

Occupational Therapy Career Choice Factsheet

Background

This study forms part of a wider project between Health Education England and the University of Winchester exploring Allied Health Professions (AHP) career choices.

An online questionnaire was disseminated to current AHP students in England (undergraduate and pre-registration postgraduate) for four weeks between February and March 2021. The aim was to explore and understand key motivations, sources of influence and barriers to choosing their specific profession.

The information and findings from the questionnaire will be shared via profession specific factsheets to help shape targeted careers information and guidance. This factsheet focuses on occupational therapy as a career of choice.

Occupational therapy student population in England

There are currently approximately 6080 active students on occupational therapy courses in England.

Survey sample

- 131 occupational therapy students completed the questionnaire. It should be acknowledged that this represents only 2% of the student population.
- 94.7% of participants (n = 124) were female and 5.3% (n = 7) were male.
- This finding is similar to the Health and Care Professions Council (HCPC) registrants in England where 8.1% of qualified occupational therapists are male and 91.8% are female (HCPC, 2019).

Ethnicity

Ethnicity (Source: gov.uk)	Percentage of sample
White background	88.5% (n = 115)
Asian background	4.6% (n = 6)
Black, African and Caribbean background	3.1% (n = 4)
Mixed or multiple ethnic background	3.1% (n = 4)
Other	0.8% (n = 1)
Arab background	0%

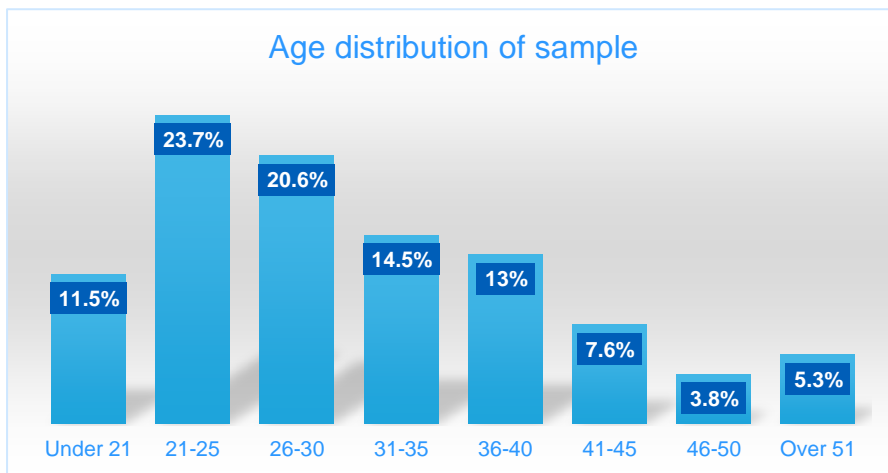
- Ethnicity figures from the questionnaire are summarised in the table above. These findings are similar to those of the Royal College of Occupational Therapists, where only

Occupational Therapy Career Choices Factsheet

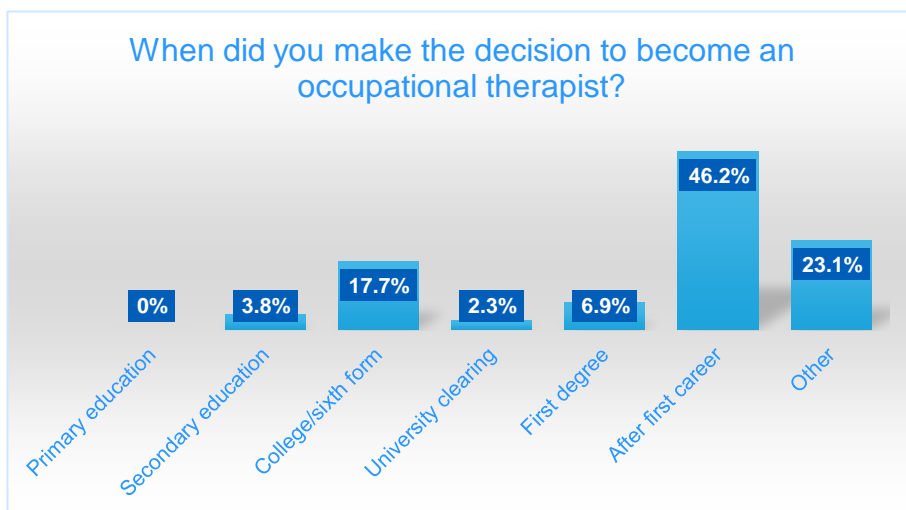
9% of the occupational therapy workforce are from minority ethnic backgrounds (NHS Digital, 2019).

