Men in Occupational Therapy

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The purpose of this study was to identify the characteristics of male occupational therapists so that better strategies for recruiting men into the profession can be developed and the problem of retaining men in the field can be addressed. Male occupational therapists were surveyed at 3-year intervals, in 1978, 1982, and 1985. Our survey results were compared with results of the 1969 American Occupational Therapy Association (AOTA) Member Data Survey reported by Jantzen (1973), the 1982 AOTA Member Data Survey, and an unpublished study by Watson (1983).

The number of professional occupational therapists almost tripled from 1970 to 1985, whereas the increase in the proportion of men was only from 3.9% to 5%. The study showed that as a group, male occupational therapists today are younger, more likely to have advanced degrees, and less likely to be married than their 1969 counterparts. Additional data included employment data, educational data, and demographic information such as family position, education and occupation of parents, extracurricular activities in high school and college, factors influencing career choice, and goals for the future.

Since its origin in the early 1960s, occupational therapy has remained a predominantly female profession. Occupational therapy shares this condition with other nonphysician health care professions, including nursing and the therapies. Social work and elementary education are also predominantly female professions.

Although men are moving into fields traditionally held by women, the percentage of men in occupational therapy is still small. In fact, men constitute only 5% of the professional membership, and this percentage has remained essentially unchanged over the past 20 years. The present study identified factors that motivate men to enter occupational therapy and assessed the success they achieve and the satisfaction they obtain as occupational therapists. These data may aid recruitment efforts of men into occupational therapy and counteract factors that contribute to the high attrition among male occupational therapists.

Men in Female Professions

The percentage of women in the traditional male-dominated health professions has been increasing. According to the Allied Health Education Newsletter, "by the year 2000, female practitioners are expected to constitute significant proportions of pharmacists (40%), veterinarians (36%), optometrists (23%), physicians (21%) and dentists (16%). There has not, however, been a corresponding increase in the representation of males in the predominantly female fields such as nursing and allied health" (Burrows, 1986, p. 2).

Several studies have identified different attitudes between men and women toward occupations that have been stereotyped as either male or female. For example, in a survey of 460 two-year college students in New York State, Lemkau (1981) found that women were more likely than men to consider nontraditional careers. He found that women in nontraditional careers were more career oriented than women who chose traditional fields, whereas men in nontraditional careers were less career oriented. Nontraditional women were described as tough minded and had male mentors, whereas nontraditional men were more often of lower socioeconomic status or members of minority groups.

In 1979, Derryberry administered a career aspiration profile to 553 men and 736 women students randomly selected from the Houston, Texas, area high schools, community colleges, and 4-year institutions. Students at all levels felt that most occupations were suitable for both sexes; however, the majority of them still expected to enter occupations traditional for their sex. Zucherman (1982) found that the variables most strongly predictive of traditional/nontraditional atti-
tudes toward sex roles in 763 students were parents’ educational attainments, mothers’ careers, and religious upbringing. Scott (1980) studied satisfaction with nontraditional job choices. He reported that both men and women who have chosen nontraditional occupations were generally satisfied with their decisions. There were differences, however. The women experienced more discrimination and harassment on the job, but said the advantages of better salaries, job security, chance for advancement, and job satisfaction outweighed the disadvantages. In general, the women were more satisfied in their nontraditional jobs than the men. The women respondents believed more women would enter fields traditionally dominated by men, whereas few of the men expected more men to enter fields traditionally dominated by women (lower pay associated with women’s fields was given as the probable reason). Shann (1982) reported similar results in a study of 601 men and women completing graduate programs in the male professions of business, law, and medicine, and in the female professions of education, nursing, and social work. She found that women in social work and education were less ambitious than their male colleagues. On the other hand, career goals of women in male professions were not significantly different from those of their male colleagues. These studies suggested that more nontraditional role models should be made available to both men and women.

Salary levels in predominantly female professions have always been considerably lower than in predominantly male professions, even with similar educational backgrounds. And many of the men in this study referred to low salary levels among occupational therapists as a primary reason for dissatisfaction. Some respondents even blamed the low salary levels on the large proportion of women in the profession.

Men in Occupational Therapy

“I will walk in upright faithfulness and obedience to those under whose guidance I am to work . . . ” was the 1922 occupational therapy pledge. In viewing the development of occupational therapy historically, Diasio (1971) emphasized that submissiveness and conformity were reinforced in occupational therapy roles and she drew a parallel between these characteristics and expected (female) sex-role behaviors and pointed out that the male-dominated medical profession was making the decisions and giving the orders in the field.

