

Attrition in Occupational Therapy: Perceptions and Intentions of Manitoba
Occupational Therapists

by

Kristal Dawn Laminman

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Occupational Therapists**

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MASTER OF SCIENCE

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ABSTRACT

Attrition is one professional issue facing the allied health discipline of occupational therapy. Little is known about the causes or determinants of attrition from a profession but attrition has many costs. Limited exploration of this topic, including the causes of attrition, has occurred in recent years or been conducted in Canada or the province of Manitoba. A mixed methods study to determine the intentions and perceptions of Manitoba occupational therapists in regards to their careers was undertaken. Investigation of the demographic and career profiles of those who were intending to leave the profession was a primary focus of the study, along with evaluation of the factors that may affect retention in and departure from the profession and consideration of whether strategies to prevent attrition identified in the literature and in mainstream perception were congruent with the views of Manitoba occupational therapists. A focus group was conducted to explore the topic of attrition further in a heterogeneous group of occupational therapists. Conclusions and themes that emerged from the focus group were used to assist in survey item development and refinement. A self-administered survey was presented to potential respondents with a choice of completion modes-either paper or web-based electronic surveys. Findings provided a profile of the typical occupational therapist who was planning on leaving the profession, including the demographic, educational and employment details unique to this group. Many work and professional factors were identified that are potential reasons Manitobans remain in the profession or are leaving. Those planning on leaving the profession experienced more frequent signs of burnout more frequently and reported unmet career expectations and very low levels of satisfaction with their employer and their current positions more frequently. Overall

satisfaction with their career choice was very low and their career satisfaction had changed over time. Findings from the study were congruent with literature on professional disillusionment, professional growth continuum theories and intrinsic and extrinsic factors contributing to job satisfaction. There was evidence from the findings to support attrition prevention strategies discussed in the literature. Mainstream views of continuing education as a primary solution for professional attrition was partially supported as the topic was definitely salient to Manitoba occupational therapists but at this level of analysis would not appear to conclusively either prevent respondents from leaving or contribute to them remaining in the profession.

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CHAPTER 1 – INTRODUCTION

1.1 The Issue

Retention of health professionals is vital to a vibrant and efficient health care system in order to maintain service delivery levels and to ensure provision of quality care. From a professional discipline perspective, retention ensures an adequate supply of caregivers to provide direct services, lead discipline initiatives and theoretical directions, and mentor new professionals embarking on their career. From an employer perspective, retention of professionals reduces the significant multi-faceted costs of recruitment and ensures seamless service delivery by experienced staff.

Recruitment challenges are cyclical with fluctuations in supply and demand of professional staff over time. In times of shortage, recruitment of qualified staff is competitive and certain employer groups are at more of a disadvantage than others; rural and isolated areas may have additional difficulty recruiting. In times of abundance of professionals, experienced and competent individuals may be without preferred employment or without employment altogether and as a result leave the area in search of other opportunities.

Health care in Manitoba is organized into health authorities according to geographic region. Each Regional Health Authority (RHA) is administratively independent with operational decision-making capacity. Nine of the eleven RHAs encompass both rural and urban geographic areas. Brandon RHA and Winnipeg RHA (WRHA) service only urban areas. Each RHA is unique in service provision due to the differences of demographics, population, geography and human and fiscal resource

management. The demographics of each RHA contribute to the determinants of population health and guide the strategic and operational direction of the region.

There has been long-standing inequity in distribution of many professionals from physicians to specialists to allied health disciplines across regions of Manitoba, with greater numbers of all professionals concentrated in the urban areas. Manpower issues exist in all regions and accordingly, each RHA meets these challenges in its own way. The Winnipeg Regional Health Authority (WRHA) recently addressed recruitment and retention of allied health professionals in one of the Achieving Benchmarks through Collaboration (ABC) projects. The ABC group identified this issue as a priority for the region, in order to place the health authority in a favorable employer position in the future. Other Manitoba Health Authorities, many with rural and remote issues, also experience difficulties, with geography and lifestyle choices impacting their success.

Occupational therapy is one allied health profession that has had recent recruitment and retention challenges in Manitoba in both urban and rural areas. Occupational therapists are versatile professionals with roles in health care, social services and educational systems as well as in government, industry, private practice and many non-traditional roles. Occupational therapists work with clients across the continuum of care from birth to end of life, in illness and in wellness and from acute illness and primary care to specialized services for diagnostic populations. Fluctuating supply and demand of professionals has impacted the stability of the occupational therapy workforce; measures such as financially enhanced negotiated contracts have been used in the recent past in an attempt to retain therapists and maintain a competitive marketplace for new recruits.

Historically, strategies to address occupational therapy recruitment and retention have been generated by managers, often from anecdotal or presumptive perspectives. A recent work-life survey by the WRHA was a preliminary step in examining satisfaction of employees; however, as this was intended for all the staff of the WRHA, it was very general in nature, did not delve into specifics or details, and did not broach the topic of professional attrition.

1.2 Rationale for Inquiry

Retention of existing professionals is important to any organization in terms of financial costs as well as patient care and human consequences. Costs of recruitment, interviewing, hiring and orienting new staff members are enormous for any organization, and the loss of productivity of remaining staff who must provide orientation to the new staff member makes costs of recruitment even more prohibitive. Turnover of staff reduces continuity of care and can lower the quality of care provided by the service, department and facility, especially if the turnover is chronic and consists of highly experienced individuals. Experienced therapists often provide a historical perspective in the workplace which is invaluable as approaches in practice and health care come and go, and those with experience are more likely to provide strong voices to committee endeavors. In addition, professional respect within a team is difficult to maintain if there is decreased visibility and consistency of presence. Occupational therapy is a female-dominated profession with many of the workers in the 20-40 year old demographic group; disruption in professional service routinely occurs related to maternity leaves, resulting in reduction in working hours from full to part-time, and geographic mobility associated with spousal employment. Remaining staff-members are left with less

cohesive groups and lower morale due to frequent upheaval of the work unit and they are often counted on to orient new staff, in addition to their regular duties. In the event of prolonged staff vacancies, these remaining therapists are also possibly expected to provide coverage for gaps in service as a result of the vacancy, in addition to fulfilling their normal duties.

Retention is also important to the profession of occupational therapy itself. Maintaining a strong presence in the health care arena requires filled positions and advocacy to prevent losing roles to other professions when positions remain unfilled for lengthy periods. Preventing attrition will ensure an adequate supply of experienced professionals to meet the ever-changing demands of the health care system and to provide leadership and mentoring to those who are novice therapists. Research and academic pursuits depend on a supply of competent, experienced and dedicated individuals to further advance the profession and its standards.

Retention can be described in two ways: retention within an organization (in a specific position or site) or, in the broader sense, retention within the profession of occupational therapy. Although they have different meanings and implications, these two kinds of retention are related through similarities in cause and effect. Retention or turnover in a position or within an organization can occur due to the same causes as attrition from a profession, such as unmet career expectations, dissatisfaction with the profession, decreased job satisfaction, lifestyle factors and burnout. Individuals who are changing positions are still searching for congruence of a position with their expectations and ideals, and are seeking change and other opportunities. Those who are leaving a

profession are not willing to remain in the profession to address the discrepancies, but rather are seeking other directions.

The true picture of attrition of occupational therapists in Manitoba is not clear in terms of the frequency of departures, nor the circumstances under which those who leave have left. Most practicing occupational therapists can relate anecdotal stories of colleagues or classmates who are no longer practicing in the profession. For many who have already left, the reasons for leaving are not completely known. For those currently contemplating leaving, if more is known about the circumstances, including the personal and professional factors impacting these professionals, perhaps all would not be lost.

CHAPTER 2 - LITERATURE REVIEW

That recent examination of retention issues in occupational therapy has been limited, even in the international forum, is apparent from reviewing the literature. Retention of occupational therapists was studied most extensively in the late 1980s and early 1990s, primarily by American and British researchers. Inherent differences in the US and British health care systems and in the way occupational therapy is practiced in these countries limits the applicability of some of the data and issues identified in these studies to the Canadian context. Since the late 1980s, societal norms have changed and new generations of practitioners from different educational programs are involved in constantly evolving and changing health care systems and programs. Socialized Canadian medicine and the provincial differences in application of this approach to health care make comparison of Manitoba occupational therapists to international practitioners difficult. The work climate that exists within fee for service and multi-tiered systems that are the predominant health care delivery models in other nations is vastly different than the climate around Canadian models of health services delivery. Specifically, issues such as stringent billing processes and onerous paperwork demands, which are less at issue in the Canadian and Manitoba occupational therapy work environments, have been found to be contributors to negative experiences of occupational therapists. (Freda, 1992; Bailey, 1990a; Bailey 1990b)

Limited Canadian literature on attrition and retention exists and it primarily consists of studies of retention of occupational therapists in remote and rural areas, a unique concern given the geography and habitation trends of this vast country, not of retention within the profession itself. Examination of other allied health literature was

also undertaken to ascertain the issues and the experience of other similar professions such as physical therapy, speech and language pathology and respiratory therapy. Job satisfaction, determinants of satisfaction and retention strategies in allied health practitioners have been found to be similar in nature to those same topics contained in the occupational therapy literature.

2.1 Job Satisfaction

Asking people what they enjoy most about their job or the work they do will yield many different answers. Some people evaluate job satisfaction based on their level of enjoyment of the workplace or their co-workers, while some people base satisfaction on the sense of accomplishment derived from the tasks they perform. Still others base satisfaction on the wage they earn or the benefits they receive. All are indicators of satisfaction and all are personal and individual to the worker based on his or her values, experience, personality and life situation. "Many different factors can contribute to how any given individual experiences meaning and satisfaction in the workplace" (Brown, et al, 2001, p.220) thus, job satisfaction is a difficult term to define explicitly and explain.

Job satisfaction has been defined by Locke (1976) as the positive emotional state that results from appraisal of one's job and resulting experiences. Brown et al. (2001) stated, "satisfaction is the perceived level of pleasure and contentment derived from individual performance...in addition to values and competence, is the motivating force for occupational behavior" (p. 220). Job dissatisfaction was defined by Freda (1992) as "a state of discontent or displeasure regarding a current position held by the employee" (p. 241).

Job satisfaction has been studied for decades; however, in the 1990s the topic of understanding job satisfaction proliferated in the literature. This, according to Jacobs (1994), was due to an attempt to increase worker satisfaction, to in turn increase worker productivity, and ultimately, profitability. High job satisfaction results in lower absenteeism and turnover, thereby lowering costs of recruitment, selection, placement and training (Atwood and Woolf, 1982). Job satisfaction in health professionals has been explored in relation to stress, burnout, intrinsic and extrinsic factors, role clarity and professional disillusionment, to name but a few of the more common themes. Occupational therapy as a profession has been examined more frequently in the job satisfaction literature than other allied health professionals.

2.1.1 Theoretical Approaches

Many theories of job satisfaction are reported in the literature with several that seem, on the surface, to be both common sense and directly applicable to a general understanding of satisfaction. Most theories appear to have been generated from the social sciences and then utilized in the health sciences literature; some of the theories, such as Herzberg's multiple variations on motivation and intrinsic/extrinsic conditions, are mentioned repeatedly.

Herzberg's Motivation-Hygiene Theory (1966) relates job satisfaction to intrinsic and extrinsic factors or conditions. Motivation is influenced positively or negatively according to the intrinsic and extrinsic conditions and environment a worker encounters. The absence of certain extrinsic factors is thought to increase job dissatisfaction; these factors include wages, benefits, working conditions and quality and quantity of resources available to perform one's job. Intrinsic factors, if present, will increase motivation,

performance and therefore job satisfaction. These factors could include recognition, advancement opportunities and the sense of achievement derived from the work performed. Herzberg's theory seems congruent with work life in general. There is a balance or imbalance of factors that an individual can or cannot control, then adaptation or accommodation occurs if a worker comes to terms with the reality of his or her work/job/environment.

Lawler (1977) viewed satisfaction at work as relating to rewards and was a proponent of the view that intrinsic and extrinsic rewards can produce satisfaction and that workers are competitive with others for intrinsic and extrinsic rewards, with dissatisfaction occurring when perceptions of inequity arise in a workplace.

Cherniss's Job Characteristics Model (1980) places emphasis on external characteristics of the workplace and this theory has been related to job satisfaction, turnover and burnout. In this model the work itself and the environment in which the work takes place are important and should promote job satisfaction. Building on Cherniss's model, Grant (1992) proposed that the manager's role is to change the job situation to enhance worker satisfaction. This theory appears to deflect the responsibility of satisfaction from a shared responsibility of both the worker and the environment to that of the environment alone, shifting the locus of control beyond the individual.

Rounds, Dawis and Lofquist (1987) concluded that the theory of work adjustment (Dawis and Lofquist, 1984) highlights the importance of good correspondence between the person and the environment, resulting in positive work attitude. Similarly, in the person-environment fit theory (Mottaz, 1988), job satisfaction is based on the worker's perceptions of the work situation and work values. This model appears congruent with

occupational therapy theories of person, environment and occupation and ultimately relates to meaningful occupation within the context of the individual and the environment.

The need/value fulfillment theory (Collins et al., 2000) relates job satisfaction to the individual's needs and the extent to which the job meets these needs. This theory could explain why individuals initially choose the occupation they engage in, as well as why they remain doing that particular work or move on to other jobs.

2.1.2 Job Satisfaction in Other Professions

Job satisfaction has been studied to some degree in most professions; however much of the literature is from the 1970s and 1980s, therefore its relevance and applicability to the current workforce is questionable. Regardless, discussion and conclusions from this literature provide some general insight into the foundations of job satisfaction in health care professionals. Literature reviewed included physical therapy, nursing and social work as well as literature from allied health sources that either compared occupational therapy with physical therapy or both therapy groups with several other professions. In some papers, comparisons were made between occupational therapy and other allied health professionals such as laboratory technologists, diagnostic imaging and radiologic personnel; however no rationale was provided to establish the similarities or reasons that these groups could be compared or considered together. Based on education and routine roles and duties performed, the heterogeneity of such groups did not support grouping them with occupational therapy. This concern is consistent with Atwood and Woolf's (1982) statement that "although there have been a number of studies of job satisfaction of nurses and of all hospital employees, generalizing these

findings to specific professional groups engaged in patient care would be unwarranted” (p. 82). Painter, Akroyd, Wilson and Figuers (1995) further stated “ it is questionable whether research findings reported in job satisfaction literature could be generalized to different job populations because each work industry and its employees produce unique needs and requirements” (p. 23)

Allied Health and Nursing

Bordieri (1988) concluded “it appears that occupational therapists, nurses, hospital support staff and rehabilitation personnel find similar incentives in their work” (p. 162). This theme has been repeated in subsequent literature in which job satisfaction was examined related to unique roles found in nursing and professions allied to medicine (Collins et al., 2000). The authors reported that the majority of participants who were working in innovative roles felt the role provided them with satisfaction; however authors identified some prerequisites in the early development of new roles that appeared to enhance satisfaction. Such prerequisites included preparation of the individual for the role, establishing role clarity and expectations, promotion of career progression within the role to continue challenging the incumbent and enabling personal growth, and maintenance of contact with the professional group of origin. More recently Lyons, Lapin and Young (2003) studied the job satisfaction of nursing and graduates from five allied health disciplines of an eastern American university. The allied health participants were a heterogeneous group and included dental hygiene, diagnostic imaging, laboratory sciences, physical therapy and occupational therapy. Participants were asked to indicate their level of satisfaction with their profession, their current job and various aspects of that job. Unfortunately, regression analysis of predictors of job satisfaction were not reported by individual discipline but instead were for the entire sample of six different

occupational groups. Besides reporting many negative changes in the health care system in which they worked, both nursing and the allied health groups reported high levels of satisfaction with their jobs and a high percentage indicated they would choose a health professional career again. A feeling of worthwhile accomplishment was one of the most important predictors of satisfaction, followed by workload. Salary and job security were of minor importance as predictors of job satisfaction, a finding that is consistent with other literature on job satisfaction (Akroyd, Wilson, Painter and Figuers, 1994).

Allied Health

Akroyd, et al. (1994) surveyed occupational and physical therapists in three southern states of the U.S. to determine if selected intrinsic and extrinsic variables would predict allied health practitioner work satisfaction in ambulatory care and hospital settings. They found that the single most powerful predictor of satisfaction was involvement, and they concluded that the therapists' intrinsic orientation toward work and perceptions of the general working conditions were the strongest predictors of work satisfaction in both settings.

Oakerlund, Jackson and Parsons (1994) surveyed allied health providers in Utah including medical technologists, occupational therapists, physical therapists, respiratory therapists and radiology technologists. They focused specifically on factors that might affect personnel shortages including recruitment, retention, job history, job satisfaction, occupational choice and occupational training. Responses were received from 36.3% of the 1906 personnel surveyed; results showed that pay and fringe benefits were the factors ranked highest overall by the five professions, followed by the opportunity to develop skills, amount of freedom on the job, job security, positive treatment by co-workers, positive feedback about performance, ability to participate in decisions, and chances for

promotion. However, occupational therapists and physical therapists identified the following in rank order as most important: amount of freedom, opportunity to develop skills, pay and benefits, and ability to participate in decisions. This discrepancy could be attributed to the heterogeneity of the professions surveyed.