Age and stage at which participants made the decision to become an occupational therapist

- In our sample, 64.8% of students (n = 85) were over 25 years of age.
- This finding is higher than national findings: in 2016/17, over-25s comprised 46.3% of new enrolments to occupational therapy courses in England (Office for Students, 2019).
- 44.3% of the sample were between 21 and 30 years of age. Only 11.5% were under 21.



- 46.2% of the sample chose to become occupational therapists after their first career. Only 21.5% (n = 28) of the sample had chosen occupational therapy during their school/college education.



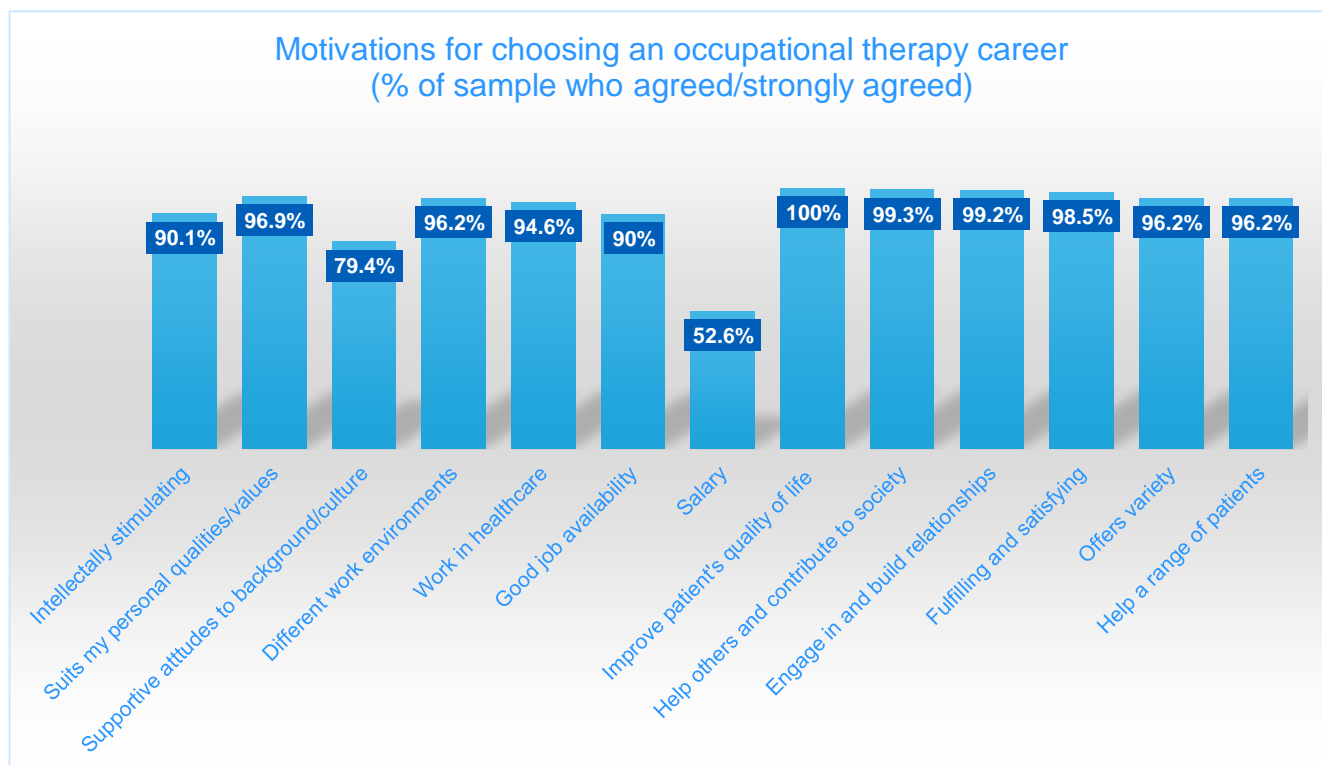
Motivations

Participants were asked to what extent different motivations impacted their occupational therapy career choice.