In her report on female occupational therapists, Jantzen (1972) stated, “few women are employed continually throughout their lives, as are most men, and varying stages of a woman’s life influence the likelihood she will work and the length of time she will be available for work’” (p. 68). She concluded that women’s participation in a career was influenced more by marital status than by age and that female work participation consisted of a pattern of training, work entry, drop out, and reentry.

The employment status of male occupational therapists in Jantzen’s (1973) study revealed that the percentage of the unemployed male therapists was considerably lower than that of women (4.0% versus 32.5%). Of the men who were working, nearly all (94%) classified themselves as working full-time, whereas only 76% of the working women indicated that they worked full-time. Jantzen found that proportionately fewer men than women remained in occupational therapy, probably because there were insufficient upward mobile positions in occupational therapy. She suggested that for male students, an undergraduate major in occupational therapy may have served as a means for entry into another field rather than represented a commitment to a career in the profession. These conclusions were confirmed by Watson (1983).

Posthuma (1983) studied the attrition of male occupational therapy students in Canada between 1974 and 1979. Of the 33 respondents, representing a response rate of 89%, only 10 had graduated as occupational therapists, 18 were still students, and 5 had dropped their occupational therapy studies before graduation. Of the 10 men who had graduated as occupational therapists, 6 had left the field and 1 expected to leave within 5 years. The reasons the men gave for leaving were to pursue other studies or other professions. However, according to the author, the probable reasons behind the decision to leave the profession were low salaries, low status, and little opportunity for advancement. In an earlier study of male occupational therapists in this country, 66% of the respondents felt low salary was an important factor in recruitment difficulties and attrition, and 43% of respondents who had left occupational therapy gave low salary as the reason for leaving (Christiansen, 1970). Watson (1983) found that in the early 1980s salary was still the main factor affecting recruitment and attrition of men.

Ninety-three percent of mostly female respondents to an (unpublished) survey of occupational therapists in Kalamazoo, Michigan, felt the percentage of men in the profession was inadequate. They stated that more male occupational therapists are needed to provide male role models for clients (86%), to provide a balance between male and female views in the profession (64%), to provide activities of daily living training for male clients (57%), and to
deal with physically hard-to-manage clients (42%). Only 21% of the respondents indicated that more men would be desirable to change the image of the profession, and none thought more men were needed to deal with administrative or authority functions (J. Huff and T. Yuasa, personal communication, Dec. 1985).

In 1983, Watson conducted a survey of 100 randomly selected male occupational therapists registered by AOTA. The focus of his study was job satisfaction. Respondents in private practice reported higher job satisfaction, as did those who worked in the area of physical dysfunction. Job satisfaction was not related to age, years of occupational therapy employment, salary, or academic degree status.

Although men constitute only about 5% of the profession, they occupy a larger proportion of the leadership positions in the profession. Over the past 12 years, approximately 15% of program directors of professional programs and 13% of assistant level program directors have been men. Between 1982 and 1984, between 9.6% and 11.5% of presidents of the state associations, the District of Columbia, and Puerto Rico have been men (J. Sheridan, AOTA, personal communication, 1985). Men authored or co-authored 19% of the articles published in the *American Journal of Occupational Therapy* between July 1980 and December 1984; however, it should be noted that three men (David L. Nelson, Gary Kiellhofner, and Kenneth J. Ottenbacher) accounted for more than half of the articles by men.

Efforts to increase the proportion of men in occupational therapy reached a peak in 1983 when Resolution D was introduced before the Representative Assembly of the American Occupational Therapy Association (AOTA, 1983). The resolution grew out of a meeting at the 1982 AOTA Annual Conference "to discuss and plan strategies to broaden the appeal of occupational therapy and make it more attractive as a career option for men" (Staff, 1982, p. 1). Although Resolution D was defeated, it served the purpose of focusing attention on this issue.

The present study reports the results of our demographic surveys of male occupational therapists conducted in 1979, 1982, and 1985 and compares this information with the AOTA 1982 Member Data Survey, with the 1969 AOTA Member Data Survey reported by Jantzen in 1973, and with data from Watson's (1985) unpublished study of job satisfaction of male occupational therapists.

