In it for the Long Run: Factors Contributing to Workforce Longevity in Occupational Therapy

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Acknowledgments

Executive Summary

Increasing demand for occupational therapy in Australia has highlighted the need to retain working occupational therapists in the profession for the entirety of their working life. Previous research has indicated that in the past occupational therapists considered staying in the profession for around ten years. Attrition from the profession results in a loss of experienced clinicians which impacts on service delivery, research production, education and mentoring of less experienced clinicians as well as shortages in the workforce. This loss increases costs associated with a growing need to educate new clinicians to meet workforce demands without exploring the factors that encourage professionals to continue in the profession. A research study was conducted to explore longevity in the occupational therapy workforce. The study sought to explore the factors that contribute to why occupational therapists choose to stay in the profession for fifteen years of more.

Occupational therapy literature on this topic was scarce with the majority of previous studies being focussed on either job satisfaction or retention, specifically retention in rural and remote locations. The findings of previous studies identified five factors that increased job satisfaction and retention. These were; professional environment; working conditions; client contact; autonomy and diversity. A systematic review of the nursing literature concerning retention of older nurses identifies additional factors such as respect and recognition; management behaviour and attitude; a sense of community and continuing education; and provides a useful comparison for this study.

A qualitative methodology was chosen using in-depth interviews with practicing occupational therapists who had worked for more than 15 years. The criteria for inclusion were based on years of experience rather than time since graduation or age. Participants were divided into four experience levels; 15-19 years, 20-24 years, 25-29 years and more than 30 years. No upper limit was set. Ethical approval for the study was obtained through James Cook University Human Ethics Committee and the project was funded through a grant from the Occupational Therapists Board of Queensland.

Twenty five occupational therapists evenly distributed across the four experience ranges participated in this study. All participants were female and worked in a broad range of clinical and managerial positions, across the breadth of employment situations including public and private sectors.

Thematic analysis of the transcribed interviews generated four clear themes across all participants. The themes included:
1. The occupational therapy career package
2. The philosophy of the profession
3. The workplace
4. The personal

In addition a comparison between the groups was conducted around the concept of challenge and showed that at different stages in an occupational therapists career the type of challenge needed changed.

The study highlights the complex integration of professional and personal needs that may be fulfilled within an occupational therapy career and the diverse range of available position. When these needs are met occupational therapists are more likely to continue in the profession and conversely when needs are not fulfilled they are more likely to move to another position or consider changing careers. One of the strengths of occupational therapy is the possibility of changing careers many times within the profession. The concept of many or 'multiple careers in one' should therefore be a strong marketing point for the profession. Career progression does not therefore follow a linear pattern but allows for a 'spiral' progression' through different areas of practice. Support for experienced occupational therapists to change track and move to new areas could be encouraged both within the profession and within the workforce and perceived as a valuable alternative career trajectory to specialisation.

For older professionals life-stage and higher order needs have a strong influence on retention. This study indicated that opportunities for personal growth or self-actualisation as well as increasing a sense of 'generativity' or legacy building is important to older occupational therapists. The relationship between work and life goals is integrated, and was demonstrated by participants in the more

experienced groups recognising and identifying strongly with the philosophy of the profession. Being an occupational therapist over many years builds and sustains personal identity and therefore continued employment has greater personal meaning and intrinsic rewards.

In conclusion the finding of this study suggest that retention of occupational therapists for the entirety of their career is influenced by a multitude of factors that ensure both personal and professional development through their work. The role of professional organisations to market the role of the profession and provide opportunities for professional development aimed specifically at the needs of more experienced occupational therapists is supported. In return those therapists with greater experience might be encouraged to expand the role of occupational therapy to new areas of service delivery.

Introduction

Demand for occupational therapy services has grown significantly over the last 10-15 years (Australian Government Productivity Commission, 2005). Despite an increasing number of occupational therapists joining the profession, retention rates are reported to be low with approximately 19% of the workforce leaving annually (Australian Government Productivity Commission, 2005). Additionally, Occupational Therapists are predominantly female and this likely increases the percentage of part-timers in the profession (Australian Government Productivity Commission, 2005 Centre for Health Workforce Studies, 2005). The need to retain occupational therapists in the profession is critical if the growing demands for occupational therapy services in Australia are to be met.

There is considerable concern about Australia's health workforce shortage and the growing demands for health professionals in Australia (Australian Government Productivity Commission, 2005). Improvements in technology, a growing community expectation and an ageing population, have placed greater demands on the health workforce (Australian Government Productivity Commission, 2005). A statement from The Australian Health Ministers' Conference (2004) confirms that "…over the next 10-20 years, Australia will need to deal with an ageing population, a 'tightening' labour pool and an increasingly global and mobile workforce" (pg 7). Similarly the growing need for health professionals has been identified in the United States of America (Centre for Health Workforce Studies, 2005), while the World Health Organisation is concerned about international shortages of health workers and its impact on global health (WHO, 2006).

It is noteworthy that there are only around 2,000 registered occupational therapists in Queensland and that almost 80% of them are aged less than 45 years while well over 50% are under the age of 35 years (see Table 1). The scarcity of experienced clinicians may be even more pronounced than these figures suggest given that a large proportion of registered allied health professionals are not currently working (Bowman, 2004).

Table 1: Age of occupational therapists registered in Queensland
(Occupational Therapists Board of Queensland, Annual Report, 2007-08).

Age Groupings	% Registrants
Under 25 years	11.5%
25-34 years	41%
35-44 years	24.5%
45-54 years	17%
55 years and over	6%
Total	**100%**

A policy lever used by the Australian Government to address health workforce shortages has been to increase the number of university places assigned for health professions. For occupational therapy, all education programs require the provision of more than 1000 hours of clinical placements per student. Given the investment made by individuals during their training, the profession (clinical supervision and mentoring) and society in producing occupational therapists, attempts to retain occupational therapists need to be examined as an important strategy for addressing the supply part of the workforce equation. Thus, it is timely to examine the retention of occupational therapy clinicians to ensure that the supply of occupational therapists can better match likely demand.