Randolph (2005) conducted a survey of American occupational therapists, physical therapists and speech language pathologists regarding factors contributing to career satisfaction and desire to stay in their jobs. They found that satisfaction and desire to stay in a job was high but had decreased from a similar survey done five years earlier. For all three professional groups intrinsic factors were the dominant predictive factors while extrinsic factors were less significant predictors of both satisfaction and desire to stay on the job. Occupational therapists and physical therapists were in greater agreement regarding factors important to satisfaction and desire to stay than any other combination of professions.

Physical Therapy

Atwood and Woolf (1982) conducted a survey of job satisfaction in 400 physical therapists in Pennsylvania, which yielded a 57% response rate. They found that respondents were highly satisfied with their jobs and that higher satisfaction was positively associated with age and higher-level jobs. The most dissatisfaction expressed was in intrinsic task satisfaction. Respondents and non-respondents were not compared which is unfortunate given that 43% of the sample was not represented in the study. There may have been significant differences between those who chose to respond and those who chose not to. Lopopolo (2002) studied the relationship between changes in physical therapist role behaviors following hospital restructuring and the outcome variables of job satisfaction and commitment to the organization. Despite identifying

many limitations to her findings, she concluded that occupational commitment impacted both job satisfaction and organizational commitment. Role conflict, role-overload and role ambiguity were negatively related to both outcome variables and employees who perceived their roles as having higher levels of stress experienced lower levels of job satisfaction. Weaknesses in this study included questionable recruitment strategies and sample bias, cross-sectional design involving multiple sites and use of selected items from measurement instruments without evidence of maintaining reliability of the original instrument.

Nursing

Lemler and Leach (1986) conducted an exploratory study of the effect of job satisfaction on retention of nurses in a specific American facility. They concluded that nurses were neither completely satisfied nor completely dissatisfied with their jobs and there was no significant difference in satisfaction between those nurses leaving the facility and those staying. Blalack (1986) conducted a study to determine how satisfied hospital staff nurses were with their jobs. Reporting of this study left many unanswered questions with poorly described modifications to existing instruments, poorly defined study population and no author-identified limitations. Demographic characteristics of respondents were not provided therefore it is unclear if there were differences between respondents and non-respondents in terms of satisfaction related to variables such as experience levels, position status, and practice area. Blalack concluded that the nurses studied were satisfied with intrinsic factors and the work itself, but were dissatisfied with factors that were extrinsic to the work performed, such as opportunities for personal growth and development and participation in goal setting. This theme of autonomy and

desire for participation is consistent with other literature, especially related to occupational therapy and physical therapy, as previously discussed.

Social Work

Social work is an allied health team member that has a similar educational background to many health care professionals, yet differs significantly from other allied health team members. Social work participation within the team, its primary roles and the services provided are quite different from those of occupational therapy and physical therapy. Social work literature regarding job satisfaction and related topics is abundant, especially in the areas of social services in the United States. "Stress" and "burnout" are keywords frequently found in the social work literature, but due to professional differences and differences between health care and social service systems in Canada and the United States, this literature was not extensively explored. Jayaratne and Chess (1984) conducted a national study in the United States on social workers' job satisfaction, burnout and turnover. An overriding theme in this study was the role and value conflict experienced in the many settings in which these professionals work. Despite the variety of service areas in which social workers are employed - child welfare, community mental health and family services - there was an overall high level of satisfaction and perception of success. Despite these positives, 40 % of respondents in the study also intended to find new employment. Jayaratne and Chess concluded that attempts to address issues related to job satisfaction, burnout and turnover cannot be universal and that each service group must be considered individually due to the unique challenges, stressors and risks experienced by each group.

Vinokur-Kaplan, Jayaratne and Chess (1994) examined the impact of workplace conditions and motivators on job satisfaction and retention in married social workers belonging to the national professional association and employed in public or non-profit agencies or private practice agencies. The inclusion criteria of this study eliminated all but 746 of the original 2000 social workers randomly sampled from the membership of the organization. The authors acknowledged the lack of generalizability to the organization's overall membership. They quantified job satisfaction by measuring different aspects of the job and by measuring the worker's "general affective reaction to the job" (p. 96). They also distinguished overall job satisfaction according to the employee's "commitment to the organization, its (sic) goals and values, and their intention to remain in its employ" (p. 96), which is consistent with the physical therapy organizational commitment literature cited above. In addition, they found that workers in public and non-profit agencies perceived opportunities for promotion and job challenge as being primary factors influencing their satisfaction, and good job security and job challenge negatively influencing intention to seek a new job. They concluded that these social workers were seeking a long-term career and were not just satisfying economic needs.

2.1.3 Job Satisfaction and Occupational Therapy

Occupational therapy literature related to job satisfaction has been linked to many topics of interest to the profession including recruitment, retention, attrition, burnout, personnel shortages and gender differences. Each of these topics is interdependent with satisfaction and dissatisfaction and the topic of job satisfaction cannot be fully discussed without consideration of these factors that precede employee satisfaction. Bailey (1990a,

1990b) determined that job dissatisfaction in occupational therapy is evidenced by an increased attrition rate. Earlier, Brollier (1985) concluded that job satisfaction should influence job performance and dissatisfied staff are more likely to display burnout, absences and other job-related problems than satisfied staff.

Job Satisfaction, Recruitment, Retention and Attrition:

Some of the occupational therapy literature related to job satisfaction, retention and attrition (Bailey, 1990a; Bailey, 1990b; Collins, et al, 2000; Greensmith & Blumfield, 1989) was found to have weaknesses in both design and methodology. As a result, little tangible evidence or information can be gleaned from these studies that were conducted in the United States and the United Kingdom. Collins et al. surveyed 452 nurses and 162 professionals allied to medicine in England in the second phase of a study on new roles and their contribution to job satisfaction and retention. Information was lacking regarding recruitment strategies and methods, survey design, data procedures, analysis and reporting of results. Bailey studied occupational therapists in the United States via survey but provided insufficient description or detail about the survey instrument, the administration methodology and procedures for data analysis from which to determine the value of the studies. Researcher bias was evident in the British study conducted by Greensmith and Blumfield; there were significant oversights and flaws in subject recruitment and selection methods, study administration procedures, reporting of results and in the conclusions drawn from the results.

Freda (1992) identified job satisfaction, turnover and attrition from occupational therapy as the three key factors in understanding the importance and the effect of retention, and used these factors to develop a survey for therapists employed at four rehabilitation facilities in Philadelphia. Fifty-five of 71 therapists employed at the 4 sites

completed the survey, which utilized problematic recruitment and administration methods. She found that the number of years of experience in occupational therapy affected what occupational therapists considered important and rewarding in their work. In a later study, Smith, Schiller, Grant and Sachs (1995) identified and evaluated the effectiveness of recruitment and retention factors used in acute care, rehabilitation and long term care occupational therapy practice settings across the United States. They concluded "the same strategies used to enhance retention in all settings are often the same factors that underlie job satisfaction. Keeping professionals satisfied by maximizing their achievement, recognition, growth opportunities, working relationships, and compensation helps to retain them in employment positions" (p. 418).

Job Satisfaction According to Specific Groups:

Investigation of job satisfaction in occupational therapy has included consideration of various groups of therapists, including differences between genders, front line therapist versus management satisfaction, satisfaction of academic faculty, satisfaction of those in rural and remote positions, and satisfaction of occupational therapists in specific areas of practice.

Taylor, Madill and Macnab (1990) examined levels of satisfaction between genders of Canadian therapists and found that the levels of satisfaction did not differ between males and females; however there was a difference in the intrinsic and extrinsic factors that the genders valued most. Males rated advancement and risk more highly than did females while social relationships were of greater importance to females than they were to males. Turgeon and Hay (1994) surveyed male occupational therapists in Ontario regarding job satisfaction and other work-related issues. They found the scores of the least experienced respondents reflected less satisfaction and that this group was more

likely than the more experienced respondents to report that they intended to leave the profession or pursue another career. Turgeon and Hay concluded that levels of satisfaction and dissatisfaction varied between individuals and may be intrinsic, not extrinsic.

Bordieri (1988) used Herzberg's five motivator and five hygiene factors within a survey to examine and compare job satisfaction in registered occupational therapy managers/supervisors and direct service clinicians using the American Occupational Therapy Association membership; from a sample of 900, he yielded 533 responses for a response rate of approximately 54.0%. He found achievement and interpersonal relationships (motivators) rated highly in both groups while working conditions and advancement (hygiene factors) rated lower than the other factors in both groups. Managers/supervisors valued responsibility highly while the direct service clinicians valued the work itself highly. In the end, Bordieri agreed with Herzberg that strategies to improve job satisfaction should be directed at motivator, not hygiene factors because the motivators were more likely to be work incentives.

Rozier, Gilkeson and Hamilton (1991) surveyed occupational therapy faculty, presumably in the United States but never specifically indicated in the paper, to determine their levels of satisfaction with teaching. They identified specific characteristics of the faculty members that could be used to predict whether or not they were going to remain in their position or change careers due to dissatisfaction. They also found that the higher the educational attainment, the higher the level of satisfaction, but neither age nor gender predicted satisfaction in teaching.

Painter et al. (1995) examined the predictive power of selected intrinsic and extrinsic rewards as determinants of overall job satisfaction in full-time ambulatory care occupational therapists employed in 3 southern American states. As an intrinsic reward, task involvement had the greatest influence, in addition to general working conditions (extrinsic reward) and task autonomy (intrinsic reward). Earlier, Akroyd, et al. (1994) examined intrinsic and extrinsic satisfaction factors in ambulatory care and hospital environments and concluded that occupational therapists and physical therapists have a strong intrinsic orientation and that strategies to provide extrinsic rewards have limited effects on satisfaction with these two professions; job redesign strategies and enhancing perception of working conditions were seen as ways to enhance intrinsic job values. Painter and Akroyd (1998) stated that “employees become committed to an organization before attitudes of job satisfaction can meaningfully emerge” (p.2) and they studied the significance of extrinsic and intrinsic work rewards as predictors of organizational commitment among occupational therapists in ambulatory care and hospital settings. They found differences between the two settings in terms of rewards that were most predictive of organizational commitment. In ambulatory care settings general working conditions and task autonomy and task involvement were significant predictors of organizational commitment; in hospital settings salary, supervision, and task involvement were significant predictors of commitment.

Job Satisfaction in Rural and Remote Areas:

Some factors related to satisfaction in rural and remote practice were addressed by Bent (1999) and Solomon, Salvatori and Berry (2001). Bent examined job satisfaction related to speech pathology, physical therapy and occupational therapy practice in remote areas of Australia and found that there were many unmet needs for support that impacted

job satisfaction, professional satisfaction and recruitment and retention. Solomon et al. conducted a survey of occupational therapists and physical therapists in Northwestern Ontario to investigate sources of job satisfaction and dissatisfaction and factors that influenced recruitment and retention decisions. Degree of satisfaction with career opportunities was identified by Solomon et al. as one of the factors that had a direct relationship with intention to relocate. Professional autonomy was a source of satisfaction, and almost one quarter of the respondents endorsed autonomy as the most important source of satisfaction. These findings were similar to those of Davis and Bordieri (1988) and Oakerlund, Jackson, Parsons and Comsa (1995). Davis and Bordieri found that for occupational therapists autonomy was related to all measures of job satisfaction. They determined that overall job satisfaction and perceived autonomy were moderately high and that achievement, interpersonal relationships and the nature of the work itself were work incentives. Oakerlund et al. found that occupational therapists and physical therapists in Utah ranked freedom on the job and opportunity to develop skills higher than pay and benefits and concluded that variety and diversity were important factors for these two professions.

2.1.3.1 Significant Themes in Occupational Therapy

2.1.3.1.1 Intrinsic and Extrinsic Factors

Madill, Macnab, Brintnell, Stewin and Fitzsimmons (1987) used one component of the theory of work adjustment (Davis and Lofquist, 1976) to assess the correspondence between occupational therapists and their work environment, and thereby determine their job satisfaction. They studied characteristics of occupational therapists with high scores on intrinsic and extrinsic aspects of job satisfaction and those with low scores and compared these groups to determine factors that might have an influence on

retention. Those with low intrinsic satisfaction were found to be younger, less experienced and a greater number were front-line clinicians practicing in physical medicine. They also found that a higher level of intrinsic than extrinsic satisfaction was present in occupational therapists in both front line and administrative/managerial groups. Overall, "higher levels of job satisfaction were associated with higher occupational levels"(Madill, et al., 1987, p.77).

Akroyd et al. (1994) examined autonomy and involvement (intrinsic factors) and working conditions, salary, co-workers and supervision (extrinsic factors) related to job satisfaction in occupational therapists and physical therapists. Involvement correlated positively with job satisfaction and contributed more to the regression model than did the three significant extrinsic factors - general working conditions, salary, and co-workers. In both ambulatory care and hospital settings, involvement was the most important predictor of work satisfaction. They concluded that strategies to provide extrinsic rewards might have a limited effect as therapists have a strong intrinsic orientation.

2.1.3.1.2 Flow

Another approach to job satisfaction found in the occupational therapy literature relates to flow. Flow has been described as a positive feeling that occurs when there is a balance between perceived challenges and one's skills, and may include enjoyment, intense or total involvement, deep concentration, or the loss of one's sense of time (Csikszentmihalyi and Csikszentmihalyi, 1988) "To remain in flow, an individual must increase the complexity of the activity by developing new skills and taking on new challenges. Flow forces people to stretch themselves, to always take on another challenge, to improve their abilities" (Csikszentmihalyi and Csikszentmihalyi, 1988, p.

30). By these descriptions, flow impacts not only the intrinsic rewards and values placed on the job and its tasks, but entices the individual to seek challenge and learning within the work environment.

Flow is not present in all types of work and a study by Allison and Duncan (1988) found that flow conditions were built into the jobs of professionals but were absent for manual workers. Lefevre (1988) concluded that, "since flow enhances activation, concentration and creativity, it is likely that performance would improve by increasing the time spent in flow. In addition, increases in flow may improve morale and prevent burnout, since motivation and satisfaction are also enhanced." (p. 318)

Davis and Bordieri (1988) theorized that understanding what makes occupational therapy practitioners satisfied on the job or causes them to experience flow may ultimately improve their productivity and quality of intervention. This idea is congruent with theories that advocate a professional growth continuum, as learning and challenge are inherent in varying degrees as workers pass through stages of professional development. Keeping occupational therapists challenged and learning is likely to enhance overall satisfaction and improve task performance. Jacobs (1994) studied the nature and quality of flow in the work experiences of 90 occupational therapists using Csikszentmihalyi's four-channel model of challenge and skill contexts: anxiety, flow, boredom and apathy. She found that flow (high challenge, high skill), a form of intrinsic job satisfaction, was experienced for a relatively small amount of time and boredom (low challenge, high skill) was experienced more often than flow in participants. She also found higher levels of anxiety (high challenge, low skill) than she anticipated in study

participants and low levels of apathy (low challenge, low skill) despite some of the repetitive intervention activities that contributed to boredom.

2.1.3.1.3 Professional Growth Continuum

Closely related to the topic of flow is the belief in a professional growth continuum where individuals at different career stages experience and seek different roles, challenges and directions. Different strategies and different principles exist to both define and address job satisfaction across the career continuum.

Slater and Cohn (1991) used a 5-stage model to map the continuum of an occupational therapist's career. They identified the stages as novice, advanced beginner, competent, proficient, expert, and matched each stage with attributes, clinical reasoning development and professional competencies that are commonly found at each of those stages. Freda (1992) examined factors that would retain occupational therapists in rehabilitation settings. She found that years of experience determined what occupational therapists considered important and rewarding aspects of their jobs and also asserted that a professional growth continuum could be seen through the stages of practice. Direct patient care was the most rewarding aspect of the job for clinicians with up to 3 years of experience. In contrast, program development activities and responsibilities and management and supervisory aspects of the job were more rewarding as therapists spent longer in the field.

Richards (1998) conducted a survey of occupational therapists working within a specific health trust in the United Kingdom. She found that individuals categorized within the different job grades or levels had differing ideas regarding what motivated them to stay in their job, what would prompt them to leave their job and what they

wanted from their employer, the Health Trust. More experienced therapists indicated they needed challenge and training to develop their career; in effect these experienced therapists were sandwiched between the new therapists and the managers. They possessed the experience and the competencies, yet had nowhere to focus or develop their skills.

Collins et al (2000) investigated new or innovative roles in nursing and professions allied to medicine in England. They reported findings that individuals in these new positions felt the roles provided them with satisfaction. The respondents identified that the new roles had enhanced their satisfaction and that many of the positive factors they were identifying were related to common themes such as autonomy, freedom and increased responsibility, which the authors reported were consistent with the findings of other job satisfaction studies in the literature.

