrics) may indicate geographical differences or differences in job seekers’ perceptions of the market. It should be noted that the highest ranked primary reason for selecting pediatrics was having made that decision prior to entering occupational therapy school. This was also an influence in physical disabilities and mental health.

Curriculum emphasis/de-emphasis was cited as a deterrent to the selection of pediatrics and geriatrics. Liking academic courses was a positive influence in physical disabilities, and disliking academic courses was a negative influence in mental health. In both pediatrics and geriatrics, empathy for patients was a positive influencing factor, yet it was also a negative influence in geriatrics. Therapists selecting mental health and geriatrics found these specialties to be most consistent with their personal values. In geriatrics, the opportunity for part-time employment was seen as a positive influencing factor. It should be noted that the following factors did not affect respondents’ specialty choice: faculty positive/negative role models, like/dislike laboratory courses in specialty; did well/poor in courses in specialty, positive/negative clerkship experience, positive/negative supervision in specialty, status highest/lowest in specialty, occupational therapist most/least professional in specialty, good/poor opportunities for private practice, and good/poor opportunities for upward mobility.

The reasons for specialty selection that were cited most frequently were fieldwork experience, feeling effective, consistency with personal values, empathy for patients, and availability of employment (see Table 1).

Limitations

The variables chosen for the questionnaire reflected medical student literature and represented broad categories. In future studies, these categories should be more discretely defined for occupational therapy students. The complexity of the questionnaire format contributed to a high number of unusable responses. Due to the diversified nature of occupational therapy

<table>
<thead>
<tr>
<th>Reason</th>
<th>Physical Disabilities</th>
<th>Mental Health</th>
<th>Pediatrics</th>
<th>Geriatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic courses</td>
<td>8.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy for patients</td>
<td>15.1%</td>
<td>13.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment available</td>
<td></td>
<td></td>
<td></td>
<td>10.4%</td>
</tr>
<tr>
<td>Feeling effective</td>
<td></td>
<td></td>
<td></td>
<td>12.4%</td>
</tr>
<tr>
<td>Personal values</td>
<td>13.9%</td>
<td>12.3%</td>
<td>12.0%</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>11.5%</td>
<td>10.0%</td>
<td>11.5%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>
practice, some of the respondents may have had difficulty in categorizing their specialty into one of the four areas presented. In addition, the sample was limited to graduates of schools in New York, New Jersey, and Connecticut who were certified between January 1981 and January 1984. The study did not reflect recent health care trends such as prospective payment systems and increasing employment opportunities both in home care and in private practice. The small number of men in the sample made it difficult to determine any differences in specialty choice between the sexes.

Discussion

The survey results suggested several areas for further research. One of the most frequently selected factors that influenced career choice was the consistency of personal values with the chosen specialty. Personality variables have been cited as one of the most universally considered admissions criteria (Johnson et al., 1974). Personality attributes of program candidates vary between schools (Sabari, 1985). The relationship between a specific school's admission criteria and the predominance of specialties chosen by their graduates should be examined. Identification of specific values and how they change during occupational therapy education and throughout the course of one's career is another promising area of study. By establishing self-exploration groups and encouraging value clarification, faculty and clinicians could actively acknowledge and support the personal development necessary for the formation of a professional identity.

Recruitment efforts should include persons from all specialty areas as well as students, educators, and clinicians. Outreach programs to high school and college students, career counselors, and other target populations should promote occupational therapy as a multifaceted career. Because occupational therapy students also have less understanding of their field than do other allied health students (Nordholm & Westbrook, 1981), the encouragement of volunteer experiences or exposure to all specialty areas should be considered as a prerequisite to academic study. A reevaluation of the educational program's admissions process may reveal a bias toward the medical science academic background over the psychosocial humanities background. The admissions process should elicit a prospective student's strengths and limitations in all specialty areas.