Compared to medicine and nursing, there is a paucity of workforce research in the field of occupational therapy. Notable exceptions include Australian Institute of Health and Welfare workforce statistics (AIHW, 2006) and research on the characteristics of occupational therapists working in particular clinical settings including rural and remote areas (Denham & Shaddock, 2004; Millsteed, 2000; Mills & Millsteed, 2002; Thomas & Clark, 2007). Within nursing and medicine, the factors leading to attrition from particular settings has been the focus of considerable research attention (Cangelosi et al, 1998; Hays et al, 1997; MacIsaac et al, 2000, Veitch & Crossland, 2005). Less well known are the factors contributing to people staying in their profession. This appears to particularly be the case in allied health, including occupational therapy.

The profession of occupational therapy is not immune to current workforce shortages in the healthcare sector and these shortages present a major challenge for the profession as demand increases (Powell Kanny and Ciol, 2008, Meade et al., 2005) A concern of the recent Queensland Ministerial Taskforce on Clinical Education is the loss of experienced clinicians from the workforce and the impact of this loss on student supervision, student and staff mentoring and possibly patient care. A major contributor to the shortage of occupational therapists is attrition from the profession and this issue needs to be addressed in order to maintain a viable number of practicing therapists (Bailey, 1990).

This report outlines a research project that was undertaken to explore the factors that influence longevity in the occupational therapy profession. In this study the term 'professional longevity' refers to the length of time that a practitioner stays working in the profession. The study seeks to uncover the factors that contribute to why occupational therapists choose to stay in the profession for a prolonged period of practice.

Literature Review

A critical appraisal of the current literature related to workforce longevity was conducted prior to the study. There is a paucity of research which specifically applies to occupational therapists, and their reasons for staying in positions. Previous research has mostly focussed on the reasons why people leave positions and is largely found in the nursing and medicine literature. A notable exception is occupational therapy workforce retention in rural and remote areas.

A recent systematic review of the nursing literature (Moseley, Jeffers, & Paterson, 2008) provides evidence about the factors that influence the retention and turnover of older nurses. This review highlights the importance of; respect and recognition; management behaviour and attitude; empowerment and autonomy; feeling challenged, embeddedness or a sense of community; continuing education; supportive work environment and flexible working options; and financial and other conditions of work. Within nursing, the necessity of encouraging the retention of older nurses has led to an interest in research in this

area, both at a professional level and for employers. To date, this area has not been given priority in occupational therapy.

The issue of retention in medicine has focussed almost entirely on the shortages of doctors serving rural and remote regions. A critical review of the evidence (Humphreys, Jones, Jones, & Hugo et al., 2002) identified several factors that influence doctors decisions to stay in or leave a rural position including; professional factors or satisfaction with the position; social, family and community factors; internal factors, especially career aspirations; external factors such as political, policy and economic issues. Although this review is specifically related to rural and remote positions and is therefore of limited applicability to the current study, the authors clearly identify the need for more research on retention issues to compliment more abundant information on recruitment in rural areas.

To identify relevant literature related to retention of occupational therapists a literature search was conducted using the health databases CINAHL, MEDLINE, OTDBase, Cochrane Library and OT Seeker. Relevant articles were identified in all databases with the exception of the Cochrane Library and OT Seeker. A range of occupational therapy specific journals were also searched. These journals included the American Journal of Occupational Therapy, the Australian Occupational Therapy Journal, the British Journal of Occupational Therapy, the Canadian Journal of Occupational Therapy, the New Zealand Journal of Occupational Therapy and the Occupational Therapy Journal of Research.

The key words used were 'occupational therapy', 'retention', 'workforce retention', 'job satisfaction', 'career satisfaction', 'career longevity' and 'longevity'. Mapping of terms in the databases was also used to ensure that all articles with similar key words were identified.

A total of 19 articles were found related to the search topic and are listed in Table 2. Many of the articles were published more than 15 years ago, and reported on overseas studies. There have been major changes in employment patterns and in health services provision over the last twenty years making the findings of the older studies less relevant to the current situation.

Table 2: Results of the literature search (19 articles)

ARTICLE	YEAR	AUTHOR/S
Ways to Retain or Reactivate Occupational Therapists.	1990	Bailey, D.M
Job Satisfaction of Occupational Therapists: supervisors and managers versus direct service staff.	1988	Bordieri, J
Male Occupational Therapists: A Profile of Job Satisfaction and Work Environment Variables.	1995	Brown, G.T.
Do New Roles Contribute to Job Satisfaction and Retention of Staff in Nursing and Professions Allied to Medicine.	2000	Collins K, Jones ML, McDonnell A, Read S, Jones R, Cameron A
Retaining occupational therapists in rehabilitation settings: Influential factors.	1992	Freda, M
A Survey of Recruitment and Retention Issues for Occupational Therapists Working Clinically in Mental Health.	2008	Hayes R, Bull B, Hargreaves K, Shakespeare K
High and Low Job Satisfaction: Some Characteristics of Two Groups of Occupational Therapists.	1987	Madill HM, Macnab D, Brintnell ESG, Stewin LL., Fitzsimmons GW
Retention: It's All About Respect.	2003	McGuire M, Houser J, Jarrar T, Moy W, Wall M
Female and male occupational therapists: a comparison of their job satisfaction level.	2005	Meade, I., Brown, G.T., & Trevan-Hawke, J.
Retention: An Unresolved Workforce Issue Affecting Rural Occupational Therapy Services.	2002	Mills A, Millsteed J
Factors Affecting the Retention of Occupational Therapists in Rural Services.	2001	Millsteed J
The Influence of Managers on Job Satisfaction in Occupational Therapy.	2006	Moore K, Cruickshank M, Haas M
Job satisfaction in occupational therapy: a qualitative investigation in urban Australia.	2006	Moore, K., Cruickshank, M., & Hass, M.
Job Recruitment and Retention Factors for Occupational Therapists in Utah.	1995	Okerlund VW, Jackson PB, Parsons RJ, Comsa MV
Predicting the effect of extrinsic and intrinsic job satisfaction factors on recruitment and retention of rehabilitation professionals.	2005	Randolph, D. S.
Job Satisfaction of Occupational Therapy Faculty.	1991	Rozier CK, Gilkeson GE, Hamilton BL
Job satisfaction, physical acute care and occupational therapists.	2006	Shiri, S.
Values, Salience and Job Satisfaction: Male and Female Occupational Therapists' Responses.	1990	Taylor EA, Madill HM, Macnab D
How can we Facilitate the Return of Occupational Therapists to the Profession after a Break in Service?	1992	Turner A