Method

In 1979, all male occupational therapists registered by AOTA were surveyed to obtain the following information about them:

1. Employment status
2. Level and type of employment position and specialty area
3. Type of occupational therapy education
4. Degrees held
5. Extracurricular activities in high school and college
6. Age
7. Marital status (a) at time of entering occupational therapy educational program and (b) currently
8. Family position and age, sex, education, and occupation of siblings
9. Education and occupation of parents
10. Living environment (rural or urban)
11. Factors influencing career choice
12. Goals

The same questionnaire was sent in the fall of 1982 and the spring of 1985 to male occupational therapists who had become registered for the first time during the intervening years.

Data were analyzed to determine differences between men who were registered prior to 1979 and those who were registered after 1979.

Results

There were 900 completed responses to the three surveys, including 88 responses completed by students. After removing the students' responses and an additional 15 with incomplete data, 797 responses remained. Response rate to the surveys was high, with 595 out of 683 men responding to the 1979 survey, 267 out of 315 responding to the 1982 survey, and 218 out of 337 responding to the 1985 survey. Because there were no significant differences on any items among the three survey groups, except on age, all responses were considered together.

Personal Data

Table 1 presents age data of male occupational therapists. The large proportion of young men in 1985 may be explained by the overall increase in total member-
ship of occupational therapists from 1969 to 1985 and the fact that the 1982 and 1985 surveys only included new AOTA registrants.

Sixty-one percent of survey respondents were married, and 32% had never been married. This is in contrast to the 1969 AOTA survey (Jantzen, 1973), which reported 84% as married. Sixty-one percent of respondents said they had no children; 14.3% indicated they had one child; 14.8%, two children; 6.3%, three children; and 2.2%, four children. Ten individuals indicated they had five or more children. Neither the 1969 AOTA survey (Jantzen, 1973) nor the 1982 AOTA survey obtained information on family size.

Employment Data

There is little difference in full-time employment among the three studies. Eighty-seven percent of the men in the 1969 AOTA survey (Jantzen, 1973), and 81% of men responding to the 1979, 1983, and 1985 surveys were employed full-time. Ninety-four percent of the male respondents to the 1982 AOTA survey were employed full-time. Our survey also asked whether the respondents were employed as occupational therapists, and 80% indicated they were. Most of them (34.2%) were working in the area of physical disabilities, 20.6% worked in psychosocial dysfunction, 6.2% worked in a school setting, 4.7% were educators, and 14.5% worked in other areas. Seventy-one percent of the respondents in Watson’s (1983) study worked in physical dysfunction settings.

Responses to a question on current employment position were as follows: Staff therapist, 44.5%; supervisor, 15.2%; educator, 4.3%; and administrator, 10.5%. In contrast, 26% of the men in the 1982 AOTA survey were administrators, almost exactly the proportion found by Watson in 1983 (26.9%). The disproportionately low proportion of administrators in the survey can be explained by the fact that the 1982 and 1985 surveys only included men who had become registered since the previous survey. This information was not available in the 1970 report. Salary data were not requested; however, Watson reported an “approximate annual salary” of $24,500 in 1983 (p. 19).

Educational Background

The occupational therapy education of the respondents is presented in Table 2.

The proportion of men who obtained their occupational therapy training in baccalaureate programs was essentially unchanged from 1969; however, there was a significant increase in the proportion of men with advanced degrees. Five men had doctorates and 11 had master’s degrees in occupational therapy; they probably were early graduates of “basic” master’s programs. Thirty-eight men had master’s degrees in other fields.

Survey participants were asked about their marital status upon entering an occupational therapy curriculum. Most (67.5%) were single, 30.5% were married, and 1.3% were divorced. One person indicated he was a widower. These data were not obtained in the other surveys.

Activities in college were widely varied. Intercollegiate athletics was mentioned most often, although this category was tied by those indicating “none.” A close second was intramural athletics, followed by drama, fraternities, religious organizations, and student government. Sixty-five combinations of categories were indicated, usually by one person each, sometimes by two. A number of respondents indicated that they participated in four, five, or six different organizations, which also included musical groups and campus publications. When asked, “Were you involved in competitive sports in high school or college?” 97% responded “yes.” Football was mentioned most frequently, followed by baseball, basketball, track, volleyball, wrestling, tennis, cricket, hockey, bowling, and softball.

One question pertained to type of high school attended. Public high school was attended by 80.7%, and private high school by 18.3%. This is in contrast to 1980 data which showed that only 10.8% of total U.S. elementary and secondary school enrollment was in private schools (National Center for Educational Statistics, 1983).