2.1.3.1.4 Burnout and Stress

Balogun, Titiloye, Balogun, Oyeyemi and Katz (2002) examined the prevalence and determinants of burnout in physical and occupational therapists. They assumed burnout to be characterized by emotional exhaustion, depersonalization and reduced personal accomplishment. They found that the therapists in their study were more emotionally exhausted, exhibited more negative attitudes toward their work and clients and reported less satisfaction and enthusiasm with their work than had been reported in previous studies of therapists.

However, in an earlier study Rogers and Dodson (1998) found that occupational therapists experienced less burnout than other human service professionals and they postulated that the way the occupational therapy process occurs, especially when the

client is an active collaborator, might decrease feelings of depersonalization. Rogers and Dodson further asserted that some of the inherent outlets for control and creativity within occupational therapy practice “may revitalize emotional reserves and shield against depersonalization” (p. 270).

As some areas of practice are more conducive to being client-centered and afford prolonged interactions with individuals, differences between practice areas could result in differing levels of stress and revitalizing experiences. Lloyd and King (2001) reviewed literature on work-related stress and occupational therapy from many sources and international perspectives; they concluded that occupational therapists might be protected from some stress and burnout factors, either through use of effective coping strategies or through having a higher tolerance to burnout. They expressed concern at the many references in the literature that identified the profession itself as a significant stressor. Diminished professional identity, low status of the profession, feelings of being undervalued and lack of role clarity were all themes that emerged from their review.

Schlenz, Guthrie and Dudgeon (1995) investigated the relationship between burnout and professional development activities in occupational therapists and physical therapists working in head injury rehabilitation. They reported that this group experienced higher emotional exhaustion, lower depersonalization and higher levels of personal accomplishment than a norm referenced group of human service professionals and a norm group of medical professionals, which indicated that they might not yet be burning out, but rather “burning up”(Eisenstat and Felner, 1984, p. 426). They also found a relationship between feelings of personal accomplishment and professional development, which was consistent with the suggestions of Bush, Powell and Herzberg

(1993) that career self-efficacy may promote job satisfaction and professional retention. They also found a positive correlation between personal accomplishment and years of experience as a therapist, a finding that is consistent with literature previously cited in which development of professionals can be considered on a continuum and varying levels of confidence and skill are found at each level.

2.1.3.1.5 Professional Disillusionment

Bush, et al. (1993) in their reflective paper stated, "Career expectations contribute to job satisfaction which ultimately affects personnel retention" (p. 927). They stated that therapists are leaving the profession because of unmet career expectations; therefore they examined "career self-efficacy", which they suggested is a link between perceived self-efficacy and career behaviors. They further developed the idea of occupational therapy career self-efficacy and professional development and identified key times when the professional may be influenced and impacted in terms of his or her perception of self-efficacy. Initially, occupational therapists perceive themselves as a student in the fieldwork role, then as an entry-level clinician and then as an experienced clinician. The transition times between these stages are seen as particularly difficult as occupational therapists experience adaptation and adjustments to different roles and expectations from themselves, their colleagues and their managers. Discrepancies between expectations and reality at any of these stages of reflection and development may result in job dissatisfaction and professional disillusionment.

2.1.3.2 Integrating Literature, Research and Satisfaction Solutions

The idea of evaluating occupational therapists from different perspectives and then generating plans that are proactive or responsive to the needs of the professional is

common in the literature. It makes sense that deficiencies or needs be identified and then strategies are developed based on the identified shortcomings.

Richards (1998) used results from a brief study of staff to focus retention strategies for a British Health Trust. Smith, et al (1995, p. 418) concluded that information gleaned from studies evaluating recruitment and retention strategies can be used by managers to develop recruitment and retention plans that “should be designed to minimize job dissatisfiers and maximize job satisfiers” as the “strategies used to enhance retention are often the same factors that underlie job satisfaction”. They further asserted “keeping professionals satisfied by maximizing their achievement, recognition, growth opportunities, working relationships and compensation helps to retain them in employment positions”. Thus, a beneficial situation for both the employee and the employer is created.

Davis and Bordieri (1988) concluded that an understanding of the optimal flow experience and applying strategies to the workplace that enhance flow experiences may assist in retaining occupational therapy practitioners and may ultimately improve both their work productivity and the quality of interventions they provide to their clients. The flow experience of each individual is dependent on many factors, including stage of professional development, goals and aspirations and opportunities that are available to the individual. This flow experience is also an element of enhanced career pathways. Similarly, Schlenz et al. (1995) recommended professional development activities be planned to reduce burnout, increase feelings of personal accomplishment and decrease feelings of emotional exhaustion while considering workplace factors and the personal and professional characteristics of those individuals for whom the program is being

planned. Consideration of the level of professional development and the individual's stage in the continuum of practice from novice to expert appears to be integral to success in preventing burnout and promoting satisfaction.

Slater and Cohn's (1991) 5-stage model of career continuum is an example of using both informed strategizing and enhanced career pathways to promote satisfaction. By encouraging reflective practice and analyzing the developmental level of occupational therapists, it is possible to establish plans to promote careers, enhance competencies and improve satisfaction through initiatives such as mentorship opportunities, innovative and new roles and relevant continuing education. Freda (1992) suggested that managers should develop retention strategies and professional growth opportunities for each level of experience. Bush et al. (1993) in their paper on career self-efficacy identified transitional periods in the careers of occupational therapists that are critical for intervention from educators, managers and mentors to assist the therapist to successfully transition and enter the next level of development.

2.1.4 Conclusion

Literature regarding recruitment, retention, burnout, professional disillusionment, flow, job satisfaction and the transition along the professional continuum of occupational therapy practice is all interrelated and not easily separated when examining attrition.

To date, studies have been inconsistently planned, methodologically flawed and/or reported, narrowly focused and/or concentrated in one geographic or practice area, providing little insight into satisfaction beyond the group studied. The job satisfaction of occupational therapists in Manitoba is opportune for study and the implications of

satisfaction including recruitment, retention and attrition of this province's occupational therapists could be further illuminated by such research.

What was satisfying in the 1970s and 1980s in the United States or the United Kingdom may not be what is satisfying to the graduates or experienced clinicians of today in Manitoba. Therefore, the purpose of this research is to identify those factors that will retain Manitoba occupational therapists in the profession and those factors that will hasten their departure. In addition, information regarding intention to leave the profession will be obtained and can be evaluated and compared with data from other sources to see if Manitoba therapists at various stages in their career have similar issues and perceptions and if satisfaction factors are standard across the profession. From this data it may be possible to identify specific strategies to retain experienced Manitoba occupational therapists in the profession, which may also be valuable to individual facilities as well as to regional health authorities that struggle with recruitment and retention of skilled professionals.

2.2 Research Questions

The following questions were addressed in the study:

1. What are the demographic and career profiles of practicing occupational therapists in Manitoba who may be considering leaving the profession?
2. What are the factors that may affect retention in and departure from the profession as identified by occupational therapists practicing in Manitoba?
3. Are strategies to prevent attrition identified in the literature and in mainstream perception congruent with the views of Manitoba occupational therapists?

CHAPTER 3 - METHODS

3.1 RESEARCH DESIGN-

3.1.1 Rationale for Mixed Methods Design

A mixed methods approach including sequential and concurrent procedures was utilized in this study. The investigation was conducted in three-phases: a focus group, a pilot test of a questionnaire instrument and administration of the finalized questionnaire. As has been previously mentioned, the lack of recent investigation or Canadian research on this topic made a mixed methods approach most appropriate for this topic in order for it to be fully examined and evaluated (Creswell, 2003).

Following a study utilizing a focus group prior to survey development, Metzler and Davis (2004) found, “the extra time and effort associated with using a mixed-mode qualitative approach prior to undertaking a quantitative research project to be very beneficial” (p.5).

3.1.2 Design Considerations

In Phase I, a focus group of 6 participants from the population of occupational therapists in Manitoba was conducted in order to collect qualitative data reflecting therapists’ opinions and perceptions regarding attrition in Manitoba. A questionnaire was designed based on analysis of the focus group data and information gleaned from the review of the literature; this instrument was then pilot tested on a convenience sample to ensure content and face validity. It was then administered to the population of Manitoba occupational therapists. The self-administered questionnaire was designed to allow qualitative data to be collected concurrently with quantitative data. Closed-ended questions, primarily in the descriptive and demographic section of the instrument, were used in addition to Likert-scaled questions requiring agreement/ disagreement with

statements and ideas. Open-ended questions were utilized throughout the survey to allow participants to complete sentences, identify relevant ideas and thoughts and provide comments as appropriate. These questions were expected to enhance understanding of this topic by providing additional qualitative data and information as novel ideas and thoughts emerged in the survey process.

3.2 Focus Group Design, Principles and Administration

A focus group was conducted to elicit the perceptions and intentions of Manitoba occupational therapists regarding attrition from their profession. The focus group explored some themes and ideas found in the literature to determine if occupational therapists in Manitoba experience the same issues related to recruitment, retention, attrition, job satisfaction, burnout and professional attrition. This information was used to design and refine questions for a survey, which was carried out in the second phase of this study.

3.2.1 Selection and Recruitment of Participants

An informative article was submitted to the newsletter of the Manitoba Society of Occupational Therapists; through this article an invitation was extended to contact the researcher regarding participating in the focus group. Information was provided to interested individuals regarding specifics of the focus group and information was gathered from the interested individuals including age range, practice area, position and employer so that a heterogeneous group of participants could be assembled. Interested individuals who were from Health Sciences Centre were excluded to prevent any ethical issues from arising related to my managerial position at that facility. Maintaining a climate of voluntary participation where group members were able to express themselves

freely and without fear of repercussions was crucial to the success of the focus group. Applicants who were chosen to participate were informed orally and the specifics of the group, including confidentiality and anonymity concerns and informed consent procedures were reviewed using a prepared statement. Final agreement to participate was then secured.

3.2.2. Guiding Questions and Probes

Guiding questions and probes (see Appendix 2) were developed to elicit information, perceptions and intentions of participants on various issues pertinent to the study. Some basic demographic and professional practice information was used to begin discussion and establish participant professional identities and profiles. Subsequent questions and probes delved deeper into some professional issues including intrinsic and extrinsic job satisfaction factors, burnout, professional expectations and intentions regarding attrition.

3.2.3 Administration Plan

Details of the focus group administration plan are provided in Appendix 3. The focus group was conducted at the University of Manitoba School of Medical Rehabilitation after work was over during a weekday in early December 2005. Prepared information was shared with the group including purpose and methods, presence of the research assistant and recording devices, confidentiality and anonymity statements and required consents were obtained regarding the focus group purpose and methods,

The group commenced with personal introductions and the sharing of current employment status, practice areas, and positions held by all group members. Prepared

guiding questions and probes were utilized to facilitate discussion and redirect topics as necessary. At times due to the conversation and dialogue that ensued, prepared question order was deviated from to enable ongoing flow of ideas and thoughts. In addition, as time wore on, decisions were made by this researcher to eliminate certain questions due to time and priority of remaining questions.

The group was concluded approximately 90 minutes after it commenced. The need for confidentiality of participants was again reinforced at this point in the group. The group was thanked for their time and participation and any questions were answered. Participants were very positive regarding the opportunity to discuss this topic in such a heterogeneous group and many expressed regret that the group had been concluded.

Procedures to Ensure Anonymity and Confidentiality

Focus groups provide little anonymity to participants during the group itself, however anonymity of transcriptions and in any reporting of the focus group was ensured. Confidentiality was discussed with participants at several stages during the preparation for and administration of the focus group to stress the importance of participants refraining from discussing the content and identities of other participants. The researcher provided assurances of adherence to confidentiality at all stages of this study to participants throughout the preparation and administration stages of the focus group. Completed consent forms were collected and stored in a secure, locked drawer.

Transcriptions were cleaned of any names or identifiers prior to review by my advisor. The original transcriptions were stored in a secure, locked drawer until survey development was complete. All transcriptions were then shredded in the School of

Medical Rehabilitation confidential waste along with the audiotapes and CD's with focus group data.

3.2.4 Data Collection

The focus group proceedings were recorded using two audiotape recording devices simultaneously to prevent data loss in the event of mechanical failure in one of the devices. Informal notes were also collected by the investigator and an assistant who was also tasked with monitoring the recording devices. Following the group, more extensive notes were made regarding the group, its process and any thoughts and impressions from the focus group. Detailed diagrams of the seating of participants were drawn to enhance memory and visualization for further reflections on the group.

3.2.5 Data Analysis

Both sets of audiotapes were required for the transcription process as quality of both tapes was poor. The audiotape recording was transcribed in its entirety initially and then transcribed again and cleaned for identifiers to ensure anonymity. The transcription was analyzed in detail to code the content, categorize common content and then identify themes that emerged in preparation for survey question development. Other notes from the focus group were also integrated into the analysis to incorporate the subtleties and non-verbal aspects of the proceedings a transcript cannot impart.

As there was some demographic and other professional information known about the participants such as years of practice as an occupational therapist, practice area, educational attainment, some comparison of individuals was possible within the group to detect differences in opinion and perception on the questions discussed. This further

assisted with survey item development intended for the diverse group of occupational therapists practicing in Manitoba.

3.3 Survey Design, Principles and Administration

A “snap shot” self-administered mixed mode survey was conducted with Manitoba occupational therapists to ascertain their intentions and perceptions regarding attrition in the profession. Integration of mail and electronic-based modes of survey administration occurred in an attempt to reach as many occupational therapists as possible. The Association of Occupational Therapists of Manitoba (AOTM) database was utilized as a sampling frame to promote coverage and reduce coverage error from the outset, as all registered occupational therapists in Manitoba had the opportunity to participate in the survey. It was anticipated that the topic of attrition was salient and of interest to the group as a whole and that this would translate into a reasonable response rate.

3.3.1 Rationale

Attrition in the profession had been explored in the occupational therapy literature, primarily in the United Kingdom and the United States. Methodological and reporting shortcomings of those studies precluded using them as valid examples and replication was not appropriate.

Examination of attrition perceptions and intentions of Manitoba occupational therapists was exploratory in nature and lent itself well to survey research methods. Exploring the thoughts, beliefs and attitudes of this population and describing the subpopulations enhanced the knowledge of the topic in a meaningful way. Qualitative

and quantitative data were collected through the use of closed and open-ended questions in order to understand more fully the topic of attrition.

Integrating mail and electronic survey modes brought two popular survey methods together and potentially improved or counteracted weaknesses of each mode when used independently. Providing an option regarding survey modes to respondents according to principles of the Social Exchange Theory (Dillman, 2000) was done with the intent to yield improved response rates and reduce coverage problems encountered with electronic surveys alone. Individuals could choose the format that suited them best in terms of interest, capacity, knowledge or perceived response burden.

As literature suggests that Internet users tend to be different from non-Internet users in both demographic and non-demographic characteristics (Packaral, 2000), employing both surface mail and electronic methods in a single study design should have enhanced coverage. Provision of electronic options may have appealed to some respondents who embrace technology and find surveys interesting or entertaining. No data or literature could be found to support or disprove my belief that occupational therapists are generally computer literate and able to complete basic functions such as following Internet links and sending and receiving e-mail. In addition, there was no data or literature found that would directly indicate expected survey response rates from such a group of professionals in any mode. This presented a challenge as I embarked on this novel direction of research as mixed mode survey applications, as it was difficult to estimate the returns and thus the data analysis that would be possible.

3.3.2 Design Principles

One study that queried professional survey professional designers regarding various issues around electronic surveys reported that there were specific groups of individuals for whom electronic surveys were appropriate to sample (Shannon, Johnson, Searcy and Lott, 2002). Professionals were listed as one of those groups, providing some evidence that this format could be used as one of the modes in this study of occupational therapists. The design of this study involved use of the AOTM database as a sampling frame; therefore sampling was probabilistic, resulted in reduction of sampling error and improved coverage. The use of the AOTM database also enabled non-response analysis, as the sampling frame was theoretically complete.

The Social Exchange Theory combined with Unimode Design were the approaches incorporated in the design of this mixed mode survey. The two response formats were used simultaneously as preferences/options for completion and promoted improved response rate and increased coverage. Consistency across modes was attempted so all respondents received the same stimulus, had similar information from which to respond, thereby reducing error. Consideration of navigational and ordering variables within this design is critical in both modes chosen to contain measurement error and cross-mode comparisons. Simplification of response categories was considered to further enhance cross-mode analysis.

Question generation was accomplished through incorporation of existing questions in the literature, demographic and professional questions that were pertinent to the Manitoba occupational therapy environment and items identified or refined from the focus group analysis process.

3.3.3 Sampling Frame

The study sample for the survey was obtained from the membership roster of the College of Occupational Therapists of Manitoba (COTM), formerly known as the Association of Occupational Therapists of Manitoba (AOTM). As per AOTM/COTM policy, written applications must be submitted to access membership data including mailing lists. Approval was granted for use of the data.

According to COTM guidelines and privacy procedures instituted during the 2005-2006 membership renewal period, licensed members had the option of selecting whether or not they would agree to being on mailing lists provided for a variety of reasons. Unfortunately, research and professional use of mailing lists was neither specified nor available on the renewal form for selection by members and therefore opting out included all purposes. For this reason, the intended and anticipated complete mailing list of the AOTM/COTM was not obtained. From a possible 434 members on the practicing roster at the time of acquisition of the mailing list, only 403 names were actually available and provided.