While retention has rarely been addressed in the literature, the factors that lead to occupational therapists leaving their positions has been the subject of a number of publications (Bailey, 1990; Jenkins, 1991; Moore et al., 2006). These are identified in Table 3.

Table 3: Summary of reasons for leaving the profession

REASONS FOR LEAVING THE PROFESSION	
• Perceived poor professional status • Lack of resources • High workloads	Greensmith and Blumfield 1989, (cited in Moore et al 2006) Jenkins 1991
• A lack of respect and understanding of occupational therapy by other health professionals • Limited advancement	Bailey 1990, Jenkins 1991
• Excessive paperwork • Stress overload • Red tape and bureaucracy • Role conflict with physical therapy • Long hours	Bailey 1990
• Lack of facilities • Poor staffing • Poor pay	Jenkins 1991

Critical appraisal of the most relevant studies was undertaken, using the Macmasters Critical Appraisal form (Law et al., 1998 a and b).

The inclusion criteria for this review were as follows:

1. Research articles from between 1991 and 2008;
2. Specific to occupational therapy; and
3. Specifically address job satisfaction and/ or retention.

Overall the level of evidence was low to moderate. Five previous studies were considered to be relevant to this review and the results of these studies identified several factors that influence retention. The five studies are listed in Table 4.

Table 4: Five studies relevant to the review

ARTICLE	YEAR	AUTHOR/S
▪ Predicting the effect of extrinsic and intrinsic job satisfaction factors on recruitment and retention of rehabilitation professionals.	2005	Randolph, D. S. & Johnson SP
▪ Job satisfaction, physical acute care and occupational therapists.	2006	Shiri, S.
▪ Job satisfaction in occupational therapy: a qualitative investigation in urban Australia.	2006	Moore, K., Cruickshank, M., & Hass, M.
▪ Female and male occupational therapists: a comparison of their job satisfaction level.	2005	Meade, I., Brown, G.T., & Trevan-Hawke, J.
▪ Retaining occupational therapists in rehabilitation settings: Influential factors.	1992	Freda, M.

The factors influencing retention are: i) professional environment, ii) working conditions, iii) client contact, iv) autonomy and v) diversity. Each of these will be discussed in turn.

Professional Environment

The professional environment plays an important part in determining the job satisfaction level of occupational therapists including support, teamwork, and respect from colleagues. Good working relationships with colleagues influenced the job satisfaction of the participants in both Meade et al's (2005) and Moore et al's (2006) studies.

Working in multi-disciplinary teams (Freda, 1992; Shiri, 2006), teamwork (Freda, 1992; Meade et al., 2005; Shiri, 2006) and having adequate support from co-workers (Randolph & Johnson, 2005; Shiri, 2006) were aspects of the job that made a difference to job satisfaction levels.

Perceptions of respect afforded to Occupational Therapists differed between studies. Male occupational therapists were satisfied with the level of respect they received from other health professionals and the public, which contrasts with both Moore et al., (2006) and Shiri (2006) who found that the level of respect the profession received from other non-occupational therapy managers and doctors was frustrating and therefore contributed to their level of job dissatisfaction. While there are gender differences between these studies, this inconsistency may be due to the differing methodologies used.

In the study conducted by Randolph and Johnson (2005), the greatest influence on job satisfaction was having an environment that aligns with personal values. This finding has not been confirmed in other studies.

Working Conditions

In four of the five studies, working conditions have been found to contribute to job satisfaction (Freda, 1992; Meade et al., 2005; Randolph & Johnson, 2005; Shiri, 2006).

The opportunity for professional growth and development was noted to be important by participants in two studies (Randolph & Johnson, 2005; Meade et al., 2005). The opportunity for professional development rated highly for both male and female participants and suggests that occupational therapists are more likely to stay in the profession if they can continue to grow as a professional in terms of knowledge and expertise.

Receiving supervision in a formal and structured way was clearly valued by new graduate professionals in acute care (Shiri, 2006) while participants with more experience stated that supervision by other staff and supervising students were rewarding aspects of the job (Freda,1992). Caseload and the amount of vacation time allowed influenced satisfaction in one early study (Freda, 1992) but was not mentioned in other studies.

Client Contact

Three authors found that direct client contact increased job satisfaction (Freda, 1992; Meade et al., 2005; Moore et al., 2006). The client contact theme was found to include the direct contact an occupational therapist has with his/her patients, as well as the relationships they build with the patients and their families.

The theme also encompasses the satisfaction felt when making a difference and achieving goals. Freda (1992), Meade et al., (2005) and Moore et al., (2006) all found the participants in their studies considered that client contact noticeably influences job satisfaction. Moore et al., (2006) described client contact in terms of the satisfaction the participants felt when making a difference in a client's life as well as the relationships developed with clients and their families.