- Choosing a career 'where I can use my skills to improve the quality of life for a patient/service user' was the most popular motivation for choosing occupational therapy (100% of the sample agreed/strongly agreed with this statement).
- Most commonly identified motivations are shown in the graph below.

Occupational Therapy Career Choices Factsheet

- Across 35 motivations listed in the questionnaire, based on a scoping review and focus groups findings, only six had less than 50% agreeing/strongly agreeing with the importance of the motivation. Eleven had more than 90% agreeing/strongly agreeing.



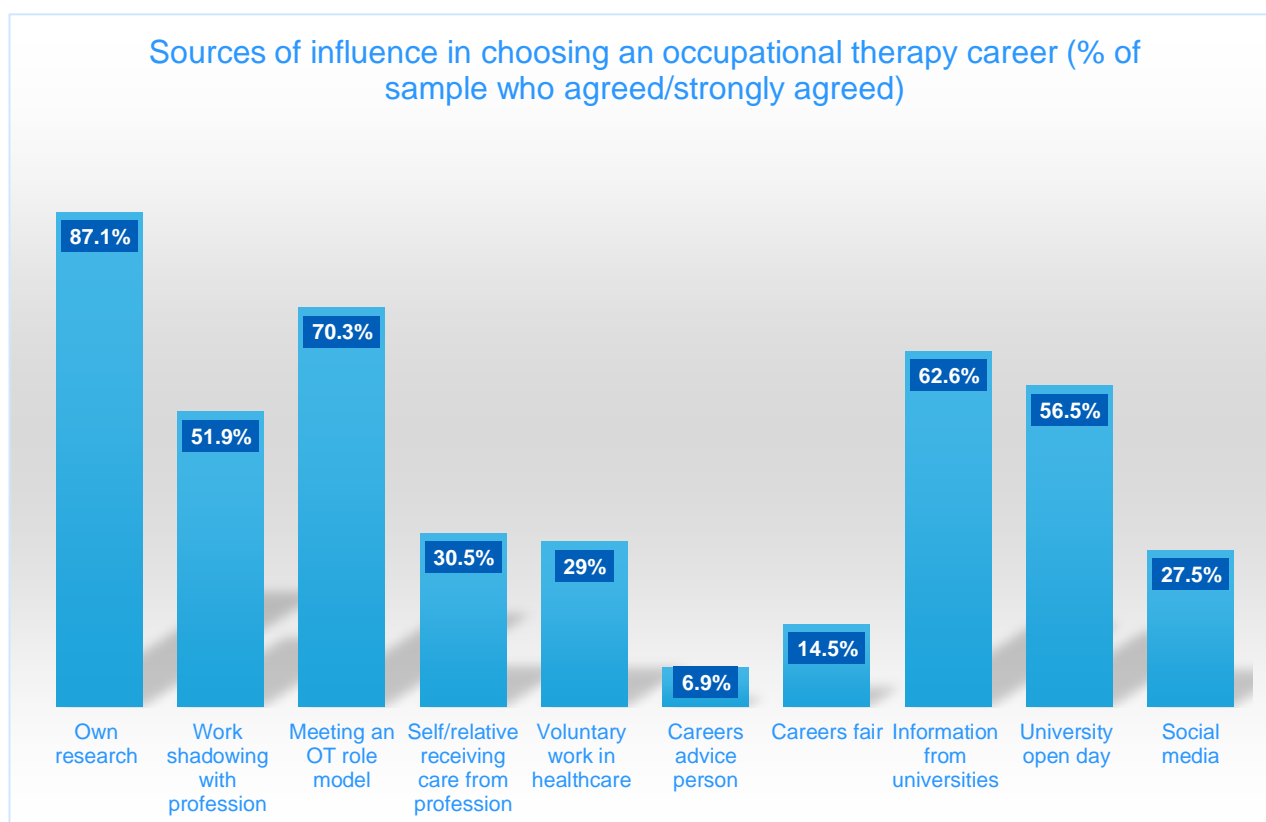
- Altruistic reasons had the highest percentages of responses.
- Motivations highlighting the variety that occupational therapy offers were important for a large number of participants: 'different work environments', 'offers variety' and 'help a range of participants' all had 96.2% of the sample agreeing/strongly agreeing with their importance as a motivation.
- Choosing a profession that is 'intellectually stimulating' was important for 90.1% of the sample. This finding highlights the importance of career advisors (explored below) having knowledge of occupational therapy to encourage school/college students to take this career path. In addition, choosing a profession which 'suits my personal qualities/values' (96.9%) means that career advisors should also focus on this aspect of career choice.
- In terms of the environment in which occupational therapists work, it was interesting that almost 80% of the sample agreed/strongly agreed with the motivation of choosing occupational therapy owing to the 'supportive attitudes to background/culture'. This was based on a perception before they started their course and not obtainment during placements. This suggests a perception of a tolerant work environment which is important to help improve diversity (explored later).
- Participants were asked about the influence of the opportunity to work in the public and private sector. The public sector scored noticeably higher: 74.8% to 45.8%. It was interesting that the motivation to work in the NHS was higher (82.4%) than the motivation to work in the public sector more generally (74.8%). This may be owing to the NHS being a more known entity.