3.3.4 Survey Questions

Survey questions (Appendix 6) were generated from themes and issues in the literature, based on themes from the focus group and from information derived from employment and employer regarding attrition and retention. Demographic questions were developed based on questions from membership surveys of professional organizations such as Association of Occupational Therapists of Manitoba, Manitoba Society of Occupational Therapists and the Canadian Association of Occupational Therapists.

Categories and responses required in the survey were also based on these professional renewal forms to enable eventual comparison.

Questions and required responses were identical in both the paper and electronic surveys; Dillman's Unimode Design principles were used during survey development. Items were a mix of forced choice, closed ended and open-ended questions, the latter used to further probe topics and allow for responses that could not be anticipated.

3.3.5 Survey Implementation and Administration

3.3.5.1 Pilot testing

The survey instrument was pilot-tested using a convenience sample of 6 occupational therapists known to the researcher who were willing to participate and provide feedback. The pilot-test respondents were a combination of front line and advanced practice clinicians and professional leaders. Completion mode for each person was pre-selected by the researcher: 3 individuals completed the electronic version which was mounted on the SurveyMonkey.com website and 3 completed the paper version. Those with minimal or less advanced computer skills were asked to complete the electronic version to ensure that instructions, navigation and completion of the survey were within the capacity of most individuals in the professional group.

Feedback regarding survey content, administration procedures and instructions, ease of completion and time to complete each format was solicited via a brief survey and verbal follow-up and clarification by the researcher. Face validity was established through this pilot. Given the limited sample for pilot testing, statistical confirmation of content validity could not be made but the expert panel used would support content validity. Minor revisions to the survey instrument resulted from the pilot testing.

3.3.5.2 Administration

The survey protocol and instrument were approved by the University of Manitoba Bannatyne Campus Research Ethics Board prior to commencement of survey pilot testing and final survey administration (Appendix 4).

The survey was administered according to the protocol located in Appendix 5. The administration procedures were based on Dillman's Tailored Design Method with 4 phases of contact. As per the protocol, anonymity was maintained throughout the survey administration.

After obtaining the sample frame from AOTM, four separate coordinated contacts were initiated via surface mail. The overall survey process was started with a pre-notice letter, followed by a cover letter with accompanying paper survey inviting participation and offering either mail completion or electronic option. Following the third reminder postcard contact, the fourth contact included provision of another letter and a replacement paper survey. Completion of the electronic survey format on the SurveyMonkey.com website was monitored daily to determine which members of the sample had responded to the survey electronically.

Despite Dillman's recommendations to the contrary, financial rewards were not provided within this administration but other principles of social benefit and reward and perceived burden of response were considered in both the survey instruments and the accompanying correspondence.

3.3.6. Data Collection and Analysis Procedures

As the survey entailed two completion modes, data was collected in two formats. Electronic survey data was collected online within the web-based survey site with no data handling required by the researcher beyond eliminating respondents from subsequent mail-outs. Coded paper surveys were returned via surface mail and data from the paper surveys was entered by the researcher into the web-based survey site as they were received. Collecting the data in this way enabled a single database to be created and then utilized in an Excel format once return collection was complete.

The data was cleaned, verified and organized in a master Excel spreadsheet. Data was then summarized using tables of counts and percentages. Information regarding which type and when each survey was returned was also collected in a separate Excel spreadsheet.

Open, closed and partially closed-ended questions were used within the survey to help more thoroughly capture the thoughts and ideas of the respondents within this research study.

Demographic and practice-related questions were analyzed using descriptive statistics such as frequencies and percentages. Closed-ended questions were primarily Likert-scaled questions and were suitable for statistical analysis techniques offered through SPSS software. Categorical or ordinal data was analyzed using statistics such as Chi Square tests. Open-ended questions were kept to a minimum as suggested in the literature for all survey modes and applications. There were some "other" blanks at the end of some questions to ensure all responses possible were being collected. Open-ended responses were analyzed according to categories and then themed for each question.

Preliminary data analysis was done comparing 3 groups: Respondents, Complete COTM Group and Non-Respondents. This was done to determine the representativeness of respondents and to establish whether or not the Respondent group results could be generalized to the Manitoba occupational therapist population.

The next phase of data analysis was confined to the Respondent group. Data was organized to identify and classify those individuals intending to leave occupational therapy, those that were not leaving and those who were unsure whether they were going to leave or not. Descriptive statistics were generated for the demographic characteristics of each of these three groups, followed by inferential statistical analysis to determine if there were any significant differences between the groups.

Further inspection of responses on several key questions related to the three groups was undertaken to determine which, if any, of the survey items resulted in differences among the three groups. Items relating to job satisfaction, current satisfaction with various intrinsic and extrinsic job factors, and questions related to burnout, bureaucracy, paperwork and system issues were all considered for this analysis.

Statistical significance was set at a value of $p \leq 0.05$ for all inferential tests.

3.3.7. Concerns

Confidentiality and anonymity were an ongoing concern while conducting this research. As the primary researcher had a dual role as a member of the group being examined and the researcher, respondents may have had a legitimate fear of recognition in the response phase.

Since initially conceptualizing this design, the primary researcher had attained a position of authority over a portion of the sample frame and was no longer just “one of

the group” being studied. Ethically this raised some concerns, as voluntary participation is of course required, balanced with a strong desire for meaningful response rates. Confidentiality and anonymity were even more important considerations under these circumstances where respondents may have feared their responses or decision not to respond as the case may be, could result in some kind of negative consequences in the work environment.

A mixed methods approach was used to attempt to maximize coverage and reduce non-response through provision of an option regarding completion mode. There is little evidence or information in occupational therapy literature regarding computer and technology use or issues that relate to the appropriateness of this professional group to complete electronic surveys. It was hoped that with this mixed methods approach, occupational therapists had the basic level skills sufficient to prevent non-response, abandonment, item non-response or completion errors that would necessitate eliminating data from analysis.

CHAPTER 4 - RESULTS

4.1 Focus Group

The focus group was conducted as Phase 1 of this research to elicit the perceptions and intentions of Manitoba occupational therapists regarding attrition from their profession. The focus group explored some themes and ideas found in the literature to determine if occupational therapists in Manitoba experience the same issues related to recruitment, retention, attrition, job satisfaction, burnout and professional attrition. This information was then used in the design and refinement of questions for the survey to be carried out in the second phase of this study.

4.1.1 Participants

Seven volunteers were recruited but only 6 were able to attend; severe weather conditions prevented the other participant from coming to Winnipeg for the group. The focus group participants were a heterogeneous group of occupational therapists who represented a wide range of years of practice experience, practice areas, employment status and educational backgrounds. Years of experience as an occupational therapist ranged from one year to 34 years. Participants practiced in the community, facility-based, contract, non-traditional and academic realms; of those therapists practicing in facilities, there were teaching and community hospital-based clinicians. Two of the participants practiced outside of Winnipeg, one in rural areas and the other in another urban center. Employment status ranged from .4 EFT to 1.0 EFT and all participants were in permanent positions. Initial occupational therapy education for participants varied from Diploma to Degree, some participants had additional Baccalaureate degrees. All but one participant were graduates of the University of Manitoba.

4.1.2 Themes

Themes that emerged from the focus group are as follows:

Intrinsic and Extrinsic Factors Intertwined

All intrinsic and extrinsic factors presented for group discussion were regarded as important to everyone. Many of the factors, however, were discussed by group members in conjunction with other factors and several factors such as respect and life/career balance were repeatedly mentioned during the dialogue. Many of these factors obviously cannot be isolated or stand-alone and were inter-woven in each therapist's experience and situations. Extrinsic factors such as salary were seen as closely tied to intrinsic factors such as respect, and high wages without respect were not satisfying or desired.

Intrinsic factors such as challenge and autonomy were all-important but not in isolation and one therapist stated:

"Challenges are very important but I think they have to be balanced by the ability to meet those challenges and to have the resources you need to meet those challenges"(Participant 3, page 5)

Positive work-place relationships were seen as crucial to all therapists and these positive relationships were seen to over-ride other negative aspects of positions to retain individuals in their position, facility or in the profession. One participant stated she is working because of the relationships and:

"There are a number of people working there because of the relationships and they are putting up with a lot of work which we don't actually particularly find challenging because the relationships are there"(Participant 5, page 13)

Having the respect of others, including the public, other professionals and team-members, and external recognition and respect for the profession were in the end the over-riding factors for this group.

Group Values

High standards and values for themselves as individuals and for the profession were evident in all discussions. All had a strong drive for achieving intrinsic factors and success yet this drive was always cautious and tempered. Participants actively desired and sought challenge yet life-work balance was recognized as necessary. They sought autonomy as professionals yet all recognized the value and importance of working within a team and the value of teamwork to the achievement of positive outcomes and satisfaction for them personally.

System Constraints

System constraints were mentioned frequently including their impact on occupational therapy practice and on the profession as a whole. Role narrowing and restrictions placed on practice by the demands of others and the environments therapists are employed in were seen as significant. Becoming the “*equipment lady*” (Participant 1, page 17) was seen as detrimental to the therapists practicing and the profession as a whole. Bureaucracy, change and competing demands for clinician’s time were recognized as present in all work environments and were of concern to all group members. Involvement and participation in workplace committees and initiatives were seen as important for professional visibility yet outcome and accomplishments from such involvement did not balance the draw from primary duties and activities such as patient care. One participant related:

“So I don’t think you would ever have a sense of how broad it (OT) is. I think the other thing that our preparation doesn’t always help us deal with is as a student I think to some extent you work in a system but it is a bit of an artificial system...but what you don’t experience are the pressures of the time all the other things that you have on any given day that are not related to patient care and the things that are really important to you and I think that that can be a huge challenge... ..If we view ourselves to be very client-centered but so much of what pulls us in a given day is not to be able to do what that client needs but what that system thinks they need or the system allows you only so much time to be able to work with the client.” (Participant 1, page 7)

Another highly experienced therapist stated:

“I always believed I would work with people through issues, journey with them and be alongside them and I see now that the system, if you work within the system more and more becoming assessment for other people and that really concerns me, because of job satisfaction because of not being client-centred, because of our own, because the way the health service and the profession is going.”(Participant 5, page 9)

Concerns for the future of Occupational Therapy and future occupational therapists

As noted above, there was significant concern regarding the future of the profession and the future of new occupational therapists graduating within the current employment environments. This concern extended from elevated educational requirements and commitments and compensation levels to occupational therapists not meeting their career and practice expectations. All acknowledged their own personal experience reconciling their occupational therapy expectations as a graduate with the

realities of practice and they all felt this disconnect was a potentially more significant problem to be experienced by the new Master of Occupational Therapy (MOT) program graduates who all have other degrees. Many therapists in the workforce today entered occupational therapy after high school and one pre-professional year which was evidenced in the comment one therapist made and all agreed on:

“When I graduated I don’t remember having great expectations or a sense of clear direction-I think I was still growing up myself.”(Participant 5, page 6)

Reconciling Expectations and Reality

All group members were at different stages of professional experience and competence and had dealt with the expectations and realities of their chosen profession at the different stages of their careers in different ways.

“No-one can tell you how rewarding it is but no-one can tell you how challenging it is. I think there is a lot about OT that you just have no clue about what you are really going to do until you’re really doing it for awhile.”(Participant 1, page 6)

Someone in the middle of their career reflected:

“Because when I went into OT that was my expectation that I would have the opportunity to move up to move into different roles, not just different clinical specialties and when I think of the times I have seriously considered leaving the profession for something else, usually what was going on was there weren’t what I could see as opportunities or challenges for myself where I could move on or have different responsibilities where I felt quite stuck where I was.”(Participant 3, page 19)

All therapists readily identified what they would do if they were not practicing occupational therapy and many had actually pursued or were considering pursuing such

changes or alternatives. One participant nearing retirement reported becoming more immersed in interests outside occupational therapy and shifting the balance away from focus on her occupational therapy career and occupational therapists' trials and tribulations were seen to be taking a back seat.

One participant summarized with:

"I think you evolve in the system you work in and hopefully over time you gravitate toward an area where you can practice potentially in the way you want to." (Participant 1, page 7)

4.1.3 Implications for Survey Development

This focus group was intended to explore professional issues and topics relevant to Manitoba occupational therapists. Based on the experiences and opinions shared by the focus group members, most factors found in the literature related to attrition, retention, recruitment and satisfaction appeared to be congruent and valid for inclusion in a survey of Manitoba occupational therapists. Pre-conceived ideas by this researcher, especially in regards to paperwork, bureaucracy and systemic issues were dispelled and survey questions on these topics were included.

Based on the feedback from focus group participants open-ended questions were included within the survey. It was obvious that there were many opinions within the professional group and people were more than happy to share them.

The issue of continuing education was only briefly touched on in the focus group. Related to the mainstream propensity to identify continuing education funding as one of the primary recruitment and retention strategies for occupational therapists, this area was

probed more deeply in the survey to establish the importance, opportunities, participation and intentions of occupational therapists.

4.1.4 Limitations

Ninety minutes of late day discussion was the time limit placed on this group and recommended in the literature as the maximal period in which to conduct a focus group. The information gleaned from this focus group was incredibly rich yet further probes and more time with the group would have been quite beneficial to more fully explore these issues and the questions that were eliminated due to time and priority. Given that the group was conducted at the end of a workday, the researcher was unsure how much longer the group energy and interest could have been sustained.

The heterogeneity of the group was beneficial in this research design as there was only one group planned and so maximum information was desired. Less heterogeneity in a group would have perhaps yielded different information and detail.

The quality of transcriptions from the focus group was poor and although notes were taken during and after the group, some notable quotes were undoubtedly missed. Reduced auditory acuity of this researcher further impeded data collection in this format, as poor tape quality and sound were not conducive to easy transcription. This limitation was not considered prior to conducting the research but for future endeavors will be considered.

4.2 Survey

The second phase of this thesis research was a self-administered survey. The survey was developed to ascertain a broad range of perceptions, intentions and ideas from

Manitoba occupational therapists on the topic of attrition, retention and professional issues such as burnout and professional disillusionment.

4.2.1. Return Rates.

Following review of the mailing list, 9 names were removed based on their home address which was either out of the province or out of the country and the primary researcher's name was also removed, leaving 393 potential survey respondents. Table 1 below illustrates the survey return rates.

Table 1. Survey Return Rate

SURVEY RETURN RATE	
Potential Number Sent	393
# of Surveys Returned	282
# of Usable Surveys	278
RETURN RATE	70.7%

Of the 393 potential participants, 282 surveys were returned with a usable total of 278 for a 70.7% response rate overall. Based on return rates, it appears the topic and issue were salient enough for the group to participate without financial incentives.

Survey Completion by Modes

Participants were offered 2 modes by which to complete the survey - electronic and paper. Table 2 below illustrates the survey response rates by completion mode.

Table 2. Survey Completion by Modes

SURVEY COMPLETION MODE		
<u>Completion Mode</u>	<u>NUMBER</u>	<u>Percentage</u>
Electronic	65	23.4%
Paper	213	76.6%
TOTAL	278	100.0%

Almost 77.0% of respondents chose to complete the survey using the traditional paper mode while 23.0% chose to complete the electronic version. Response patterns are beyond the scope of this research, however there appeared to be differences in when responses were received with the majority of the electronic surveys returned immediately following the introductory letter.

Survey Completion by Phase of Administration

Table 3 shows the response rates by completion mode and by phase of administration.

Table 3. Response Rate by Completion Mode and Phase of Administration

RESPONSE RATE BY COMPLETION MODE AND PHASE OF ADMINISTRATION						
<u>Completion Mode</u>	<u>Intro Letter</u>	<u>Survey Mailout</u>	<u>Postcard</u>	<u>Replacement Survey</u>	<u>Total #</u>	<u>Total %</u>
# of Electronic	31	13	15	6	65	23.0%
# of Paper	Not Applicable	137	39	41	217	77.0%
Total Return	31	150	54	47	282	100%
% Total by Phase	11.0%	53.2%	19.2%	16.7%		

Participants were given the opportunity to respond to the survey at 4 distinct points in the administration procedure. The introductory letter contained instructions and information necessary to complete the electronic survey at that stage in the administration process. Eleven percent of the total responses came from this phase; almost half of the electronic surveys completed were submitted at this time. Over 53% of the responses were received following the initial survey mailout with 91.0% of these received from paper mode. Following the postcard reminder, a further 19.0% of responses were received, but this time there were 72.0% paper and almost 28.0% electronic surveys completed. The final phase, a replacement survey, yielded another almost 17.0% of the total returns with 87.0% paper and almost 13.0% completed electronically.