Meade et al., (2005) expands on this with his study's participants stating that the sense of achievement when clients reach goals influences job satisfaction, and this was particularly the case for the female occupational therapists. Moore et al. (2006) and Randolph and Johnson (2006) also found that providing quality care to patients during therapy furthermore impacted on job satisfaction. An interesting discovery was that the male participants in Meade et al's (2005) study stated that 'challenge' influenced their job satisfaction, although this finding was not reported in any other study.

Autonomy

Job satisfaction, including working with little direct supervision, determining the most effective ways to deliver services, and freedom to make choices, was found to be increased by autonomy (Freda, 1992; Meade et al., 2005; Moore et al., 2006).

Occupational therapists enjoy freedom to work autonomously and find their own solutions to problems using clinical reasoning, planning daily work schedules and being in control of client programs (Moore et al., 2006; Meade et al,. 2005). Freda (1992) found that some aspects of autonomy were important to all participants, regardless of years of experience. However those with one to three years of experience valued the ability to choose where to work in the department,

while being involved in program development became important for the participants once they reached four years of experience.

The recurring theme across three research papers in relation to autonomy suggests there is good evidence for providing opportunities for increasing levels of autonomy to Occupational Therapists as they gain experience as a mechanism to enhance retention and career longevity (Freda, 1992; Meade et al., 2005; Moore et al., 2006) .

Diversity

The theme of diversity was found by two authors (Meade et al., 2005; Moore et al., 2006) and encompasses the variety of skills needed for practice as well as the diversity of occupational therapy as a profession. Diversity in relation to Moore et al's (2006) study was described as the variety of caseload, as well as the variety within a specific caseload.

Moore et al., (2006) identified that the participants considered the fact that "...no day was ever the same, with each day providing challenge and variety" (pg 23) contributed significantly to their job satisfaction. Participants also identified that developing diverse skills and being given the opportunity to be involved in a variety of activities also contributed to their overall job satisfaction (Moore et al., 2006). Meade et al., (2005) agrees that diversity is an important factor for job satisfaction, although it was not ranked as high as it was in Moore et al's (2006) study. This may be due to the Moore et al., (2006) study being qualitative where themes were identified in the data, whereas Meade et al., (2005) used quantitative methodology and the participants were required to use a questionnaire to identify the factors they believed contributed to their job satisfaction.

The above review of factors that influence occupational therapists' decisions to leave a position and their job satisfaction provides a basis for the current study. The lack of specific information about longevity is clear, with most studies involving early career occupational therapists. Loss of experienced therapists results in a loss of expertise for service provision, a loss of experienced role

models and senior supervisors for both students and staff, as well as the loss of professional 'corporate memory' (Bailey, 1990; Meade et al., 2005; Powell et al., 2008). Attrition can be viewed as a loss of expertise from the profession and consequently demands increased resources for training, to maintain levels of expertise (Meade et al., 2005) and lost opportunity for recognition, respect and a greater understanding of occupational therapy among other health professionals (Meade et al., 2005).

In summary the Australian Public Service Commission (2007) states that job satisfaction is a vital component for retention of staff in addition to improved performance and productivity. The report adds that "...job satisfaction equates to the emotional component of employee engagement" and "...reflects how content an employee is with their job" (pg 37). While job satisfaction may improve retention of occupational therapists, conversely, job dissatisfaction may be linked to attrition from the occupational therapy profession (Meade et al., 2005).

Definition of Terms used in this Report

Retention – the act of retaining; or to hold back within.
Retention is frequently discussed in the literature in terms of workplace retention or a person's decision to stay in a chosen position. In this study, retention is discussed in relation to remaining in the occupational therapy profession, regardless of the number of times an occupational therapist may change positions during their career. In both cases retention is associated with lowering costs to either the organisation or society and increasing the productivity, through maintaining skills and knowledge within the workforce.

Attrition – the act of weakening or a reduction in numbers usually due to retirement, resignation or death.
Several authors have discussed the reasons why occupational therapists and other health professionals choose to leave their positions. Attrition may be associated with lack of job satisfaction but may also be caused by personal factors such as the desire to relocate or travel, or for family reasons such as child

or elder care. Attrition within the occupational therapy profession may be the result of an individual's decision to take an extended period of absence from the profession, stop working entirely or to change profession. Attrition is therefore regarded as a loss to the professional workforce.

Job Satisfaction – the sense of fulfilment and pride felt by people who enjoy their work and do it well.

Various factors influence job satisfaction such as remuneration, working relationships, status, and job security. There is some correlation between high levels of job satisfaction and a person's decision to remain in a position of employment. Conversely job dissatisfaction may lead to a person's decision to leave a particular position. There is a strong likelihood that job dissatisfaction will influence a person's decision to leave the profession in order to seek out another career option.

The relationship between these terms is highlighted by the literature and is discussed in the literature review section.

Project Aim

The main aim of this study is to examine why Occupational Therapists who have been in the profession for the majority of their professional careers (15-30$^+$ years) choose to stay. This examination will aid in determining the factors that lead to prolonged retention in the occupational therapy workforce.

Project Rationale

In line with the National Government's concern about the growing demands on health services and the need to increase the health workforce, there is some urgency in examining the factors which influence occupational therapists to work for sustained periods of time in their chosen profession. Previously it has been suggested that at the completion of university study, graduates expect to stay in the occupational therapy profession for less than 10 years (Meade et al., 2005; Wright, 2001). With growing demands for occupational therapy services the need

to retain suitably qualified and experienced professionals in the health workforce cannot be understated. Little is currently known about the factors that promote longevity in the profession. An exploration of the lived experience of working occupational therapists who continue to practice for more than 15 years was undertaken to fill this gap in the professions' knowledge. The results of this study will assist the profession and employers to develop strategies that facilitate workforce retention for occupational therapists.