Family Background

In an attempt to better understand the men who chose occupational therapy as a career, the survey sought to answer other questions not included in the member data surveys.

Data on birth order were requested: 31.1% of the respondents were the first child; 33% a middle child;
Table 3
Parents' Highest Level of Schooling

<table>
<thead>
<tr>
<th>Level</th>
<th>Mother (%)</th>
<th>Father (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade school</td>
<td>2.6</td>
<td>10.7</td>
</tr>
<tr>
<td>High school</td>
<td>9.1</td>
<td>9.4</td>
</tr>
<tr>
<td>High school graduate</td>
<td>45.0</td>
<td>32.2</td>
</tr>
<tr>
<td>Some college</td>
<td>17.9</td>
<td>15.3</td>
</tr>
<tr>
<td>College graduate</td>
<td>9.2</td>
<td>12.0</td>
</tr>
<tr>
<td>Master's degree</td>
<td>3.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Doctorate</td>
<td>0.1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

28% the last child, and 7% the only child. (Because not all responded to the question, the numbers do not add up to 100%.)

The highest level of schooling of the father and mother are reported in Table 3. This information was not available in earlier studies. The mothers of the respondents were more likely than the fathers of the respondents to have completed high school, but they were slightly less likely to have graduated from college or have advanced college degrees than the fathers.

In response to the question “Who was the main breadwinner in your family when you were growing up?” 74.9% said father, 4.2% said mother, 18.8% said both father and mother, and 1.4% said they lived with others than their parents. Occupations of parents are presented in Table 4. Most fathers of respondents fell into the skilled worker, managerial, and professional categories; most mothers were homemakers.

Respondents were almost equally likely to be from rural areas, large towns, and cities. In contrast to the communities in which they grew up, most respondents now live in cities with a population of more than 50,000 (62% compared with 38.7%). These data are shown in Table 5.

Motivation

What factors influence men to enter a profession such as occupational therapy that is 95% female? To answer this question, respondents were asked to name individuals and factors that influenced their career choice.

One question asked respondents to identify the person(s) who were the influences, another asked to identify the strongest influence. Just over half of the respondents to both questions indicated “self,” and most of combinations included “self.” Options were self, father, mother, other relative, teacher, employer, counselor, spouse, friend, and other.

Various features of occupational therapy were rated as to their importance in influencing the choice of occupational therapy as a career. The most universally attractive feature of the profession was the opportunity to work with people. Other important features included the opportunity to use special abilities, job security and job availability, opportunity to assume leadership positions, and freedom from close supervision. High income, flexible hours, and high status ranked lowest among the features that attracted the respondents to occupational therapy. Table 6 summarizes those responses.

Many respondents chose to write comments in the margins. One man told how much he enjoyed occupational therapy and that his preference would be to continue treating patients, but that he couldn’t adequately support his family on an occupational therapist's salary and therefore planned to move out of the field. Several respondents blamed the low salaries on the fact that occupational therapy is predominantly a women’s profession. Some indicated that

Table 4
Occupations of Parents

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Mother (%)</th>
<th>Father (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
<td>56.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Professional</td>
<td>11.4</td>
<td>21.2</td>
</tr>
<tr>
<td>Managerial/proprietor</td>
<td>2.6</td>
<td>18.0</td>
</tr>
<tr>
<td>Clerk/sales</td>
<td>7.7</td>
<td>7.2</td>
</tr>
<tr>
<td>Skilled worker/foreman/craftsman</td>
<td>4.0</td>
<td>29.0</td>
</tr>
<tr>
<td>Semiskilled</td>
<td>7.1</td>
<td>14.7</td>
</tr>
<tr>
<td>Unskilled</td>
<td>3.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Combination of above</td>
<td>4.0</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Table 5
Comparison of Communities in Which Male Occupational Therapists Live and Grew up

<table>
<thead>
<tr>
<th>Size of Community</th>
<th>Grew up (%)</th>
<th>Presently Live (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10,000 population</td>
<td>25.7</td>
<td>12.9</td>
</tr>
<tr>
<td>10,000–50,000</td>
<td>27.1</td>
<td>20.0</td>
</tr>
<tr>
<td>50,000–500,000</td>
<td>19.9</td>
<td>33.9</td>
</tr>
<tr>
<td>&gt;500,000 population</td>
<td>19.1</td>
<td>28.8</td>
</tr>
<tr>
<td>No response</td>
<td>8.5</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Table 6
Importance of Factors Influencing Choice of Occupational Therapy as a Career