4.2.2. Description of the Respondents

Survey respondents were on average 38.9 years of age, 94.6% were female and 80.0% were married or in a permanent relationship. Fifty-three percent of the respondents had at least one child under the age of 18 at home. Average years practicing as an occupational therapist was 13.7 years (SD 9.8) with the range from 4 months to over 40 years. The largest group, 22.0% of respondents, had been practicing between 4 months to 4 years. Slightly over half (52.7%) of respondents reported their positions were clinical while 21.9% reported they acted as consultants. Most of the clinicians who reported working with child or adolescent populations also chose consultation as their type of position, presumably due to the current focus on and funding for consultative models versus direct treatment. Of the respondents who performed client care, 63.8% practiced with adults, followed by 21.3% practicing with child and adolescent populations and 15.0% with mixed populations. Over 39.0% of respondents practiced in a hospital-based environment, followed by 19.6% reporting being community-based.

With respect to practice location, 69.7% of the respondents reported practicing exclusively in Winnipeg with the next largest group at 6.0% in the Interlake and 4.7% in Brandon.

The majority of respondents (83.0%) graduated from the University of Manitoba, 12.2% were from another Canadian university and 4.7% graduated from programs outside of Canada. Slightly over one third (35.6%) graduated between the years 1991-2000 with 25.2% graduating between the years 2001 to 2005.

4.2.3. Comparison of Groups by Respondent Status.

Respondents versus Complete COTM group

To ensure the respondents from the mailing list group were similar to the complete COTM group, analysis of key demographics was conducted. The information available for this analysis was limited by privacy policies and in some instances demographics such as age, year of graduation, institution of graduation were provided by COTM in ranges or condensed categories to ensure the privacy of individuals.

Respondents versus non-respondents

To determine if the mailing list respondents were similar to non-responders, analysis was again conducted of key demographics provided by COTM.

Comparison of Groups

Comparison of Respondents, Non-Respondents and the Complete COTM Group was done using Cross Tabulations and Chi Squared Tests and Table 4 presents the summary of this analysis.

Table 4. Comparison of Group Demographics

<u>Variables</u>	LEVEL OF SIGNIFICANCE			
	<u>Respondents vs. Complete vs. Non-Respondents</u>	<u>Respondents vs. Non-Respondents</u>	<u>Respondents vs. Complete</u>	<u>Non-Respondents vs. Complete</u>
Age Ranges	NS			
Institution of Graduation	NS			
Year of Graduation Ranges	NS			
Gender	0.052	0.020	0.052	NS

There was no significant difference between the three groups on the variables of age ranges, institution of graduation, and year of graduation ranges.

There was a significant difference in gender between the three groups.

Significant differences were between the Non-Respondents and Respondents Groups and between the Complete Group and the Respondents Groups. There was no significant difference in gender between the Complete Group and the Non-Respondents.

4.2.4. Comparison of Groups by Leaving Status.

Analysis of those respondents intending to leave occupational therapy, those unsure if they will leave and those staying was completed initially using counts and percentages and then using Cross Tabulations and Chi Squared Tests.

Table 5 illustrates the responses to the respondents' intention to leave the profession.

Table 5. Respondents by Intention to Leave the Profession

INTENTION TO LEAVE		
	<u>NUMBER</u>	<u>Percentage</u>
Not Leaving	208	76.8%
Unsure	34	12.5%
Leaving	29	10.7%
No Response	7	N/A
Total	278	100.0%

Of 271 responses to this question, almost 11.0% of the survey respondents indicated they were definitely leaving and another 12.5% were unsure whether or not they were leaving.

Table 6 presents the results of statistical analysis of the categorical data. It can be seen there were no significant differences between the groups in age range, marital status, number of children, institution of graduation, time ranges of graduation, employment status, number of positions. Likewise, with respect to work variables, there were no significant differences between groups regarding concern over paperwork, concern over bureaucracy and concern over the system they were working in.

Table 6. Statistical Analysis of Categorical Variables

Variables	LEVEL OF SIGNIFICANCE			
	Leaving vs. Unsure vs. Not Leaving	Leaving vs. Not Leaving	Leaving vs. Unsure	Not Leaving vs. Unsure
DEMOGRAPHIC VARIABLES				
Age	NS			
Marital status	NS			
Number of children	NS			
Institution of graduation	NS			
Year of graduation	NS			
Employment Status	NS			
Number of OT Positions	NS			
Gender	0.003	0.001	NS	NS
PROFESSIONAL VARIABLES				
Considered other careers	0.000	0.000	NS	0.025
Length of time intended to practice	0.032	NS	NS	0.011
Satisfaction with OT as career	0.000	0.000	NS	0.000
Satisfaction changed over time	0.000	0.000	NS	0.002
OT is what expected	0.000	0.000	0.017	NS
WORK VARIABLES				
Concern with paperwork demands	NS			
Concern with bureaucracy	NS			
Concern with system working in	NS			
Satisfaction with employer	0.002	0.000	NS	NS
Satisfaction with job	0.000	0.000	NS	0.023

Demographic Variables

Age and Years Practicing:

Analysis of the age and years practicing demographic variables was accomplished using 2-tailed independent *t* tests to compare the group means. Assumptions were made that there were equal variances and statistical significance was again set at a value of $p \leq 0.05$.

There was no significant difference in either ages or years practicing between groups by respondent status.

Gender:

Table 7 below represents the Respondents' Leaving status by gender.

Table 7. Comparison of Leaving Status by Gender

	GENDER					
	Leaving		Not Leaving		Unsure	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Male	5	17.2%	6	2.9%	2	5.9%
Female	24	82.8%	201	96.6%	32	94.1%
No Response	0	0.0%	1	0.5%	0	0.0%
TOTAL	29	100.0%	208	100.0%	34	100.0%

There was a significant difference in gender between those intending to leave and those Not Leaving. Over 17.0% of respondents planning on leaving were male compared to almost 3.0% of those Not Leaving being male.

Professional Variables

All professional variables presented were statistically significant and indicated differences between the groups in the areas of career expectations, practice intentions and satisfaction with the profession.

Considered Pursuing Other Careers During Occupational Therapy Education:

Table 8 illustrates responses to the question "Did you consider pursuing other careers while in your occupational therapy education program but prior to graduation?"

Table 8. Leaving Status and Plans to Leave During Occupational Therapy Education

	PLANNED TO LEAVE DURING OT EDUCATION					
	Leaving		Not Leaving		Unsure	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Yes	16	55.2%	43	20.7%	13	38.2%
No	13	44.8%	164	78.8%	21	61.8%
No response	0	0.0%	1	0.5%	0	0.0%
TOTAL	29	100.0%	208	100.0%	34	100.0%

There was a significant difference between the groups in response to this question. Fifty-five percent of those planning on leaving and 38.0% of those who were Unsure considered pursuing other careers while only 21.0% of those Not Leaving considered other careers.

Length of Time Intending to Practice at Time of Graduation:

There was a significant difference between the Not Leaving and Unsure groups in their practice intentions at graduation. Those who were not planning on leaving (71.6%) were significantly more likely to have intended to practice until retirement than those who were unsure (50.0%). Almost 15.0% of those who were Unsure also reported they had intended to practice 6-10 years on graduation compared to almost 6.0% for those Not Leaving.

Satisfaction with Occupational Therapy as a Career Choice:

Table 9 presents a comparison of the 3 respondent groups' satisfaction with their career choice.

Table 9. Satisfaction with Occupational Therapy as a Career Choice

	SATISFACTION WITH CAREER CHOICE					
	<u>Leaving</u>		<u>Not Leaving</u>		<u>Unsure</u>	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Agree	9	32.1%	98	47.3%	18	54.5%
Disagree	12	42.9%	69	33.3%	6	18.2%
Neutral	7	25.0%	40	19.3%	9	27.3%
TOTAL	28	100.0%	207	100.0%	33	100.0%

There was a significant difference between the groups in their overall satisfaction with occupational therapy as a career choice. Those intending to Leave and those Unsure were significantly different from those Not Leaving. As the table illustrates, over 54.0%

of those Unsure were satisfied with their career choice compared to those Not Leaving (47.0%) and those Leaving (32.0%). There were also fewer (18.0%) Unsure respondents who were dissatisfied with their career choice than those Not Leaving (33.0%) and Leaving (almost 43.0%).

Satisfaction with Occupational Therapy as a Career Choice Changed Over Time:

Table 10 below illustrates a comparison of the respondent groups and their impression of whether their satisfaction with occupational therapy as a career had changed over time.

Table 10. Satisfaction with Occupational Therapy as a Career Changed Over Time

	SATISFACTION CHANGED OVER TIME					
	Leaving		Not Leaving		Unsure	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Agree	25	89.3%	98	47.3%	27	79.4%
Disagree	1	3.6%	69	33.3%	3	8.8%
Neutral	2	7.1%	40	19.3%	4	11.8%
TOTAL	28	100.0%	207	100.0%	34	100.0%

There was a significant difference between the groups regarding whether their satisfaction with occupational therapy as a career choice had changed over time. Those intending to leave and those Unsure were significantly different from those Not Leaving. Over 89.0% of those Leaving and over 79.0% of those Unsure agreed that their satisfaction had changed over time compared to only 47.0% of those Not Leaving. A higher percentage of Not Leaving respondents (19.0%) neither agreed nor disagreed that their satisfaction had changed over time compared to only 7.0% of the Leaving group and almost 12.0% in the Unsure group.

Occupational Therapy is What They Expected:

Table 11 presents the responses to the query whether the profession of occupational therapy is what they expected it would be.

Table 11. Occupational Therapy is What Respondents Expected

	<u>Leaving</u>		<u>Not Leaving</u>		<u>Unsure</u>	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Agree	2	7.1%	101	49.4%	13	38.2%
Disagree	18	64.3%	54	26.3%	15	44.1%
Neutral	8	28.6%	50	24.4%	6	17.7%
TOTAL	28	100.0%	205	100.0%	34	100.0%

There was a significant difference between the groups regarding whether or not occupational therapy was what they expected. Only 7.0% of those Leaving agreed that occupational therapy practice is what they expected compared to 49.0% in the Not Leaving group and 38.0% in the Unsure group. Over 64.0% of the Leaving Group disagreed that occupational therapy is what they expected compared to 26.0% in the Not Leaving group and 44.0% in the Unsure group.

Work Variables

Work variables were presented which encompassed extrinsic work factors such as concern with paperwork, the systems they were working in and bureaucracy and satisfaction with their jobs and employers. Only two of these work variables, satisfaction with employers and satisfaction with jobs were statistically significant and indicated differences between the groups.

Level of Satisfaction with Current or Primary Employer:

Table 12 shows the level of satisfaction the respondent groups reported with their current or primary employer for those respondents with more than one position.

Table 12. Level of Satisfaction with Current or Primary Employer

	<u>Leaving</u>		<u>Not Leaving</u>		<u>Unsure</u>	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Satisfied	12	44.4%	157	80.5%	22	71.0%
Unsatisfied	6	22.2%	22	11.3%	3	9.7%
Neutral	9	33.4%	16	8.2%	6	19.3%
TOTAL	27	100.0%	195	100.0%	31	100.0%

There was a significant difference between the groups in levels of satisfaction with their current or primary employer. The responses of those intending to leave and those Not Leaving were significantly different. Almost 81.0% of those Not Leaving were satisfied with their current employer while only 44.0% of those Leaving were satisfied. Almost 22.0% of those Leaving were not satisfied compared to 11.0% of those Not Leaving.

Level of Satisfaction with Current or Primary Job:

Table 13 shows the level of satisfaction the respondent groups reported with their current or primary job for those respondents with more than one position.

Table 13. Level of Satisfaction with Current or Primary Job

	SATISFACTION WITH JOB					
	<u>Leaving</u>		<u>Not Leaving</u>		<u>Unsure</u>	
	NUMBER	Percentage	NUMBER	Percentage	NUMBER	Percentage
Satisfied	14	50.0%	178	86.8%	23	69.7%
Unsatisfied	10	35.7%	15	7.3%	4	12.1%
Neutral	4	14.3%	12	5.9%	6	18.2%
TOTAL	28	100.0%	205	100.0%	33	100.0%

There was a significant difference between the groups in levels of satisfaction with their current or primary job. Those intending to leave and those Unsure were significantly different from those Not Leaving. There was no significant difference between the Leaving and Unsure groups. Almost 87.0% of those Not Leaving and 70.0% of those Unsure were satisfied with their current position while only 50.0% of those Leaving were satisfied. Almost 36.0% of those Leaving were not satisfied compared to 7.0% of those Not Leaving and 12.0% of the Unsure group. The table above illustrates there were also differences in the percentages of those respondents who were neutral i.e. neither satisfied nor dissatisfied.

Important Factors:

Table 14 is a summary of the analysis of differences between groups when considering factors deemed to be important to retention including the intrinsic, extrinsic and environmental variables within respondents' current positions.

Table 14. Summary of Differences Between Groups When Reporting Factors that are Important in a Position

<u>Variables</u>	<u>LEVEL OF SIGNIFICANCE</u>			
	Leaving vs. Unsure vs. Not Leaving	Leaving vs. Not Leaving	Leaving vs. Unsure	Not Leaving vs. Unsure
Autonomy	NS			
Challenge	NS			
Rewarding Feelings	NS			
Responsibility	NS			
Decision-Making Opportunities	NS			
Achievement	NS			
Professional Growth Opportunities	NS			
Adequate Salary	NS			
Adequate Benefits	0.002	0.001	NS	NS
Equipment Needed	NS			
Space Needed	NS			
Positive Relationships-Peers	NS			
Positive Relationships-Supervisors	NS			
Recognition-Supervisor	NS			
Respect-Supervisor	NS			
Recognition-Peers	NS			
Respect-Peers	NS			
Recognition-Interdisciplinary team	NS			
Respect-Interdisciplinary team	NS			

Of 19 intrinsic and extrinsic factors presented in the survey that could be important to respondents, only one factor proved to be significantly different between the groups: adequate benefits. Those intending to leave and those Not Leaving were significantly different. Although 86.0% of those Leaving and 85.0% of those Not Leaving agreed that adequate benefits were important to them, 13.0% of those Leaving were in disagreement compared to only 2.0% of those Not Leaving. Thirteen percent of those Not Leaving were neither in agreement nor disagreement that adequate benefits were important.

Burnout Factors Related to Respondents' Current or Primary Position:

Table 15 is a summary of the statistical analysis of the respondent groups' experience of 9 factors associated with burnout in their current or primary position.

Table 15. Summary of Differences in Experience of Factors Associated with Burnout Related to Current or Primary Position

<u>Burnout Variables</u>	LEVEL OF SIGNIFICANCE			
	<u>Leaving vs. Unsure vs. Not Leaving</u>	<u>Leaving vs. Not Leaving</u>	<u>Leaving vs. Unsure</u>	<u>Not Leaving vs. Unsure</u>
Boredom	0.000	0.000	NS	NS
Anxiety	0.001	0.000	NS	NS
Low Challenge	0.001	0.000	NS	NS
Apathy	0.000	0.000	NS	NS
Hopelessness	0.000	0.000	NS	0.03
Frustration	0.014	0.008	NS	NS
Overworked	NS			
Stressed	0.023	0.005	NS	NS
Unappreciated	0.028	0.004	NS	NS

Of 9 factors commonly associated with burnout presented in the survey, eight factors proved to be significantly different between the groups in their current or primary position. Only the factor "feeling overworked" was not significantly different between the groups. Those intending to leave and those Not Leaving were significantly different on all remaining factors, which included boredom, anxiety, low challenge, apathy, hopelessness, frustration, feeling stressed, and feeling unappreciated.

Table 16. Respondents Who Never Experienced Factors Associated with Burnout

BURNOUT-NEVER EXPERIENCED			
	Leaving <u>% Never</u>	Not Leaving <u>% Never</u>	Unsure Leaving <u>% Never</u>
Boredom	35.7%	67.8%	57.6%
Anxiety	7.1%	15.3%	15.2%
Low challenge	32.1%	67.8%	60.6%
Apathy	29.6%	62.8%	53.1%
Felt hopelessness	25.0%	59.1%	39.4%
Frustration	7.1%	8.3%	6.1%
Felt Overworked	0.0%	6.8%	12.1%
Felt Stressed	0.0%	5.5%	3.0%
Felt Unappreciated	14.3%	33.3%	21.2%

Some significant differences between the reported experiences of the groups are illustrated in the table above. When analyzing the percentage of respondents who had never experienced the factors associated with burnout, many of the factors were more than twice as likely to be never experienced by those Not Leaving as by those Leaving.

Those Not Leaving and those who were Unsure were also significantly different regarding feeling hopelessness. Those who were Unsure were more often experiencing hopelessness weekly (15.0%) and monthly (27.0%) than those Not Leaving (7.0% and 12.0% respectively). Those in the Unsure group also reported never feeling hopeless less frequently (39.0%) compared to the Not Leaving group (59.0%).

Factors That Would Make Respondents Leave the Profession:

Table 17 presents a summary of the statistical analysis of data regarding what factors would make respondents leave the profession.