Project Objectives

The research project used qualitative interviews to elicit the views and experiences of occupational therapists who had been practicing in the profession for 15 years or more. Participants who were working in various professional and managerial roles, across a range of employers, including self employed, were interviewed to ensure that the results of the project were widely applicable.

Length of professional experience was identified as the inclusion criteria for each participant, regardless of the number of years since graduation or the age of the participant. Participants were grouped into four experience ranges, with approximately equal numbers of participants in each grouping. Grouping the participants enabled comparisons between groups to be made.

Research Ethics

This project received category one ethical approval from James Cook University Human Research Ethics Committee on (21 May 2008) approval number # H2918 (Appendix A)

Methods

A qualitative research design was chosen for this study as it "is directly concerned with how the experience is lived, felt or undergone" (Blaxter, Hughes, & Tight, 2006). The methods used are outlined below.

Participants

Participants in the study were practicing Occupational Therapists based in Queensland who have been working in the profession for at least 15 years. Length of service in occupational therapy was defined as the years worked, rather than years since graduation, allowing for those who have taken a break in order to pursue other commitments, and return to the profession to be included.

The participants were recruited using the snowball recruitment technique to access the most appropriate potential participants. Bulk emails were sent to all registered occupational therapists in Queensland listed on the Occupational Therapists Board of Queensland's data base. The emails included the information sheet (Appendix B) and consent form (Appendix C) for the project and requested recipient occupational therapists to forward the email on to co-workers and potential volunteers they thought would meet the criteria of the study. The email and post packs also included the researchers' details, to allow those participating in the study to contact the researcher directly, therefore protecting the privacy of participants. At no time during the study were participants asked to give out contact information of potential volunteers.

Respondent to the recruitment strategy were asked to return the consent forms together with contact details to enable the researchers to arrange an interview. The participants were divided into groups according to years of experience. Group 1 were occupational therapists who have been practicing for 15 to 19 years; Group 2 had practiced for 20 to 24 years; Group 3 had practiced for 25 to 29 years; and Group 4 had been in the profession for 30 years and beyond. Occupational therapists across all groups represented a diversity of fields including; paediatrics, aged care, disabilities, private practice, mental health, housing, education, hand therapy and work rehabilitation. Similarly, there was a

mix of clinical and non clinical roles (ie management, clinical governance) for all four groups. Only one participant was involved in a research position.

Data Collection

Each participant gave written consent prior to the interview taking place, and verbal consent at the beginning of the taping of the interview. The participants were also reminded that they could withdraw from the study at any time, without explanation.

The interviews were conducted over the phone and lasted between 40 to 60 minutes at a location and time preferred by the participant. The telephone interviews were audio-taped by the research assistant in a closed office to ensure confidentiality and privacy. An interview guideline or question prompt sheet (Appendix D) was used to structure the interviews and to allow consistency of data.

The aim of the study was to investigate the factors that contribute to occupational therapists staying in the profession; why did they leave some positions and stay in others? The interview started with general questions regarding their current role, level of client contact and history of positions undertaken since graduation. Open-ended questions were used to allow participants to answer questions regarding their work and career decisions with as much information as they felt comfortable disclosing. In total, twenty five questions concerning professional longevity were put to the participants, the key questions asking; "What factors have enabled you to stay in the profession for as long as you have?" and "What is most important to you in relation to practicing as an occupational therapist?"

Three interviewers (two from the original research team, and one research assistant employed for the project) conducted the interviews via telephone between October 2008 and February 2009. Each interview was digitally recorded, transcribed verbatim and emailed to the participant for verification of data. Participants reviewed their information and emailed back with any changes, updates or additional information that they felt relevant to the study, but

had occurred to them post interview. All data obtained was de-identified before analysis and reporting results.

Data Analysis

A number of methods were used to ensure rigour and trustworthiness in this study. Firstly the transcript of each participant's interview was sent to them for member-checking to ensure that data analysis was congruent with participants' experiences (Curtin & Fossey, 2007). The process of member-checking adds credibility to the data which relates to having confidence in the truth of the data collected (Polit, Beck, & Hungler, 2001, cited in Moore, Cruickshank & Haas, 2006). Secondly, two researchers independently coded the data from the interview transcripts initially and a research assistant reviewed the original codes to ensure consistency between the two independent researchers and relatedness of the themes identified. Consensus between the researchers was shown to be good and where differences were identified discussion between the researchers and the assistant resulted in shared understandings of the data. Thirdly, an audit trail of the audiotapes from the interviews, as well as transcripts was maintained to show how the themes emerged from the data.

The qualitative data was thematically analysed using an inductive approach, whereby patterns in the data guides the researcher to recognise new and emerging theories (Web Centre for Social Research Website, 2009). The process of analysis involved two project researchers independently reviewing the transcripts and coding the data whilst being open to the meanings expressed by participants (Patton, 2002). The researchers together with a research assistant reviewed the codes identified and developed initial categories or patterns in the data. The data was reviewed interpretatively for the second time against these categories to identify themes. Themes emerged in the final stages of analysis after numerous meetings between the researchers. Although the researchers were aware of the findings in other studies a conscious attempt was made to bracket this knowledge and understand the meaning of the data from a new perspective (Patton, 2002). The identified themes were consistent against all ranges of experience, however it was evident that data across the groups was expressed differently suggesting a change in the ascribed meaning of the theme

over time. A final stage of the analysis, therefore, reviewed the patterns and trends between the four experience groups in order to compare results at different stages in the progression of a career.