Occupational Therapy Career Choices Factsheet

Sources of Influence

Participants were asked about the sources that influenced their career choice.

- The most influential factor was 'conducting my own research' into the profession (87.1% of the sample agreed/strongly agreed).
- Selected sources of influence are shown in the graph below.
- All personal sources scored higher than educational sources (all 19% or below). With the exception of 'information I got from universities' (62.6%) and 'attending a university open day' (56.5%), all other media and marketing sources were influential for less than 28% of the sample.
- 30.5% of the sample had been influenced by themselves or a relative experiencing care from an occupational therapist. However, meeting an occupational therapist role model was influential for 70.3% of the sample.
- Voluntary work in healthcare, more broadly, was influential for 29% of the sample. In contrast, the importance of work shadowing with an occupational therapist was much higher (51.9%).
- Sources of influence focusing on choosing careers did not score highly: a careers advisor (6.9%), a future careers programme run by my school/college (6.1%) and a careers fair (14.5%). The low scores for these sources suggest an opportunity for future recruitment strategies.
- Although the influence of social media as a source was still relatively low (27.5%), it highlights a potential future opportunity to promote and provide information on occupational therapy.



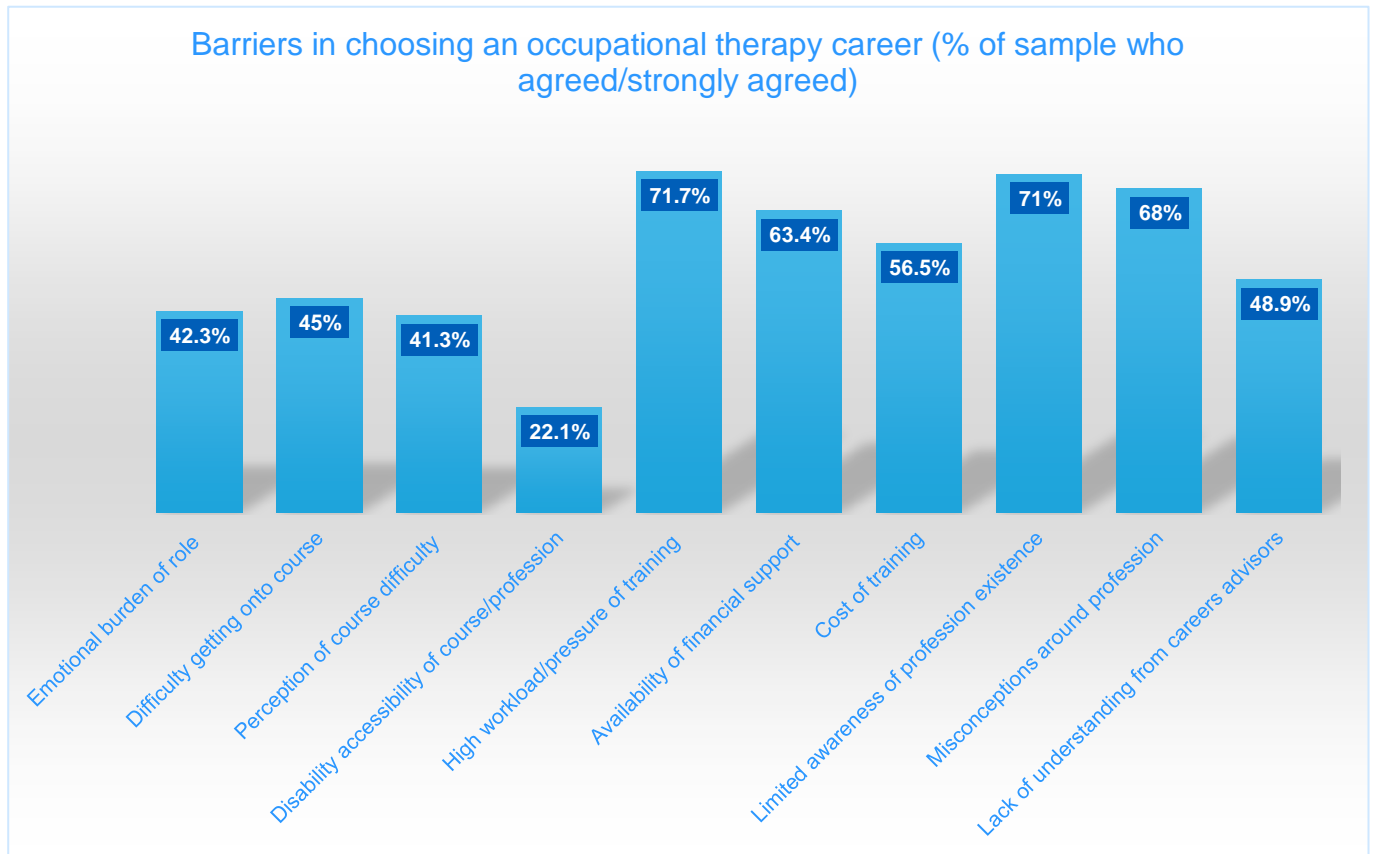
Occupational Therapy Career Choices Factsheet

Barriers to entering occupational therapy

Participants were asked how their career choice had been affected by potential barriers to entering an occupational therapy career. The participants had recognised barriers and overcame them to choose occupational as their career.

