NATIONALLY SPEAKING

Occupational Therapy Manpower

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This month's column points out perhaps the most critical issue facing the profession of Occupational Therapy. It is, however, an issue that each of us can help to resolve as we carry out our daily work. The solutions the authors propose require creativity and concern; two commodities ever present in occupational therapists.

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Issue Statement

In several recent Nationally Speaking columns the authors have described changes the occupational therapy profession is experiencing on a number of different fronts, including practice delivery systems, regulations governing health care, and so on. The profession is indeed undergoing changes, and nowhere are these changes more visible, and perhaps more important, than in the issues that directly and indirectly affect the larger issue of manpower.

Between 1970 and 1981 more occupational therapists were certified than in all previous years. Our growth has been phenomenal. At the same time, the profession has been experiencing an extensive manpower shortage. The most recent available data indicates that occupational therapy services are offered in nearly 40 percent of all hospitals, and in about 30 percent of nursing homes and home health agencies. The implication of these figures is that large numbers of people are not receiving services they need. A federal government study in the mid-1970s indicated that only 10 percent of the residents of nursing homes who needed occupational therapy services received them. Part of the reason for this, uncovered in a later study, was that 23 percent of the occupational therapy positions in nursing homes were vacant. More recently (1980) the American Hospital Association (AHA) indicated that 8.5 percent of the occupational therapist positions in hospitals were vacant. In addition, the Bureau of Labor Statistics at the U.S. Department of Labor predicts a substantial shortfall of occupational therapy personnel through 1990.

The overall shortage in numbers of occupational therapy personnel is also reflected rather dramatically in geographic shortages. The numbers of therapists available to serve the U.S. population varies nearly 15-fold from 1 per 4,000 in New Hampshire to 1 per 59,000 in Mississippi. Further, the vacancy rates uncovered by the AHA study ranged up to 20 percent in Rhode Island and more than 27 percent in Arkansas. At the same time, it is true that some employment patterns are changing because of recent adverse economic conditions.

Of all the changes seen in recent years, two stand out prominently. In the mid-1970s and continuing through 1981, growth in our professional educational system slowed substantially. The output of our programs leveled off at about 1,900 to 2,000 graduates per year; the numbers of faculty stabilized at about 520; and students enrollments grew by only 2.2 percent per year. Similar patterns were seen in our technical programs.

The second change, occurring at about the same time, is potentially more critical. The numbers of qualified applicants to our educational program are declining precipitously. In 1977, there was a 51 percent excess of qualified applicants to our professional programs. By 1981, the overall excess was only 15 percent, and several programs did not fill all their available spaces.

In summary, then, over the past 15 to 20 years we have seen rapid growth in supply of personnel, with a concurrent rapid expansion of the demand for occupational therapy services, resulting in an
over[ital] shortage of personnel. That shortage has become more acute in the late 1970s and early '80s at a time when our ability to satisfy that shortage is diminishing. The ramifications of this situation are very serious.

**Characters Involved**

A number of different characters are prominent in the scenario of occupational therapy manpower, each having some influence or control over the dynamics of the issue.

Educational programs, of course, are pivotal. The health of the educational system is critical to the health of the profession. The output of the system should at least keep pace with the growth of the population, and optimally, with the growth in the demand for services.

Legislators are a second group of important players in the manpower issue. The dynamics of health manpower supply and demand are extremely sensitive to legislation, as evidenced by the growth in the numbers of therapists working in school systems following the passage of the Education of All Handicapped Children Act (PL 94-142). It is also not coincidental that the lack of growth in our educational system coincides with steady cutbacks in federal aid to education.

Facility administrators are also an important part of the scene. It may appear that a manpower shortage could indeed be healthy for the profession, since it means a surplus of available positions and increased opportunity for lateral and upward mobility among the members of the profession. An extensive shortage over a long period of time tends to be injurious, however. Facility administrators as well as health planners will tend to look for other kinds of replacement personnel when occupational therapy personnel are unavailable. A good example of this phenomenon is the decline in occupational therapy positions in mental health facilities and the increased numbers of practitioners such as activities therapists, music, dance, and recreational therapists. Thus, the prolonged existence of unmet needs can mean the irretrievable loss of positions.

What role does the AOTA have to play?

**AOTA's Position**

As part of its responsibility to represent the profession and ensure its vitality, the Association is involved in a series of ongoing and planned manpower-related activities. One of these is its data collection effort. Through its periodic surveys, the Association follows trends in practice and education, and these data form the basis of program and policy decisions in a number of areas affecting health manpower. For instance, our data files told us about the decline in qualified applicants, and it was partially because of trend information from our files that the Association launched its Ad Hoc Manpower Commission.