Results

The Participants

A total of 25 occupational therapists completed the interviews that were analysed in this study. Data was collected from the four groups; Six participants each from group 1 (15 to 19 years experience), group 2 (20 to 24 years) and group 3 (25 to 29 years); and 7 participants from group 4 (30 years and above) across private, government and non government organisations. Most interviews were conducted at their workplace, with several participants preferring the privacy and convenience that could be afforded at their home. Table 6 on the following page describes the participant characteristics of the four groups.

Table 5: Description of Study Participants

GROUP	NO. OF YEARS EXPERIENCE	CURRENT POSITION / TITLE	AREA OF PRACTICE
1	15 to 19	OT (n=1) Snr OT (n=1) Private Practice Director (n=2) Management (n=2)	Hand therapy, aged care, community health, paediatrics and children with disabilities
2	20 to 24	OT (n=3) Strategic Leadership (n=1) Management (n=2)	Mental health, housing, education and Veterans Affairs.
3	25 to 29	OT (n=3) Senior OT (n=1) OH&S Coordinator (n=1) Case Management (n=1)	Hospital based physical rehabilitation, Occupational Health and Safety, aged care, mental health, children with disabilities and autism.
4	30+	OT (n=3) Clinical Development (n=1) Research Officer (n=1) Case Management (n=2)	Mental health, education, work rehabilitation, children with disabilities, clinical governance and research.

Overall, four themes emerged that were consistent across all the groups of respondents. Theme 1 'the package' refers to the features of the profession that influence longevity including the idea of many professions in one; Theme 2 'the philosophy' talks to the uniqueness and shared value of the occupational therapy contribution to society; Theme 3 'the workplace' includes those factors og the working environment that impact on the effectiveness of occupational therapists and their satisfaction; and Theme 4 'the personal' pulls together the aspects of work that contribute to a sense of personal meaning in life. The titles of each theme developed through the analysis process as the researchers explored the differentiating aspects of each theme through an interpretive process. A table that outlines the concepts originating in the data, included in each theme, is presented on the following page.

Table 6: Themes and Components

NUMBER:	NAME:	KEY COMPONENTS OF THE THEME
Theme One	**The Package**	Flexibility Portability Diversity, variety Specialist, expertise Professional Body
Theme Two	**The Philosophy**	Believing in what you are doing Making a difference Holistic perspective of OT OT part of self / identity Having unique skills
Theme Three	**The Workplace**	Opportunity for continuing PD Supportive, Well resourced Problem solving Greater control Greater autonomy Pay not a major driver
Theme Four	**The Personal**	Need to challenge self Personal reasons for leaving/staying Enjoys recognition from others Enjoys thanks from others Enjoys respect from others Conflict: clinical v management role?

Theme 1: The Occupational Therapy Career 'Package'

A prominent theme in the data across all groups of participants was that occupational therapy as a career has provided diversity and flexibility throughout their employment history. The occupational therapy career 'package', offered multiple roles and different opportunities that allowed participants to stay in the profession whilst providing a variety of challenges and flexible working conditions. Participants in this study repeatedly acknowledged that the diversity of the profession allowed them to frequently change their working situation in order to provide challenge and ongoing interest whilst remaining in the profession.

> *"I think I'll always still be an OT, but it might be in different types of positions." (2.2)*

> *"I haven't thought about changing professions. I had thought about different fields within OT ... the fact that OT covers such a huge range of things it's not a boring job at all there's so many different things that we do" (3.6)*

Changing positions during the course of a career was seen to be a positive move for participants and a way of providing ongoing professional and personal challenge. For one participant this was equated to different stages in their career:

> *"... the different stages of your career you would expect different challenges ..." (1.1)*

The implication of diversity within the profession provided limitless possibilities and opportunities, and a safeguard against stagnation and boredom.

> *"It's not just one profession it's multiple and if you get bored in one particular field or you need new challenges, there's always that opportunity." (3.4)*

"That's the beauty of OT: the variety, the ability to specialise in an area of interest and to develop that area of interest." (3.3)

The variety of roles available within occupational therapy was seen to open up new possibilities which increase expertise and in some cases provide the opportunity to reinvent themselves professionally.

"That's worked really well for me: the flexibility to reinvent myself in different ways and to do different things and at different times." (4.2).

"There's always something new to learn or something new to aspire to, to challenge you, keep you on your toes, you're never able to vegetate in the profession. (3.4)

The variety factor of occupational therapy was also seen as a deterrent against burn-out as shown by this participant;

"I'm very willing to moving on and trying different things. I think that's kept me refreshed the whole time, rather than getting burnt-out a lot." (2.5)

The flexibility of the profession enabled people to remain within the occupational therapy profession despite opportunities to use their skills in other vocations. Whist working conditions and the desire for change of location might otherwise have indicated leaving a position, the variety and the flexibility of the profession encouraged some participants to continue.

"The reason I keep going back and never leaving OT would be because it is diverse within one career so I can do anything I want to do." (1.2)

Another aspect of flexibility that was noted, allowed occupational therapists to juggle work and family commitments by supporting part time employment and short breaks from the workforce.

"They were planned breaks to have children so I was able to structure my return fairly easily, to meet my needs rather than the service's needs" (3.5)

"I have 5 children so I often work part time, then have another child, then go back part time. So often it was the timing of some babies that impacted on me staying or not staying in a job. I tended to work a number of part time positions when my children were younger. I mostly tended to stay if they could be fitted around the child care issues of the day." (3.2)

Conversely for one participant a lack of flexibility directly influenced her decision to leave,

"I think I had to put in my resignation – they'd said that 'no', that part time wasn't available." (4.2)

Overseas travel is a common goal for many Australians, and a number of participants identified the portability of their professional career overseas as a positive factor influencing continuation in the workforce. The opportunity to work as occupational therapists overseas enabled 'travellers' to continue to gain professional experience during periods of absence from Australia and resulted in their return to the profession.