Table 17. Summary of Differences Between Groups Regarding Factors That Would Make Respondents Leave the Profession

<u>Lack of:</u>	<u>LEVEL OF SIGNIFICANCE</u>			
	<u>Leaving vs. Unsure vs. Not Leaving</u>	<u>Leaving vs. Not Leaving</u>	<u>Leaving vs. Unsure</u>	<u>Not Leaving vs. Unsure</u>
Autonomy	0.003	0.002	NS	0.057
Challenge	NS			
Rewarding Feelings	NS			
Responsibility	0.018	0.007	NS	NS
Decision-Making Opportunities	NS			
Achievement	NS			
Professional Growth Opportunities	NS			
Adequate Salary	NS			
Adequate Benefits	NS			
Equipment Needed	NS			
Space Needed	NS			
Positive Relationships-Peers	NS			
Positive Relationships-Supervisors	NS			
Recognition-Supervisor	NS			
Respect-Supervisor	NS			
Recognition-Peers	NS			
Respect-Peers	0.05	0.012	NS	NS
Recognition-Interdisciplinary team	NS			
Respect-Interdisciplinary team	NS			
Paperwork Demands	NS			
Bureaucracy	NS			
Frustration with Health Care System	0.024	0.05	NS	0.041
Burnout	NS			
Dissatisfaction with Profession	NS			
Unable to Find Positions	NS			
Unable to Find Amount Work Desired	0.046	0.013	NS	NS

Of 26 intrinsic and extrinsic factors presented in the survey as factors that might make respondents leave the profession, only six factors proved to be significantly different between the groups. Those intending to leave and those Not Leaving were significantly different on factors including lack of autonomy, lack of responsibility, lack of respect from peers, frustration with the health care system and the inability to find the amount of work desired.

Table 18. Importance of Factors that would make Respondents Leave the Profession

Reasons respondents would leave	Leaving % Important	Not Leaving % Important	Unsure Leaving % Important
Lack of autonomy	34.5%	78.5%	45.5%
Lack of responsibility	34.5%	64.5%	48.5%
Lack of respect from my peers	48.3%	66.0%	57.6%
Frustration with the health care system	79.3%	56.4%	78.8%
Unable to find amount of work desired	44.8%	64.0%	51.5%

As Table 18 above illustrates, most of these factors with the exception of Frustration with the Health Care System are more important to those Not Leaving than to those Leaving. Those Unsure if they are leaving and those Not Leaving were also significantly different for the variables Autonomy and Frustration with the Health Care System. Lack of autonomy was more important to the Not Leaving group than the Unsure group and the Unsure group found the factor frustration with the health care system more important than the Not Leaving group

Factors Currently Experienced in their Positions:

Table 19 presents a summary of results of the analysis comparing respondent groups' experiences of intrinsic, extrinsic and job-related factors within their current or primary positions.

Table 19. Summary of Differences Between Groups Regarding Factors Present in Respondents' Current Position

<u>Variables</u>	<u>LEVEL OF SIGNIFICANCE</u>			
	<u>Leaving vs. Unsure vs. Not Leaving</u>	<u>Leaving vs. Not Leaving</u>	<u>Leaving vs. Unsure</u>	<u>Not Leaving vs. Unsure</u>
Autonomy	NS			
Challenge	0.007	0.002	NS	NS
Rewarding Feelings	0.000	0.000	NS	NS
Responsibility	0.012	0.002	NS	NS
Decision-Making Opportunities	NS			
Achievement	0.000	0.000	0.006	0.006
Professional Growth Opportunities	0.000	0.000	0.000	NS
Adequate Salary	NS			
Adequate Benefits	NS			
Equipment Needed	NS			
Space Needed	NS			
Positive Relationships-Peers	0.007	0.001	0.021	NS
Positive Relationships-Supervisors	NS			
Recognition-Supervisor	NS			
Respect-Supervisor	NS			
Recognition-Peers	0.013	0.002	NS	NS
Respect-Peers	0.004	0.001	NS	NS
Recognition-Interdisciplinary team	0.004	0.003	NS	0.021
Respect-Interdisciplinary team	0.000	0.000	0.041	NS

Of 19 intrinsic and extrinsic factors presented in the survey that may be present in respondents' current or primary position, 10 factors proved to be significantly different between the groups. Those intending to leave and those Not Leaving were significantly different on all 10 factors including: challenge, rewarding feelings, responsibility, achievement, professional growth opportunities, positive relationships with peers, recognition from peers, respect from peers, and both recognition and respect from their interdisciplinary team.

Table 20. Agreement with Significance of Factors in Current or Primary Positions

Significant Factors in Respondents' Current Positions	Leaving % Agree	Not Leaving % Agree	Unsure Leaving % Agree
Challenge	74.1%	94.6%	84.9%
Rewarding feelings	44.4%	82.7%	69.7%
Responsibility	85.2%	97.5%	93.9%
Achievement	22.2%	77.7%	51.5%
Professional growth opportunities	11.1%	63.2%	72.7%
Positive relationships with my peers	66.7%	91.6%	93.9%
Recognition from my peers	42.3%	75.7%	66.7%
Respect from my peers	53.9%	84.2%	72.7%
Recognition from my interdisciplinary team	42.3%	70.4%	50.0%
Respect from my interdisciplinary team	38.5%	82.1%	71.4%

As illustrated in the table above, the Not Leaving group were more likely to report these factors were present in their current or primary position than those Leaving.

Those Unsure if they are leaving and those Leaving were significantly different for four factors including achievement, professional growth opportunities, positive relationships with peers and respect from interdisciplinary team. Again, each of these factors was reported as present more often in the Unsure group than the Leaving group.

CHAPTER 5 - DISCUSSION

5.1 Research Question# 1: What are the demographic and career profiles of practicing Occupational Therapists in Manitoba who may be considering leaving the profession?

Of the 29 respondents who reported they were intending to leave the profession, 31.0% were between 31-35 years of age and 51.0% were between 26 and 35 years of age. The mean age of those leaving was 38.8 years of age. Almost 83.0% of those Leaving were female and over 79.0% were married or in a permanent relationship. Within this group intending to leave, 52.0% had no children at home, 17.0% had one child, almost 14.0% had 2 children, almost 14.0% had 3 children and 3.0% had 4 children at home.

Thirty-one percent of those leaving had been practicing for less than 4 years, while almost 21.0% had been practicing for 5-9 years and for 10-14 years. The mean number of years practicing was 10.7 years.

Over 81.0% of this Leaving group were practicing with an adult population.

The individuals planning on leaving had held from 1-6 positions in the past 5 years for an average of 2.6 positions per person for those who had been working for 5 years or more. Seven of the 29 in the Leaving group had not yet been practicing for 5 years. Looking at their entire career, this group had a range of 2-11 positions for an average of 4.53 positions per person.

Almost 59.0% of this group reported that they had intended to practice occupational therapy until retirement when they graduated and almost 28.0% were unsure what their intentions had been on graduation.

Only 7.0% of this group found occupational therapy practice to be what they expected; 64.0% found occupational therapy different from what they expected.

Forty-three percent of those Leaving were not satisfied with their career choice, 32.0% were satisfied and 89.0% felt that their satisfaction had changed over time. Half the Leavers were satisfied with their current or primary position and 44.0% were satisfied with their current or primary employer.

This group was concerned with paperwork (64.0%), bureaucracy (67.0%) and the system they were working in (62.0%) but this group was not significantly different from the Unsure and Not Leaving Groups on any of these factors.

As detailed in the results section, there were no significant differences between the Leaving and the other groups in age range, marital status, number of children, years practicing, institution of graduation, and time ranges of graduation. There also was no difference between those Leaving and the other groups regarding length of time they intended to practice at graduation, and concern with workplace issues such as paperwork, bureaucracy and systems.

However, the Leaving group was significantly different from those Not Leaving in the following areas:

- Gender-There were 17.0% males in the Leaving group compared to 3.0% in the Not Leaving group.
- Did you consider leaving the profession during your education and prior to graduation? 55.0% of the Leavers had considered leaving compared to those Not Leaving
- Level of satisfaction with current employer - the Leaving group were less satisfied (44.4%) than the Not Leaving group (86.8%).
- Level of satisfaction with current job - the Leaving group were less satisfied (50.0%) than the not Leaving group (80.5%).

- Satisfaction with career choice overall - the Leaving group was less satisfied (32.1%) than the Not Leaving group (47.3%).
- Satisfaction with career choice changed over time - the Leaving group was more likely (89.3%) to agree that their satisfaction had changed over time than the Not Leaving group (47.3%).
- Occupational therapy is what was expected - 64.2% of the Leaving group responded that occupational therapy was not what they expected which was significantly more than the Not Leaving group (26.3%).

Surprisingly, there were no significant differences in demographics other than gender between the Leaving and other groups. From a social and intuitive perspective it would seem that those capable of leaving would have different marital status or family configurations that would allow them to leave the profession or change careers without undue hardship or difficulty; yet the groups contained no significant differences in number of children, marital status, ages or other demographic characteristics. The lack of significant difference in demographics between the groups highlights the importance of the individual experiences, preferences and perceptions of those that are leaving in setting them apart from the others.

As outlined above, those planning on leaving occupational therapy were significantly different from the other groups on a number of variables. Over 81.0% of those Leaving practiced with an adult population and so it would appear that this population is either less satisfying to the Leaving group or the child and adolescent populations are perhaps more satisfying and retain therapists. It is possible that service delivery models in child and adolescent practice areas are more satisfying or that many of

those practicing with this population are not within the health care system per se, but part of community-based care, education systems or private practice where environments, work variables and systemic challenges are different.

There appears to be an overwhelming degree of professional dissatisfaction and unmet expectations in the Leaving group. A large percentage of the Leaving group had considered leaving while in their undergraduate occupational therapy educational program; this may be a predictor of future attrition as well as dissatisfaction with the profession and warrants further investigation. It would have been interesting to know the expectations these individuals had on entering the educational program as it is possible that their perception of the profession and all that it holds for a graduate was skewed from the very beginning. These findings are consistent with the literature, as Bush et al. (1993) had identified that therapists were leaving the profession due to unmet career expectations.

Of the 5 male respondents intending to leave, 4 graduated within the last 8 years and 4, including the longest practicing member of the group, did consider leaving during their occupational therapy education. These 5 males had had a range of 2-4 positions in their career including one respondent who had graduated less than a year prior to the survey and who reported having 3 positions to date. Only 1 of these male respondents was satisfied with his career choice overall and all male respondents agreed that their satisfaction had changed over time. None of this group indicated that occupational therapy was what they had expected.

The relative professional inexperience of these men is congruent with the literature, which suggests that men who are less experienced tend to be less satisfied and

intend to leave the profession or pursue another career (Turgeon and Hay, 1994). Perhaps there is a critical stage in their careers that male occupational therapists must pass to remain in the profession or perhaps this female-dominated profession does not offer them what they need in a career or provide them with the social supports and interpersonal relationships that men seek in a work environment. Regardless, strategies to recruit male occupational therapists to the profession and to retain them may need to be examined in more depth, as they may be different from the strategies directed at women.

5.2 Research Question #2: What are the factors that may affect retention in and departure from the profession as identified by occupational therapists practicing in Manitoba?

There were significant differences between the Leaving and Not Leaving groups when analyzing intrinsic and extrinsic factors which would make them leave the profession. Of 26 factors presented in the survey, only 5 were significantly different.

Intrinsic factors, including lack of autonomy and lack of responsibility, were more frequently identified by those Not Leaving than Leaving as reasons they would leave the profession. Over 78.0% of the Not Leaving group and only 34.0% of the Leaving group felt lack of autonomy would make them leave. Over 63.0% of those Not Leaving compared to 34.0% of the Leaving group felt lack of responsibility would make them leave.

Extrinsic factors, such as lack of respect from peers, frustration with the health care system and the inability to find the amount of work desired, were significantly different between the Not Leaving and Leaving groups. The percentage of the Leaving group identifying lack of respect from peers (48.0%) as a reason to leave was less than that of the Not Leaving group (66.0%). Similarly, 64.0% of the Not Leaving group

identified the inability to find the amount of work desired as a reason to leave the profession while this was only reported by around 45.0% of those Leaving. Frustration with the healthcare system was reported by 79.0% of those Leaving but by only 56.0% of those Not Leaving.

Of 19 intrinsic and extrinsic factors that may be important to occupational therapists in their positions, only one factor was significantly different between the Not Leaving and Leaving groups: adequate benefits. Although 85.0% of those Not Leaving and 86.0% of those Leaving were in agreement that adequate benefits were personally important to them, an additional 13.0% of the Not Leaving group neither agreed nor disagreed and 2.0% disagreed. However, 14.0% of those Leaving disagreed that benefits were important.

Of 19 intrinsic and extrinsic factors that may be present in the respondents' current positions, 10 were significantly different between the Leaving and Not Leaving groups.

As was shown in Table 20, for all factors the percentage of the Not Leaving group experiencing the factors in their current position was higher than the Leaving group. In some instances the difference was substantial, such as the factors Achievement and Professional Growth Opportunities; 77.0% of the Not leaving group identified that achievement was present in their current situation compared with only 22.0% of those Leaving. Similarly, 63.0% of the Not Leaving group reported professional growth opportunities were present in their position while only 11.0% of the Leaving group reported this.

Davis and Bordieri (1988) concluded that interpersonal relationships were incentives in the work environment and these survey results support their findings. The survey results are also supported by the focus group findings in which peers and interdisciplinary team factors were identified as being highly important to the participants, at times to the extreme where it was positive work relationships that were keeping some in their positions and perhaps in the profession as well. In the focus group, peer relationships seemed as if they masked or protected individuals from other negatives in the workplace. Negative interdisciplinary relationships appeared to effect the same response with reports of wanting to leave positions where respect and recognition, especially regarding the role and value of occupational therapy, was absent or limited by other professions in the environment.

It is possible that those Leaving, who identified so many deficiencies in their work environments, were propelled to leave by the negative current experience they were having in their workplace. It would be difficult to determine whether this is indeed the case or whether their desire to leave was clouding their experience of the environment to the point that they derived no positives and perceived less achievement, less professional growth opportunities, less rewarding feelings, etcetera.

When evaluating the presence of burnout, 9 factors commonly associated with burnout were presented and frequency of these factors in the respondent's current position were reported.

As detailed earlier, the factor "feeling overworked" was not significantly different between the groups. Those intending to leave and those Not Leaving were significantly

different on all remaining factors, including boredom, anxiety, low challenge, apathy, hopelessness, frustration, feeling stressed and feeling unappreciated. When analyzing the percentage of respondents who had never experienced these factors associated with burnout (Table 16), many of the factors were more than twice as likely to be never experienced by those Not Leaving than those Leaving. Those Leaving were also more likely than the Not Leaving group to report daily or weekly boredom, anxiety, apathy, hopelessness, frustration, stress and feeling unappreciated. Based on these factors, it would appear that those Leaving are exhibiting some of the characteristics associated with burnout more frequently and more intensely than those Not Leaving.

Overall there were significant differences between responses provided by the Leaving and Not Leaving groups. It would appear that the groups were relatively similar in what is important in a position, yet there were significant differences in what they are perceiving and experiencing within their current positions, in what would make them leave the profession and in their experience of characteristics associated with burnout.

Retention factors seem to be centered around positive and personally and professionally rewarding relationships in the workplace, including those stemming from peers and interdisciplinary teams. Respect and recognition from these groups is paramount and more frequently perceived or experienced by those intending to remain in the profession.

Intrinsic factors were also important to the Not Leaving group and it is again perhaps the perception of conditions of employment that would produce such intrinsic motivators as challenge, responsibility, achievement, professional growth opportunities and rewarding feelings.

When considering the significant difference in expectations between the groups as outlined in the first research question, it is possible that the expectations of the Leaving group were clouding the perceptions and experience of their occupational therapy positions and causing extreme dissatisfaction in addition to the experience of extremes of burnout characteristics. Under these conditions, the inability to reconcile unmet expectations with the reality of professional practice could result in attrition.

5.3 Research Question # 3: Are strategies to prevent attrition identified in the literature and in mainstream perception congruent with the views of Manitoba occupational therapists?

The factors identified by Manitoba occupational therapists as significant enough to make them leave the profession were a combination of intrinsic and extrinsic factors. Those therapists who planned on leaving the profession identified autonomy and responsibility less often than those not leaving as factors that would make them leave. These findings alone do not support the literature that promotes career laddering and other opportunity-creating initiatives for professionals along the career continuum to prevent attrition.

Perception and expectations of the individual therapists cannot be overlooked and over-emphasized as a crucial element when considering strategies to retain occupational therapists. My study findings support the literature on professional disillusionment, which suggests that career expectations contribute to job satisfaction, which ultimately affects retention (Bush et al. 1993). Discrepancies between expectations and reality at any stage in a career can lead to abandonment of and attrition from a profession. If an individual's professional identity and career expectations have been based on

misperceptions and inaccuracies, then it would be very difficult to retain these individuals even with manipulation of the environment and changing roles. Ultimately, their expectations will cloud their perceptions of satisfaction and clash with the reality they are experiencing. Reconciling expectations and reality will be insurmountable for them to continue to practice without personal and professional sacrifice. The toll this takes may be evidenced by the frequency and significantly different experience of characteristics commonly found with burnout in the Leaving group compared to those Not Leaving. Thus, preventing unrealistic career expectations is vital to retaining occupational therapists who are personally and professionally invested and satisfied with the careers they chose.