- The greatest barrier was a perception, before beginning the course, of 'High workload and pressure of training' (71.7% of the sample agreed/strongly agreed with this statement).
- Most commonly identified barriers are shown in the graph below.
- There was a wide range in the percentage of the sample agreeing/strongly agreeing with potential barriers: this ranged from 71.7% to 13%.
- Financial barriers were seen as a concern by over half of the sample. This suggests that communication surrounding financial support available for occupational therapy students needs to be strengthened in order to widen participation and diversity within the profession.
- Barriers relating to understanding the occupational therapy role scored highly. For example, it is concerning that 71% of the sample agreed/strongly agreed with 'limited awareness of the existence of the profession' as a barrier to choosing occupational therapy and 68% seeing 'Misconceptions around the profession and what the role involves' as a barrier.
- Barriers such as 'high workload/pressure of training' (71.7%), 'emotional burden of the role' (42.3%) and 'perception of course difficulty' (41.3%) suggests promotion of support available for students undertaking their occupational therapy course would be beneficial.
- Although a lower percentage in comparison to other barriers, 22.1% of the sample agreed/strongly agreed that 'a concern around accessibility of the course/profession in terms of physical or mental disability' was a barrier. 25.9% of the sample reported having a disability and therefore it is important that the message that a course and profession is accessible is addressed to potential occupational therapy students.