<table>
<thead>
<tr>
<th>Importance</th>
<th>None (%)</th>
<th>Low (%)</th>
<th>Medium (%)</th>
<th>High (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses special abilities</td>
<td>2.6</td>
<td>4.0</td>
<td>25.6</td>
<td>66.0</td>
</tr>
<tr>
<td>2. Free from close supervision</td>
<td>13.7</td>
<td>18.1</td>
<td>39.1</td>
<td>27.1</td>
</tr>
<tr>
<td>3. High income</td>
<td>10.8</td>
<td>40.2</td>
<td>39.1</td>
<td>6.5</td>
</tr>
<tr>
<td>4. Job security and availability</td>
<td>3.5</td>
<td>10.4</td>
<td>39.4</td>
<td>44.5</td>
</tr>
<tr>
<td>5. High status</td>
<td>14.9</td>
<td>31.7</td>
<td>42.3</td>
<td>8.9</td>
</tr>
<tr>
<td>6. Working with people</td>
<td>0.0</td>
<td>0.1</td>
<td>2.0</td>
<td>97.7</td>
</tr>
<tr>
<td>7. Diversity</td>
<td>0.1</td>
<td>0.4</td>
<td>3.5</td>
<td>95.6</td>
</tr>
<tr>
<td>8. Ability to assume leadership</td>
<td>4.8</td>
<td>12.1</td>
<td>36.4</td>
<td>44.8</td>
</tr>
<tr>
<td>9. High geographic mobility</td>
<td>18.0</td>
<td>24.4</td>
<td>31.5</td>
<td>24.0</td>
</tr>
<tr>
<td>10. Flexible work hours</td>
<td>18.3</td>
<td>33.7</td>
<td>34.3</td>
<td>17.7</td>
</tr>
<tr>
<td>11. Nonsedentary</td>
<td>11.2</td>
<td>17.5</td>
<td>57.6</td>
<td>8.8</td>
</tr>
<tr>
<td>12. Upward mobility</td>
<td>8.2</td>
<td>18.0</td>
<td>42.1</td>
<td>29.6</td>
</tr>
</tbody>
</table>
they had experienced discrimination, and one man described how at an early AOTA conference the few men in the profession asked the President if they could hold a meeting at the conference, and were told "no."

Summary
This paper described the responses of approximately 1,000 male occupational therapists to a demographic questionnaire. The purpose was to form a profile of that segment of occupational therapy professionals. It was hoped that a better understanding of that group would facilitate recruitment and retention.

It was found that, in general, male occupational therapists are attracted to occupational therapy because it offers an opportunity to work with people, job security, job availability, and an opportunity to achieve leadership positions. Income and status were not features associated with occupational therapy.

The respondents to the survey were different from the male occupational therapists described by Jantzen (1983). Those in the present study were younger, more likely to hold a master's degree or doctorate, and less likely to be married than their 1970 counterparts. In contrast to the nontraditional men in the Lemkau (1981) study who were more often from lower socioeconomic groups, most of the male occupational therapists in this study had parents who were professionals or skilled workers. They were more likely than the general population to have attended private schools and most of them were raised in small or mid-sized communities.

Respondents were unable to identify influences other than "self" in their choice of occupational therapy as a career, thus providing no clear direction for recruitment efforts.

Conclusions
At the AOTA Annual Conference in May 1982, a group of approximately 30 occupational therapists and students met to plan strategies to broaden the appeal of occupational therapy for men. They and others in the profession believe that a greater proportion of men could benefit occupational therapy. Study results indicate that higher salaries and greater opportunity for advancement are necessary to hold men in the profession.

Of the health professions, occupational therapy experienced the third greatest growth between 1980 and 1984 (20% or 30,000 persons) after speech pathology/audiology and dietetics (Burrows, 1986). The U.S. Bureau of Labor Statistics' projections for predicted growth through the second half of the decade places occupational therapy second after physician's assistants, with an expected increase in occupational therapists of 27% to 37%. Energetic recruitment strategies are necessary to assure that a greater proportion of these new professionals will be men.

Postscript
To update the information discussed in this article, we would like to add the following: In 1986 AOTA reported a membership of 32,406 professional occupational therapists of whom 1,653, or 5.1% were men. The median age of the 838 men who responded to the 1986 AOTA Member Data Survey was 36 years, somewhat higher than that of the men in the earlier studies.

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References