The factors that were identified as important to occupational therapists varied little between the group that was staying and the group that was leaving; adequate benefits was the only significantly different variable between the groups. This implies that all therapists were basically looking for the same characteristics in a position and were in agreement with the importance of these intrinsic and extrinsic factors. It appears to be lack of satisfaction with the current work experience and other factors such as burnout characteristics that tip the scale and lead to attrition. Current work experiences that were most significantly different between those leaving and those staying in the professions were again intrinsic and extrinsic in nature. Obviously those who were staying were either in positions that were significantly different in all respects than those leaving or the perception and experiences of those leaving did not allow them to experience the positions they were in with a positive lens. Either scenario leads to the same conclusion that is consistent with the findings of Richards (1998), which suggested

that strategies used to enhance retention are often the same factors that underlie job satisfaction. Smith et al. (1995) concluded that keeping professionals satisfied by maximizing achievement, recognition and growth opportunities helps to retain them and this is certainly seen in this survey. Using the findings from this survey, one could support strategies to promote flow and enhanced career pathways to continue to stimulate achievement, professional development and responsibility, to name but a few intrinsic factors. Evaluation of the continuum of occupational therapist careers would also be important in order to develop strategies that are meaningful and relevant to clinicians at all levels in their careers. Current "flat" administrative structures in public sectors will require some creative problem solving, hopefully with input of those impacted, to develop such strategies. Support for the work adjustment model (Rounds, et al., 1987) and person-environment fit model (Mottaz, 1988) would also be prudent as the extrinsic factors in the current positions of those not leaving the profession were obviously satisfying, especially the relationships and interpersonal environment within these individuals' workplaces. These sentiments are consistent with the focus group participants' reports of remaining in the workplace and the profession because of the work relationships and with the work of Bordieri (1988) and Davis and Bordieri (1988). Employers intent on retaining staff and promoting positive workplaces would be wise to attend to the social climate and development of relationships and cohesive workgroups to enhance satisfaction. Both intrinsic and extrinsic factors and strategies identified to impact these factors identified can be affected by employers as well as by individuals themselves and as a concerted effort by work-groups. It cannot be the environment alone

effecting change and positive experiences and environments - this must be an effort supported at all levels from the worker up.

Continuing education has frequently been the solution identified by employers to recruit and retain employees. Survey responses from the Leaving and Not Leaving groups showed no significant difference related to the importance of continuing education to them personally or reporting the presence of barriers to continuing education. Open-ended questions to elicit barriers to continuing education overwhelmingly indicated employer funding and personal financial situations were a barrier to continuing education. Other factors such as workload, travel costs and distances and decreased support for time off to attend continuing education events were also frequently mentioned as barriers. This topic struck a chord with many and generated some heated responses. There is no doubt continuing education is important overall to occupational therapists, but whether it is a factor that makes or breaks someone's career requires further analysis. Funding and support for continuing education may be one of the extrinsic factors that, as part of a "package" within an environment, may retain individuals in a position or with an employer, but will probably not retain someone in the profession. What was striking in the responses was the sense of entitlement that respondents had regarding funding for continuing education. There appeared to be a sense that employers were responsible for continuing education and many respondents did not feel that funding for these opportunities should be their responsibility or burden. This may speak to expectations again being incongruent with practice and reality.

5.4 Limitations of the Study

Professional regulatory rules and processes around obtaining the database presented some challenges to conducting this research. In addition, the change in the organization from an Association to a College during the period of survey administration and modifications to privacy procedures after inception of the research design impacted the database that in the end was used as the sample group. During the licensing renewal period from which the data was required, the Association began using a deselection question where a box is marked when individuals did not wish to have anything mailed to them. No distinction was made between ads, marketing and research mail; therefore, by selecting not to receive, removal from the mailing list occurred, regardless of the purpose or intentions of the mailout. Allowances were not made by the Association to include everyone in the mailout for this study despite the ambiguity of the question.

Similarly, privacy procedures and desire to protect the anonymity of the small professional community resulted in less rich data analysis being possible when attempting to compare the respondent group to the non-respondent group and to the complete group of practicing occupational therapists as categories and responses were collapsed by COTM to protect privacy and identities. Accordingly, the data then had to be collapsed to allow comparison, resulting in less rich comparisons with age ranges, graduation year ranges and limited categories of institution of graduation.

Some questions in the survey allowed multiple responses and some questions required multiple different categories of responses within one question. Again during analysis, this presented challenges and less meaningful data than if the questions had been separated into distinctly different response-yielding questions. For example, when

asking about the clinical position, client populations and areas of intervention/diagnostic groups were all included in one question with multiple responses possible. These should have been separate and distinct questions.

From the inception of this research to completion of survey administration, the primary researcher's professional position and role changed from front-line clinician with no authority or influence to that of Discipline Director for occupational therapy of the largest employer of occupational therapists in the province. This may have impacted either negatively or positively the response rate as well as the responses given. As the survey procedure was based on anonymous participation and this was stressed during each phase, negative consequences of this factor should have been minimized.

Timing of this survey was unfortunate in many regards with many professional changes occurring during the survey administration period. There was significant upheaval in several employment sites with uncertainty and significant changes announced and implemented. Satisfaction responses may have been altered based on these environmental factors.

Definition of some terms within the survey questions were insufficient and lent themselves to some interpretation problems and ambiguity, potentially altering reliability of responses. For example, items such as "satisfaction with employer" should have more clearly defined what "the employer" meant. For example, was the employer the person's boss/supervisor, the facility/institution/company or the more global employer such as a Regional Health Authority or School Division? Some questions were also too limited in scope when considering the wide employment and employer options possible in this

province. More consideration of other non-health care based clinicians should have been given.

5.5 Further Research

A survey of this size lends itself well to further research and secondary use of data. Only a small portion of the data was utilized to answer the three research questions and the analysis of the data utilized was limited. Topics such as continuing education yielded many emotional reactions and responses and should be evaluated further.

Further evaluation of response rates by mode and responses according to when they were returned would be of interest to determine if there were any differences between those that responded electronically and those that returned the traditional paper version of the survey. It would also be interesting to determine if there was any difference in those who responded earlier in the process versus later. It is possible there may have been a response bias in earlier returns.

This survey was limited to Manitoba occupational therapists and further investigation of this topic in other provinces, nationally and internationally could be enlightening in many regards. Such research could assist with development of strategies to retain occupational therapists as provinces and countries could be compared in detail to see what is working, where, and why. If intention to leave is low and satisfaction is high in some areas, this could be further evaluated to determine what the key factors are and where opportunities for other jurisdictions may exist.

Undertaking similar research with other disciplines that are comparable in scope, nature and practice could also be interesting to ascertain similarities and differences

between occupational therapy and the other professions and again to learn from these experiences.

More in-depth analysis of satisfaction and evaluating satisfaction at various career stages versus intention to leave would be valuable to learn whether there are any preventative measures at career stages that can be taken to retain occupational therapists.

Further evaluation of expectations regarding the profession of occupational therapy and the practice of occupational therapy seems prudent. This should include both expectations at entry into the program and expectations on graduation. Further investigation of these expectations could alter the career paths of prospective occupational therapy students prior to entering the program only to find the profession did not meet their personal or professional needs. Information gleaned from investigation of expectations could be of value to professional organizations in terms of recruitment to the profession and educational institutions in terms of recruitment of individuals who would be more knowledgeable and informed regarding the profession they are about to enter. Curriculum development in terms of promotion of practice that is reality-based and more congruent with the professional world after graduation could also be an outcome.

A longitudinal follow-up of this sample would also be interesting to see how many of those individuals who indicated they were definitely leaving and unsure actually leave and to see whether those intending to stay did indeed stay in the profession. This line of inquiry lends itself to many other evaluations including satisfaction of those who decided to stay, ongoing thoughts of leaving by all groups, what exactly was the final impetus for leaving, etcetera.

Examining the group of individuals who have already left the profession would also be enlightening and variables such as unmet expectations, impetus for leaving and practice intentions at various stages in their careers could be investigated in more detail.

CHAPTER 6 – CONCLUSIONS

At first glance attrition in occupational therapy does not appear to be so prevalent in Manitoba as to cause concern as only 11.0% of respondents indicated that they are definitely planning on leaving. When the unsure respondents are factored in, the scale begins to tip. With only 75.0% percent of respondents definitely planning on remaining, we can see one in every 4 occupational therapists potentially walking away from the profession, many after a very brief time practicing yet an arduous academic road to get there.

Unmet career expectations were overwhelmingly apparent from those planning on Leaving and those Unsure if they might leave - many simply found occupational therapy was not what they expected. It is obvious attention needs to be paid to the realistic and accurate promotion of the profession as a career option from all fronts. Academic preparation, including theoretical classroom experiences and fieldwork education, must reflect the true state of occupational therapy practice. Practice options presented should be more realistically based on the employment prospects and the employment climate the occupational therapy students are entering so there is not the significant disconnect between the educational program and the work force.

There was a significant difference between the satisfaction of those Leaving and those Not Leaving when considering their careers, their current positions and their employers and when looking at burnout characteristics. It is difficult to discern whether intention to leave is a result of dissatisfaction or a cause of the dissatisfaction as these individuals are unable or unwilling to reconcile their negative experiences. In addition,

the burnout characteristics, which are experienced so much more frequently with the Leaving group than the Not Leaving group, may also be a catalyst for attrition.

Administrators and employers must look beyond the traditional “fixes” for attrition as salary or continuing education on their own will not retain occupational therapists. Front line therapists are truly concerned about the future of their profession as they attempt to establish their own roles and develop credibility and value for their contributions within their interdisciplinary teams. Reductionistic delegation of duties and roles must be addressed to retain the brightest professionals; challenge and professional growth opportunities are needed to keep occupational therapists invested in their career and contributing professionally. Functional and supportive work groups where respect and peer relationships are fostered were strongly supported in both the focus group and the survey. Creating such environments with a multi-generational workforce and staff at different levels of career efficacy is a challenge but should be the target to ensure skills and abilities are maximized and human potential is capitalized on.

This study has afforded a glimpse at the typical Leaver in terms of demographics and their career profiles. Targeting those most at risk of leaving may be considered a strategy to effect change, however I would wonder whether this would be effective in the end. All professions experience some degree of attrition with time and perhaps this is the workforce equivalent of natural selection in action. Those who are not truly invested or sold on the beliefs, roles and practice of occupational therapy may not ever be retainable. Understanding why professionals leave could potentially make work life and career satisfaction for those remaining that much more satisfactory.

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Appendix 1

Appendix 2

Attrition in Occupational Therapy: Perceptions and Intentions of Manitoba Occupational Therapists: Focus Group Protocol

The purpose of this focus group is to elicit the perceptions and intentions of Manitoba occupational therapists regarding attrition from their profession. The focus group will explore some themes and ideas found in the literature to determine if occupational therapists in Manitoba experience the same issues related to recruitment, retention, attrition, job satisfaction, burnout and professional attrition. This information will be used to design questions for a survey, which will be carried out in the second phase of this study.

Focus Group:

- a. **Eligibility to Participate-** practicing occupational therapists in Manitoba who are not employed at Health Sciences Centre will be considered potential participants in the focus group.
- b. **Selection and Recruitment-** An informative article will be submitted to the Manitoba Society of Occupational Therapists newsletter and within this article, an invitation will be extended for readers to contact the researcher regarding participating in the focus group. Information will be provided regarding specifics of the focus group and information will be gathered from the interested individuals including age range, practice area, position and employer so that a heterogeneous group can be assembled to participate in the focus group. Interested individuals who are from Health Sciences Centre will be graciously declined to prevent any ethical issues from arising. Applicants who are chosen to participate will be informed orally and the specifics of the group, including confidentiality and anonymity concerns and informed consent procedures will be reviewed using a prepared statement. Their final agreement to participate will then be secured.
- c. **Administration-** Participants will arrive at the focus group location at the School of Medical Rehabilitation where they will be invited to partake in refreshments as the group is arriving. Once all participants are present and the group has been seated, a prepared statement regarding the focus group purpose and methods, expectations of confidentiality and the absence of anonymity will be read orally by the researcher. The participant consent and information form will be provided to all participants to read, review, ask questions and sign. The opportunity and right to withdraw will be reinforced. The presence of and use of audio recording devices will be explained. The group will proceed with introductions and sharing of current employment status, practice areas, and positions held by all group members. Prepared guiding questions and probes will then be utilized to facilitate discussion and redirect topics as necessary. At the conclusion of the group, the need for confidentiality of participants will again be reinforced. The group will be thanked for their time and participation and any questions will be answered.

- d. **Procedures to Ensure Anonymity and Confidentiality-** Focus groups provide little anonymity to participants during the group itself, however anonymity of transcriptions and in any reporting of the focus group will be ensured. Transcriptions will be cleaned of any names or identifiers prior to review by my advisor. The original transcriptions will be stored in a secure, locked drawer until survey development is complete. All transcriptions will then be shredded in the School of Medical Rehabilitation confidential waste along with the audiotapes and any CD's with focus group data. Confidentiality will be discussed with participants at several stages during the preparation for and administration of the focus group to stress the importance of participants refraining from discussing the content and identities of other participants. Assurances of my adherence to confidentiality at all stages of this study by researcher will be provided to participants throughout the preparation and administration stages of the focus group. Completed consent forms will be collected and stored in a secure, locked drawer.

Appendix 3

Focus Group Guiding Questions and Probes:

- How long have you been practicing occupational therapy?
 - Describe your practice areas
 - Describe your positions
- How important is (internal factors) to you in your career?
 - Autonomy
 - Responsibility
 - Reward-personal
 - Challenge
- How important is (external factors) to you in your career?
 - Compensation-remuneration and benefits
 - Co-worker relationships
 - Equipment and workplace resources
 - Continuing education opportunities
 - Opportunities for advancement
 - Feeling valued/respected
- What does it mean to you to be stressed at work?
 - Do you feel stressed at work?
 - What are some of the situations that cause you to be stressed at work?
- What does it mean to you to be burned out at work?
 - Do you feel burned out at work?
 - What are some of the situations at work that make you feel burned out?
- Is occupational therapy as a career what you expected it would be?
 - Have your expectations of occupational therapy changed?
 - When did your expectations change?
 - How have your expectations changed?
 - What aspects of occupational therapy as a profession give you the most satisfaction?
 - What aspects of occupational therapy as a profession give you the least satisfaction?
- Why do you think occupational therapists leave the profession?
- Have you ever thought about leaving occupational therapy?
 - When did you think about this?
 - Why do you think you would leave occupational therapy?
- If you did leave occupational therapy, what would you do?

Appendix 4

Appendix 5

Attrition in Occupational Therapy: Perceptions and Intentions of Manitoba Occupational Therapists: Survey Protocol

The purpose of this survey is to examine the perceptions and intentions of Manitoba occupational therapists regarding attrition from their profession. The survey will explore themes found in the literature and generated from a focus group conducted previously to determine if occupational therapists in Manitoba experience the same issues related to recruitment, retention, attrition, job satisfaction, burnout and professional attrition.

Survey Protocol:

- e. **Eligibility to Participate-** All practicing occupational therapists in Manitoba who are licensed with the Association of Occupational Therapists of Manitoba (AOTM) and who agreed to allow their name and mailing information to be available are eligible to participate in the survey. The names available the date the mailing lists are obtained from AOTM will determine the number of individuals in the sampling frame and the actual participants that are available at that point in time.
- f. **Selection and Recruitment-** AOTM, the provincial licensing body for occupational therapists maintains a database and mailing lists of currently practicing occupational therapists. Application has been made and approval has been received to utilize the mailing list for survey recruitment. All occupational therapists eligible to participate will receive an introductory letter inviting them to complete a survey, which will be sent in a few days. The Manitoba Society of Occupational Therapists (MSOT) has provided a letter of endorsement for this study for the members of their organization. It is hoped this support and endorsement will enhance participation and increase the response rate. All names will be assigned a number to enable anonymity of participants, which will also hopefully enhance response rates.
- g. **Administration-** The survey instrument will be pilot tested on a sample of convenience to establish face and content validity; following revisions, it will then be administered to occupational therapists in Manitoba accessible through the AOTM mailing list. The AOTM mailing list is available with certain protocols and procedures in place to request and utilize the list.