Occupational Therapy Career Choices Factsheet



Additional findings

Participants were asked what they thought was the public perception of occupational therapy. Nearly 70% of respondents answered the question. There was a general perception that the public did not have an understanding of occupational therapy or what occupational therapists do, beyond knowing it was a healthcare role. When there was knowledge of occupational therapy this tended to be through personal experience and the role was viewed positively. Additionally, when the role was explained, occupational therapy was viewed in a positive light. There was a perception that if there was knowledge of occupational therapy (not through personal experience), this tended to be oversimplified and there was a lack of respect for the role; the breadth, depth and variety of the profession was missing. A number of participants highlighted that occupational therapy was confused with physiotherapy, but also the inclusion of 'occupational' meant confusion with occupational health and an association of occupational therapy with job recruitment. Although there was a perception that media representation of occupational therapy was poor, this was seen to be improving especially following the COVID-19 pandemic.

Key findings

- **Only a small number of individuals are choosing to become occupational therapists from school/college and therefore individuals are discovering the profession through other routes.**
- **Altruistic reasons were the key motivations for choosing occupational therapy.**
- **Personal sources of influence, such as conducting research, and meeting an occupational therapist role model were the most important sources of influence.**

Occupational Therapy Career Choices Factsheet

Overall, educational, media and marketing sources scored low in terms of influence.

- **Perceptions of a high workload/pressure of training and a lack of awareness of the existence of occupational therapy were identified as the key barriers to choosing occupational therapy.**

Recommendations

- A lack of awareness of the occupational therapy profession is a concern. When asked about the public perception of the profession, the majority thought the public did not know what occupational therapy was or what occupational therapists do. This was supported by 71% of respondents (n = 93) agreeing/strongly agreeing that a 'lack of awareness of the existence of the profession' was a barrier to choosing occupational therapy. The low percentage of individuals under 21 in our sample (11.5%) (n = 15) maybe attributable to individuals not learning about the profession at school/college. This may explain the high number of mature students. However, the low percentage of under 21s may be only representative of our sample. **Nevertheless, addressing the lack of awareness of the occupational therapy profession should be seen as a priority to address.**
- Engaging individuals at an earlier age is important. Only 21.5% of occupational therapy students in our study chose the profession during their time at school/college. This, combined with the low impact of educational sources of influence in choosing occupational therapy, for example only 6.9% (n = 9) being influenced by a careers advisor, is a concern. It is important to utilise **sources of influence at school/college to promote the profession to younger people.**
- Changes in employment circumstances and priorities because of the Covid-19 pandemic mean that individuals may be looking for a career change (Biddle, 2021). Additionally, the number of students entering occupational therapy after a first career is high (46.2%). Therefore, **marketing targeted at those looking for a career change is key.** This is an area of focus for HEE (HEE, 2020).
- Findings from this study have shown the transformational influence on individuals spending time with occupational therapists on their decision to study occupational therapy. 70.3% of the sample (n =92) saw meeting an occupational therapy role model as influential in their decision to study occupational therapy. **Qualified occupational therapists should be helped to recognise their roles as career ambassadors when meeting patients and be given time to market the profession in a work capacity.** For example, this could be in the form of wearing 'ask me about my job' badges when working.
- The importance of occupational therapy work shadowing was influential for over 50% of the sample (n = 68). Voluntary work in healthcare more generally was influential for only 29% of the sample (n = 38). This highlights the importance of **upscaling work experience specifically in occupational therapy to help prospective students learn about the profession** as volunteering more generally in healthcare is less influential. Additionally, T levels integrated work experience may assist with career choice for occupational therapy.
- Altruistic motivations scored exceptionally highly: for example, 100% of the sample agreed/strongly agreed with choosing occupational therapy as a profession 'Where I can use my skills to improve the quality of life for a patient/service user'. This shows the **importance of marketing highlighting this aspect of occupational therapy.**

Occupational Therapy Career Choices Factsheet

- The key barrier perceived to choosing occupational therapy was a perception of a 'High workload and pressure of training'. It may therefore be beneficial **when marketing the profession to emphasise a supportive environment when undertaking training.**
- Our sample comprised 94.7% female participants with only 5.3% male. 88.5% of the sample were from a white background. Prospective students, such as males or those from minority ethnic groups, may not see themselves represented in the existing workforce and therefore not choose the profession. These findings suggest that **there needs to be further exploration as to how to improve diversity and action taken accordingly to encourage all individuals to choose the profession. For example, through outreach work in primary, secondary schools and colleges.**

Acknowledgements

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