"I left purely because I wanted to travel. I went to England and I worked mainly with care of the elderly or with elderly people, oncology, acute medical and a bit of neuro rehab. I chose to do lots of locums – about half a dozen locums – because it suited my travel." (2.3)

"Then I came back to Australia and did three different locums until I found a permanent job." (2.3)

"When I went travelling I was able to keep my position. I had 12 months off and I think I returned to be an OT because I knew that, I needed money and it was actually, yeah, easier to come back to where I had come from." (1.3)

The third aspect of flexibility relates to location; being able to pick up and move to other areas because of a spouse or partner being relocated for work or lifestyles reasons, to be closer to extended family.

"I moved from that position because my husband gained employment elsewhere so we moved to the Gold Coast." (3.2)

"My major break was when I went from full time to part time work, 10 years ago, when I had children I went part time and took 5 or 6 months off, and then I went back part time. Luckily, I had that opportunity to do that." (2.5)

Overall the participants in this study found that the opportunities for changing their positions and areas of practice within the profession meant that they did not need to leave occupational therapy in order to find what they were looking for whether that was a new challenge, stimulation, security or flexible working hours.

Although some participants had clearly moved between different organisations and areas of practice, one respondent identified the importance of variety within an employing organisation as a reason for staying.

"I guess it's been the variety that's helped me maintain my longevity in [name of employer] positions. (4.6)

When asked directly, "Were you ever tempted to go to another profession', one participant replied quite strongly,

"I haven't done it and haven't looked to do it, because there is just so much diversity in [this] profession." (6.2)

Theme 2: The Philosophy

The second major theme highlighted the extent to which participants believed in what they did and demonstrated that their occupation was personally meaningful. Participants talked passionately about the value of the work that they did as occupational therapists and the outcomes they were able to achieve. This was found to be a strong indicator of their intention and or decision to stay in the profession over time.

> *"I genuinely mean that I do strongly believe in occupational therapy and all that means and involves and believes in."* (3.7)

> *"I think my time is best spent in doing something that I believe in and that I also think is relatively unique – you know – not everyone is an OT. It is something that I've got skills in, that I've got experience in, so I thought – build upon that. Make the most of that."* (3.7)

Participants in this study strongly identified with the underlying philosophy of the profession and the core values that they were able to work towards. These included holism, empowerment, client-centeredness and community engagement. One of the most delightful aspects of this study was the extent to which participants passionately shared their love of the profession and the characteristics they attributed to their success as health professionals.

> *"It's always been important for me to enable people to live their life to the fullest and I really feel that occupational therapy is exceptionally good at that. I like the holistic approach, that acknowledgment of psychological processes, as well staying more practical and ADL and occupational role."* (4.7)

Participants made explicit the satisfaction they found in knowing that they, as an occupational therapist, could make a difference in other people's lives. It didn't matter whether the difference was big or small; rather their individual role in that process was the source of their satisfaction.

"… working with the population of kiddies that we work with often, they don't make huge changes developmentally, but you really do feel that whatever changes they do make, you had a hand in."(2.4)

"I see myself more as the facilitator, because ultimately … it's got to be an intrinsic decision for them to make the difference, not mine. Facilitator, guider, leader, walk by their side, obviously we have that level of expertise … where we are making the decisions and planning the treatment for those types of things." (1.4)

For one participant the single most important factor about being an occupational therapist was;

"That I can help people and that I can make a difference." (1.2)

In terms of health and wellbeing, the unique skills, knowledge and perspective of occupational therapy also featured prominently in this theme;

"I feel passionately that as OT's we add something to the care and outcomes of patients that nobody else does. That's our emphasis on function and nobody else does that the way OT's do." (3.5).

"The comments that I get from people who say 'Oh, every OT I've met, they're always really practical', or 'they always can find solutions', or 'they always see the person as a whole person rather than a diagnosis or a hand or whatever'.. That's the sort of thing that philosophically, resonates with what I'm doing." (4.1)

"Generally it's the hands on stuff, seeing people and seeing improvements and being able to help somebody". (1.3)

For some, the philosophy of occupational therapy was closely linked to their self concept and identity. The philosophy of the profession is a contributing factor in the decision to stay in the profession and in determining their personal identity in the world.

"I see who I am as largely been tied in with being an OT" (3.2),

"I'm an OT through and through." (4.1).

"So being here, being in Autism, being an OT, is all bound up in my sense of my commitment and my identity. It's all connected to this organisation too." (3.2)

"I've been able to expand and explore different areas of interest, within the framework of OT. I didn't have to go away altogether and reinvent myself". (4.2)

Some respondents associated them selves so strongly with the philosophy of the practice that they found it difficult to work with organisations that did not appear to honour its core values. One participant stated that she stayed in a position:

"… for five years until … the centre went through a change of management, and philosophically I didn't feel it was heading in a direction that I could support". (4.2)

Similarly another participant *"… left [because] I didn't agree with the values of the people I was working with, in relation to how they were treating clients."* (2.3)

Working closely with clients and their families, and developing client relationships was another positive factor relating to the philosophy of occupational therapy.

"In the role ... you have a very long term relationships with families, like, you know, you have an ongoing relationship with families over … years, and that was important to me. I liked the longer term relationships you have with clients and families." (4.3)

"At that stage I realised that I really enjoyed the community work; I really like seeing people in their home, their environment, with the people who are really important to them, you know, see them in context, with their family. I really enjoyed that work." (4.1)

Theme 3: The Workplace

Theme three encapsulates the many factors encountered in the working environment that assist and promote professional longevity. Participants identified that a good working environment included positive relationships between professionals and effective teamwork.