The variance in specialty selection between several schools within a single metropolitan area suggests that curriculum and faculty influence specialty choice. The nine schools that participated in the survey have been provided with the results of this study. The variance may be related to the quality of academic role models and course offerings. Christie et al. (1985a) recommended that the reasons for dissatisfaction with the psychiatric academic experience be explored: "Further studies are needed to determine if psychiatric courses are poorly taught, if students prefer concrete over analytical or abstract material, if psychiatry requires a level of maturity many students do not have, and if it is human nature to have difficulty dealing with the affective domain" (p. 673).

In contrast to Christie et al.'s findings (1985b), the survey did not indicate that clinical supervisors had a direct influence on specialty choice. Improved standardized eligibility criteria would refine the specialized skills necessary for the clinical educator. Supervisors could also be provided with continuing education related to student training. Communication between clinical and academic institutions should be improved to enhance their working relationship. Further examination of the interpersonal variables of students and supervisors and of the differences in learning and teaching styles would be valuable (Mann & Banasiak, 1985; Stafford, 1986). This could result in a more individualized match of students to settings and to specific supervisors. Structured peer supervision would offer the opportunity for support and idea sharing for student and supervisor alike. Inconsistency in the quality and availability of both clinical and administrative supervision within occupational therapy needs to be addressed. In this sample, the mental health fieldwork experience typically preceded the physical disability fieldwork experience. The anxiety associated with the first experience can contribute to a feeling of low confidence and effectiveness. When students begin the second experience, they have reached a new level of maturity and professionalism, which may contribute to the feeling that they are more effective in that specialty. The correlation between students’ fieldwork performance and their specialty choice, as well as the influence that the order of fieldwork experience has on specialty choice, is another area for future research.

The literature review revealed inherent or perceived disadvantages in the selection of psychiatry as a career. The trend toward the treatment of the mentally ill in community-based settings and away from private practice is seen as a deterrent for those considering psychiatry as a specialty in medicine. Psychosocial occupational therapists, however, have opportunities to gain increased responsibilities as primary care therapists in day programs. Opportunities for private practice are minimal when compared to the other mental health professions and to other specialty areas within occupational therapy. Continued involvement in legislative activities and in the develop-
opment of marketing strategies is important. The benefits and limitations of physicians’ referrals for occupational therapy as a whole and for specific specialties needs examination. Other mental health practitioners have successfully achieved recognition from third-party payers as independent providers (Goleman, 1985).

It is strongly recommended that therapists initiate exploration within their mental health settings to develop realistic plans of action based on their current needs. Possible avenues for occupational therapists can explore to enhance mental health practice include using the local mental health special interests groups; engaging in quality assurance activities and continuing educational experiences, particularly in clinical education, supervision, and administration; and seeking resources outside the occupational therapy department or institution.

Summary

The critical shortage of occupational therapists in mental health led to a study of the factors affecting specialty choice. Results indicated that the most influential factors determining specialty choice included a positive fieldwork experience, the feeling that one was effective in a particular specialty, consistency of personal values with a particular specialty, and the availability of employment. Recommendations focused on further clarification of factors related to specialty choice, recruitment strategies, reevaluation of the schools’ student selection process and curricula, and scrutiny of the fieldwork and supervisory experience. To restore the balance of specialization in occupational therapy, change from within the institutions must be initiated by people sensitive to the stability of the profession.

Acknowledgments

We thank Diane Shapiro, MA, OTR, FAOTA, for her mentorship; the Chiefs Committee of Metropolitan New York District of the New York State Occupational Therapy Association for their sponsorship; the Program Directors (William Edwards, MS, OTR, FAOTA, Paula Kramer, MA, OTR, FAOTA, Deborah Labovitz, PhD, OTR, FAOTA, Barbara Neuhaus, EID, OTR, FAOTA, Muriel Schwartz, MS, OTR/L, Phillip Shannon, MA, MPA, OTR, FAOTA, Patricia Trossman, MA, OTR, and Richard Wright, MS, OTR) and the American Occupational Therapy Association for their financial support; and Ira Silverstein for the statistical analysis. We extend special thanks to the survey respondents and to Fredda Levenson, MA, OTR, and Marion Gevjan for their early contributions and support.

References