The Ad Hoc Occupational Therapy Manpower Commission was established by the Representative Assembly to: 1. identify specific realistic manpower goals for the profession for the next 10 years; 2. identify and document the status of occupational therapy manpower supply and requirements, and the manpower problems the profession is likely to face within the next 10 years; 3. recommend strategies and priorities for dealing with those problems or issues in a coordinated, timely fashion; and 4. prepare a comprehensive occupational therapy manpower plan that will serve as a guide for Association decisions and activities related to the central issue of manpower for the next 10 years. The Commission has begun its work, and is expected to focus its attention on the issues described above and also on a number of others, such as faculty shortages, advanced-level recognition, licensure, practice specialty shortages, and so on. The Commission's work will take approximately 2 years.

At the same time that the Manpower Commission is deliberating, the Association recognizes the urgent need to mount an extensive recruitment program aimed at increasing the numbers of applicants to our educational programs. The recruitment program, to begin immediately, will focus its efforts on those target audiences that have the greatest influence over a student's career choice. Included will be AOTA members themselves, guidance counselors, parents (through local PTAs), student/consumer magazines, and others. The major thrust of the program will extend over the next 2 years, but will continue at a somewhat reduced level thereafter.

Presently on the drawing board are two projects designed to increase the pool of qualified faculty. One of these, the "Scholars in Residence" program, would support clinicians who are interested in moving from practice into education or research. The other project would be a series of workshops designed to assist clinicians to explore the possibility of a career change to education.
Finally, the Association is developing promotional programs focusing on the appropriate use of occupational therapy manpower. Targets for these promotional campaigns include legislators, physicians, accrediting bodies, third-party payers, facility administrators, and other decision makers in the health care system. Members' cooperation and support in these promotional efforts, and in the Association's extensive recruitment program will be essential to their success.

Future Considerations
Outside the Association, activity in several areas could have an effect on the future supply and demand of occupational therapy personnel.

- **Legislative**—Clearly, PL 94-142 has had a major effect on the employment of occupational therapists. School systems are now our second most common work setting. The repeal of such legislation or changes in its regulations could reduce the number of personnel employed in the public schools, thereby forcing them out of the work force or into other areas of practice. Similarly, changes in any legislation that affects the mandate or reimbursement for occupational therapy services would have an impact. A continuing decrease in government support for education will directly affect the educational programs' ability to retain faculty and improve facilities. It will also make it more difficult for students to locate financial resources to help them attain an education in occupational therapy. This, in turn, could result in enrollment decline to such a degree that some of our schools might have to close.

- **Environmental**—Professions exist to serve the needs of society. If those needs change, then the use of professional personnel may also change. Changes in the health care decision-making prerogative may re-shape the focus of both the services we deliver and the manner in which we deliver them. If resources continue to be scarce in higher education, some of our programs undoubtedly will suffer. On the other hand, other universities and colleges are beginning new programs in an apparent attempt to attract students to a profession identified as one of the fastest growing in the country. It behooves us to be prepared to respond to such factors in order to ensure the continued viability of our profession.

Actions Members Can Take
Actions fall into four major areas: recruitment, reactivation, creative use of personnel, and political action.

- **Recruitment**—There was a time when many considered recruitment to be the sole responsibility of the educational program seeking to fill its classes. In the days when students were plentiful that approach may have been appropriate. That is no longer the case. Because of the serious nature of the manpower situation, we need every therapist and assistant to participate in publicizing the existence and excitement of an occupational therapy career. You can participate in career days, volunteer to speak at health fairs, open your place of employment to visiting students, accept summer volunteer or paid help, or speak to local clubs or PTAs about occupational therapy. The AOTA has printed and audiovisual materials available to assist you. Contact our Public Affairs Division, or our Distribution Center.

- ** Reactivation**—Such programs may also take a variety of forms. More structured programs are usually run by national or state associations or educational programs. There is also a role for the individual member, however. You can make your facility available to a therapist seeking to refresh her or his skills. Such a program will take some of your time, but should be well worth the investment.

- **Creative Use of Personnel**—Industry and business have known for a long time that manpower is a commodity not to be wasted. Job sharing, flex time, and part-time employment are but a few examples of the ways in which therapists who might not be able to work full time can be brought back into the work force.

- **Political Action**—The importance of member involvement in lobbying for legislation to support higher education and occupational therapy services is paramount. Legislators need to know about occupational therapy; they need to hear from you. The AOTA's Government and Legal Affairs Division can assist you in your efforts.

If you have had particular success in any of the above areas—recruitment, reactivation, creative use of personnel, political action—why not let your colleagues know. Write to the AOTA National Office; write an article for the Occupational Therapy Newspaper. You can make a difference!