To obtain maximal response rate, the finalized survey will be administered using the Dillman (2000) four-phase tailored design process. Initially, a brief advance-notice letter will be mailed to all sample members inviting participation. This letter will provide the sample group with the information necessary to choose completion by either mail or electronic format. The advance-notice letter will be followed by mailing of the actual survey accompanied by a detailed letter of introduction and explanation, a consent form, a self-addressed stamped envelope and completion instructions. For those individuals who chose to respond electronically, they will see a number provided which corresponds to their

identification number they must use to identify themselves in Survey Monkey, a web-based survey site. Through monitoring of responses through Survey Monkey, I will be able to eliminate those numbers/individuals who respond electronically from the mail-out database. The third mail-out will be a reminder post-card to all members with the same mail and electronic options identified, followed by phase four where a carefully worded letter accompanying an additional survey copy will be sent to all non-respondents. Surveys and letters will be numbered for the purpose of tracking the mail and electronic surveys and subsequent mailing of reminder letters, while maintaining the anonymity of respondents.

h. **Procedures to Ensure Anonymity and Confidentiality-**

Survey Administration:

- a. The mailing list database will be anonymized to the researcher by assigning numbers to each individual on the mailing list for the purposes of tracking and managing subsequent mailouts. Spreadsheet fields containing the names and contact information will be hidden and password protected by an individual who is not a member of the professional group and available to assist in maintaining the anonymity of the data while performing some of the physical mailout functions as described below.
- b. The remaining spreadsheet containing numbers only will be managed by the researcher.
- c. Paper and electronic format respondents will be removed by the researcher from the database to avoid sending unnecessary reminders and duplicate survey mailings.
- d. This researcher will forward the revised numerical database to an individual who is not a member of the professional group, prior to each required mailout to unhide and print mailing labels.
- e. The physical management of the labels and mailout will be completed by an individual who is not a member of the professional group to ensure that the researcher is not aware of who has or has not responded.

Data Analysis and Reporting:

Data reporting will be approached cautiously to ensure that data is collapsed sufficiently that any individuals or groups of individuals in this small professional group are not readily identifiable. Data obtained from the AOTM database will be evaluated to examine the non-respondent characteristics and demographic profiles to determine whether the sample of respondents differed in any significant way from the non-respondents.

General Storage and Disposal:

All surveys, printouts and raw data storage devices will be stored in a secure, locked cabinet until completion of thesis defense. Following successful completion, all surveys and printouts will be shredded at the School of Medical Rehabilitation confidential shredding. Any data storage devices will be destroyed at the time of shredding. Data analysis may be utilized in the future for further inquiry and will be retained for such purposes in a secure cabinet on a data storage device.

Appendix 6

Survey Instrument for Attrition in Occupational Therapy: Perceptions and Intentions of Manitoba Occupational Therapists

1. Are you male or female? *Please mark your response with an X or Check.*
Male: _____
Female: _____

2. How old are you as of today's date? *Please insert the appropriate number of years and months.*
Years: _____
Months: _____

3. What is your current marital status? *Please mark your response with an X or Check.*
Married/In a Permanent Relationship: _____
Single: _____
Divorced: _____
Separated: _____
Widowed: _____
Other: _____

4. How many children under the age of 18 live with or are supported by you? _____

5. How old are your children under the age of 18? *Please fill in the blanks*
Ages: _____, _____, _____, _____, _____, _____, _____

6. What are your OT educational credentials? *Please write your credentials as appropriate (e.g. BMR(OT)).*
Credential #1: _____
Credential #2: _____
Credential #3: _____

7. What year did you graduate from your initial OT education? *Please indicate the year you graduated*
Year: _____

8. Please write the name of the institution from which you received your initial undergraduate OT education: _____

9. **Other than your OT education**, what is the highest level of education you have attained? *Please mark your response with an X or Check.*
High School: _____
Baccalaureate Degree: _____
Master's Degree: _____
PhD: _____
Other (please specify): _____

10. How long have you been practicing OT? *Please insert the appropriate response in years or months if you have been practicing less than a year.*

Years: _____

Months: _____

11. How many OT positions have you had in your career? If you changed positions within the same facility, count each separate position that you held (e.g. changed EFT, changed classification). *Please fill in the blank.*

Number of positions: _____

12. How many OT positions have you had in the last 5 years? ? If you changed positions within the same facility, count each separate position that you held (e.g. changed EFT, changed classification). *Please fill in the blank.*

Number of positions: _____

Not applicable: _____

13. Please indicate the number of different employers you currently work for.

Number of employers: _____

14. Please indicate what your current employment status is beside the appropriate option:

37 hours or more per week: _____

Less than 37 hours per week. *Please specify percentage of full-time:* _____ %

Casual: _____

Several positions: _____. *Please specify total combined percentage of full-time:* _____ %

Other: _____

15. Do you practice OT in the town/city in which you live? *Please mark your response with an X or Check.*

YES: _____

NO: _____

16. In which Regional Health Authority do you currently practice OT? *Please mark all responses that apply with an X or Check*

Winnipeg: _____

Central: _____

North Eastman: _____

Brandon: _____

Churchill: _____

South Eastman: _____

Assiniboine: _____

Interlake: _____

Outside Manitoba: _____

Parklands: _____

NorMan: _____

Burntwood: _____

Eastman _____

17. What is the nature of the employer(s) you currently have? *Please mark your response(s) with an X or Check.*

Hospital-based: _____

Community: _____

Industry: _____

Educational Institution/University: _____

Private Practice: _____

Government: _____

School System: _____

Personal Care Home: _____

Other: _____

18. How long in years or months have you worked for your current or primary employer? *Please insert the appropriate number of years and/or months.*

Years: _____

Months: _____

19. What type of OT position do you hold? *Please mark your response(s) with an X or Check.*

Clinical: _____

Professor/lecturer: _____

Clinical and Administration/Support: _____

Management: _____

Consultant: _____

Research: _____

Other: _____

20. If you perform clinical work in your position(s), what is/are your current practice population(s) and service area(s)? *If you do not perform clinical work, please mark Not Applicable. If you perform clinical work, please mark all responses that apply with an X or Check.*

Adults: _____

Children/Adolescents: _____

Mixed Ages: _____

Acute Care: _____

Inpatient: _____

Community: _____

Rehabilitation: _____

Technology: _____

Counseling: _____

Mental Health: _____

Consultation: _____

Long Term Care: _____

Outpatient: _____

Musculoskeletal: _____

Neurosciences: _____

Other: _____

Not Applicable: _____

21. New or innovative roles are those positions which are not entry-level staff positions providing direct patient care in the traditionally accepted practice areas and often include elements of research or administration or departmental support. Do you currently perform a "new" or "innovative" OT role? *Please mark your response with an X or Check.*

YES: _____

NO: _____

UNSURE: _____

If YES: Please indicate your title: _____

22. What is your level of satisfaction with your current employer? *Please mark your response with an X or Check.*

Very Unsatisfied: _____

Unsatisfied: _____

Neither Unsatisfied nor Satisfied: _____

Satisfied: _____

Very Satisfied: _____

Self-Employed-Not applicable: _____

23. What is your level of satisfaction with your current job? *Please mark your response with an X or Check.*

Very Unsatisfied: _____

Unsatisfied: _____

Neither Unsatisfied nor Satisfied: _____

Satisfied: _____

Very Satisfied: _____

24. *Please complete the following statement.* "My satisfaction with my current job would improve if _____

_____”

25. How important are each of the following factors to you personally? *Please mark each factor using an X or Check.*

	Very Unimportant	Unimportant	Neither Unimportant nor Important	Important	Very Important
Autonomy					
Challenge					
Rewarding feelings					
Responsibility					
Decision-making opportunities					
Achievement					
Professional growth opportunities					
Adequate salary					
Adequate benefits					
Equipment needed to do my job					
Space needed to do my job					
Positive Relationships with my peers					
Positive relationships with my supervisors					
Recognition from my supervisor					
Respect from my supervisor					
Recognition from my peers					
Respect from my peers					
Recognition from my interdisciplinary team					
Respect from my interdisciplinary team					

26. How often have you experienced the following in your last OT position? *Please mark each factor using an X or Check. If this is your first OT position, please indicate not applicable with an X or Check.*

Not Applicable:

	Daily	Weekly	Monthly	Yearly	Never
Boredom					
Anxiety					
Low challenge					
Apathy					
Felt hopelessness					
Frustration					
Felt Overworked					
Felt Stressed					
Felt Unappreciated					

27. How often do you experience the following in your current or primary position? *Please mark each factor using an X or Check.*

	Daily	Weekly	Monthly	Yearly	Never
Boredom					
Anxiety					
Low challenge					
Apathy					
Felt hopelessness					
Frustration					
Felt Overworked					
Felt Stressed					
Felt Unappreciated					

28. Please consider each factor listed below as it relates to your current or primary position. Indicate whether your current position(s) provides you with each factor by marking your response for each factor with an X or Check.

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	Not Applicable
Autonomy						
Challenge						
Rewarding Feelings						
Responsibility						
Decision-making opportunities						
Achievement						
Professional growth opportunities						
Adequate salary						
Adequate benefits						
Equipment needed to do my job						
Space needed to do my job						
Positive relationships with my peers						
Positive relationships with my supervisors						
Recognition from my supervisor						
Respect from my supervisor						
Recognition from my peers						
Respect from my peers						
Recognition from my interdisciplinary team						
Respect from my interdisciplinary team						

The following questions require some consideration of factors in your work environment and whether they are of concern to you or not in your current work situation.

29. Paperwork demands are a concern to me. Please mark your response with an X or Check.

Strongly Disagree: ____

Disagree: ____

Neither Disagree nor Agree: ____

Agree: ____

Strongly Agree: ____

30. The system(s) I work in is/are a concern to me in my current employment situation. *Please mark your response with an X or Check.*

Strongly Disagree: _____
Disagree: _____
Neither Disagree nor Agree: _____
Agree: _____
Strongly Agree: _____

31. Bureaucracy is a concern to me in my current employment situation. *Please mark your response with an X or Check.*

Strongly Disagree: _____
Disagree: _____
Neither Disagree nor Agree: _____
Agree: _____
Strongly Agree: _____

The following questions require consideration of your career choices and career satisfaction.

32. My satisfaction with my career choice as an OT has changed over time. *Please mark your response with an X or Check.*

Strongly Disagree: _____
Disagree: _____
Neither Disagree nor Agree: _____
Agree: _____
Strongly Agree: _____

33. I am satisfied with my career choice as an OT overall. *Please mark your response with an X or Check.*

Strongly Disagree: _____
Disagree: _____
Neither Disagree nor Agree: _____
Agree: _____
Strongly Agree: _____

34. OT practice is what I expected when I completed my initial education and training. *Please mark your response to this statement with an X or Check.*

Strongly Disagree: _____
Disagree: _____
Neither Disagree nor Agree: _____
Agree: _____
Strongly Agree: _____

35. Have there been any gaps in your OT career during which you have not practiced OT? *Please mark your response with an X or Check.*

YES: _____

NO: _____

If YES: *Please mark reasons for any gaps in service with an X or Check and explain.*

LOA: _____ How Long: _____

Maternity LOA(s): _____ How Long in total: _____

Moved: _____ How Long: _____

Unable to find work: _____ How Long: _____

Other reasons: _____

36. During the time you were in your initial OT education program and prior to graduation, did you ever consider pursuing other careers? *Please mark your response with an X or Check.*

YES: _____

NO: _____

If YES: Why?

37. At the time you graduated from your initial OT education program how long did you expect to practice occupational therapy? *Please mark the appropriate number of years and/or months.*

Less than 1 Year: _____

1-5 years: _____

6-10 years: _____

Until retirement: _____

Unsure: _____

Other (please specify): _____

38. At this moment in time, how long do you intend to practice OT? *Please mark your response with an X or Check.*

Less than 1 Year: _____

1-5 years: _____

6-10 years: _____

Until retirement: _____

Unsure: _____

Other (please specify): _____

39. Since completing your initial OT education have you ever seriously considered leaving OT where you have actually investigated other options? *Please mark your response with an X or Check.*

YES: _____

NO: _____

If YES.... When did you first consider leaving the profession? *Please mark your response with an X or Check.*

Within a year after graduation: _____

1-5 years after graduation: _____

6-10 years after graduation: _____

10 or more years after graduation: _____

If YES.... What were the reasons you considered leaving the profession? _____

40. Are you currently considering leaving the profession of OT? *Please mark your response with an X or Check.*

YES: _____

NO: _____

NOT SURE: _____

41. Listed below are a number of factors that might cause a person to leave a profession. Indicate whether you believe these factors might hypothetically cause you to leave the profession? *Please mark your degree of agreement with each factor with an X or Check.*

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Lack of autonomy					
Lack of challenge					
Lack of rewarding feelings					
Lack of responsibility					
Lack of decision-making opportunities					
Lack of achievement					
Lack of professional growth opportunities					
Inadequate salary					
Inadequate benefits					
Inadequate equipment needed to do my job					
Inadequate space needed to do my job					
Lack of positive Relationships with my peers					
Lack of positive relationships with my supervisors					
Lack of recognition from my supervisor					
Lack of respect from my supervisor					
Lack of recognition from my peers					
Lack of respect from my peers					
Lack of recognition from my interdisciplinary team					
Lack of respect from my interdisciplinary team					
Paperwork demands					
Bureaucracy					
Frustration with the health care system					
Burnout					
Dissatisfaction with					

the profession					
Unable to find positions					
Unable to find amount of work desired					

42. Do you know any OT's that have permanently left the profession? *Please mark your response with an X or Check.*

YES: _____

NO: _____

43. Listed below are a number of factors that might cause a person to leave a profession. Indicate whether you believe these factors might cause other OT's to leave the profession? *Please mark your degree of agreement with each factor with an X or Check.*

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Lack of autonomy					
Lack of challenge					
Lack of rewarding feelings					
Lack of responsibility					
Lack of decision-making opportunities					
Lack of achievement					
Lack of professional growth opportunities					
Inadequate salary					
Inadequate benefits					
Inadequate equipment needed to do my job					
Inadequate space needed to do my job					
Lack of positive Relationships with my peers					
Lack of positive relationships with my supervisors					
Lack of recognition from my supervisor					
Lack of respect from my supervisor					
Lack of recognition from my peers					
Lack of respect from my peers					
Lack of recognition from my interdisciplinary team					
Lack of respect from my interdisciplinary team					
Paperwork demands					
Bureaucracy					
Frustration with the health care system					
Burnout					
Dissatisfaction with					

the profession					
Unable to find positions					
Unable to find amount of work desired					

44. Please list any other factors not included above that you think might make OT's leave the profession: _____

The following questions require some consideration of the topic of continuing education.

45. Continuing education is important to me. Please mark your response with an X or Check.

- Strongly Disagree: _____
- Disagree: _____
- Neither Disagree nor Agree: _____
- Agree: _____
- Strongly Agree: _____

46. Do you attend OT-related continuing education opportunities? Please mark your response with an X or Check.

- YES: _____
- NO: _____

47. How many OT-related continuing education opportunities have been available for you in the last 2 years? Please indicate the number of opportunities you have had available with an X or Check.

- 1-2: _____
- 3-5: _____
- 5-10: _____
- More than 10: _____

48. How many OT-related continuing education opportunities have you taken in the last 2 years? Please indicate the number of opportunities you have taken with an X or a Check.

- 1-2: _____
- 3-5: _____
- 6-10: _____
- More than 10: _____

49. Were there barriers that limited your opportunities and/or participation in OT-related continuing education in the past 2 years? *Please mark your response with an X or Check.*

YES: _____

NO: _____

If YES: *Please explain or list barriers:* _____

50. Do you intend to seek further formal education such as a degree? *Please mark your response with an X or Check.*

YES: _____

NO: _____

51. In what area would you seek further education? _____

52. What are some reasons you have for seeking further education? _____

53. Please feel free to add any comments or thoughts: _____

Thank you for taking the time to complete this survey! Please use the supplied addressed and postage affixed envelope to return the survey to me as soon as possible. Please send me an email at _____ and I would be happy to share findings with you when analysis is complete

Appendix 7

Summary of Statistical Analyses Used in Each Table

Table Number	Statistical Test Used
1. Survey Return Rate	Percentages
2. Survey Completion by Modes	Counts and Percentages
3. Response Rate By Completion Mode and Phase of Administration	Counts and Percentages
4. Comparison of Group Demographics	Crosstabs and Chi Square
5. Respondents by Intention to Leave the Profession	Count and Percentages
6. Statistical Analysis of Categorical Variables	Independent t-test, 2-tailed Crosstabs and Chi Square ¹
7. Comparison of Leaving Status by Gender	Counts and Percentages after ¹
8. Leaving Status and Plans to Leave During Occupational therapy Education	Counts and Percentages after ¹
9. Satisfaction with Occupational Therapy as a Career Choice	Counts and Percentages after ¹
10. Satisfaction with Occupational Therapy as a Career Changed Over Time	Counts and Percentages after ¹
11. Occupational Therapy is What Respondents Expected	Counts and Percentages after ¹
12. Level of Satisfaction with Current or Primary Employer	Counts and Percentages after ¹
13. Level of Satisfaction with Current of Primary Job	Counts and Percentages after ¹
14. Summary of Differences between Groups When Reporting Factors that are Important in a Position	Crosstabs and Chi Square ²
15. Summary of Differences in Experience of Factors Associated with Burnout Related to Current or Primary Position	Crosstabs and Chi Square ³
16. Respondents who Never Experienced Factors Associated with Burnout	Percentages after ³
17. Summary of Differences Between Groups Regarding Factors that Would Make Respondents Leave the Profession	Crosstabs and Chi Square ⁴
18. Importance of Factors that Would Make Respondents Leave the Profession	Percentages after ⁴
19. Summary of Differences Between Groups Regarding Factors Present in Respondents' Current Position	Crosstabs and Chi Square ⁵
20. Agreement with Significance of Factors in Current or Primary Position	Percentages after ⁵