In the context of answering: What is the single most important thing for you, practicing as an OT one participant replied*:*

"Possibly, my work environment, which includes the clients I'm seeing and the people I'm working with. But work environment covers a lot of that stuff I think." (1.3)

Other participants confirmed the importance of the working environment and the relationships with colleagues:

"So really it comes back to the work environment, so if the work environment changed or was extremely unpleasant etc. then I would actually think about doing something different and that could mean not just staying within OT but doing something quite different." (1.3)

"The other thing that I do think helps people stay in either their profession or in their particular job is the relationships they build, relevant to that, the work force around them." (1.5)

"I have often thought that you could be happy in any job depending on the people you are working with not what the task is. " (1.5)

Occupational Therapists enjoy the opportunity to work as part of a team with people who respect their skills and have complimentary attitudes to the service they provide. This element of team work was clearly regarded as important to the workplace.

"From a team and staff and colleague perspective, if you've got good colleagues around you, who are singing from the same hymn book, it makes life much easier." (2.2)

" … good team work is important. I work on a really, really good team at the moment that is very supportive and multidisciplinary; so you're learning [from] each other" (3.4)

The workplace relationships were often seen to be a reflection of having a good manager and the importance of being lead by someone who knew and appreciated the value of occupational therapy and of the people they managed.

"Um, if they structured our work environment so that it became too difficult to do our work … you want to know for me, what would cause me to leave? … A manager I couldn't get on with, if I felt I was no longer competent at the job I would leave it." (1.5)

And conversely;

"One of the main reasons for not staying forever in that position was that the [organisation] had a bullying culture. When it came to the point when our clinical manager was bullying other staff within our rehab team, not

necessarily OT's, then it was just decided that management was not supportive. And that was the main reason I decided to move after 8 years in that position in rehab". (3.2)

One participant was in management positions and understood the importance of creating good relationships and a effective working environment for other staff.

"something that I try to manage here that people do say have influenced their retention is managing the culture that people work in, so that it is supportive, friendly, flexible," (1.5)

From a clinical perspective, the occupational therapy role allows participants to experience high levels of control and autonomy in their day to day activities. This was deemed to be important from a professional perspective and lack of control and autonomy was associated with reasons for leaving.

"For instance I am not attracted to work in health, because I feel like the … I feel like I have a more of a degree of autonomy in [employing organisation] in the way that I work. In the way I can structure my own work, as long as I can satisfy the criteria." (4.5)

"The overall responsibility. I like to be in control of the whole process, or as much of the process as I can, and to facilitate other." (3.4)

"I like the flexibility of what we do, I like that we can call our own shots and plan our own timetables, see clients when we want to see them – you know – we're not scheduled or told what to do. We are fairly autonomous professionals." (2.5)

"But what got me was the lack of control I had in any of those systems and that OT's were not well respected and that not because we weren't good people but because there were so few of us and I was determined to make a difference and have some sense of control." (1.2)

For some, the ability to extend their skills by providing supervision or management to other staff allowed them to regain a greater sense of control and autonomy.

> "Even in my management position – and I've done short stints of coordinating other teams – your OT skills make you the strongest manager." (2.2)

> "Other reasons to stay have been because of other OT's I've worked with, who predominately, have been really interested in the same area as myself, so we've been able to learn off each other". (3.2)

Difficult working environments result in high levels of frustration especially where there is inadequate resourcing and budget constraints which impact on the ability of some participants to be effective.

> "When you're working for government you don't have access to equipment so easily and you can see a need but you can't necessarily meet it. That was quite frustrating at [employer] as well, the constant budget cuts." (3.6)

> "...because of constraints of funding, or lack of resources, or space, or ... where their role has constricted. I think maybe in some areas, we're probably not doing as much as we should be doing, or can do." (2.5)

Continuing professional development (CDP) opportunities were also seen to be important for participants when deciding to continue in the position or leave. A nurturing work environment allows occupational therapists to extend their professional knowledge and skills through courses and "communities of practice". A lack of opportunities for CPD particularly in the rural and remote areas, led one participant to leave their position

> "At [the organisation] I was having to pay for my own staff development and doing it in my own time as well, so it just got to be too much. I left there very angry." (3.6)

"I guess I haven't had opportunities in the workplaces … to attain managerially and as I've enjoyed clinical work… that's consequentially why I did my Masters". (4.7)

"I think it helps having all the training and I find Australia very good for training, whereas up in the UK you had to fight for it… "(3.4)

"There is no need for me to look for further opportunities because my role is going to take me to further opportunities just staying in it". (1.5)

Remuneration was a factor that was mentioned frequently in this study. Whilst some participants clearly indentified the importance of being able to earn sufficient income to support family commitments, others suggested that pay alone was not a major driver of their continued employment.

"Money is money. If we wanted money, we wouldn't be in OT" (2.6)

"So, pay isn't, like ... I wouldn't know exactly what wages I get. So, that's not the biggest thing for me. I think it's the people you work with is [a] big one ". (2.2)

"Like the pay [for example], it would be nice to go and do something that pays better, and I'm sure it could, but I really love the job that I've got." (3.6)

"Let's face it many of the places I've been with have been NGO's and the pay is absolutely pathetic – it'd have to be that job satisfaction that's kept me going. Otherwise I <u>would</u> have opened up that cheesecake shop." (4.1) – participants' emphasis.

"Some people raise remuneration as a reason to change jobs and things but that hasn't been important to me – not because I don't need money – but that's not what I value in a job, and I think though, in saying that, I feel

that there should be some equity across departments or positions of pay scales." (1.6)

For participants who felt that money *was* an important factor for them to practice as an occupational therapist, two streams emerged. The first stream related to meeting a personal need, feeling valued as a worker,

"If you don't get paid enough then you don't feel you're getting respected, if you don't feel you're respected your morale goes down, but you also need to be able to demonstrate that you are effective and that you can come up with the goods in terms of providing a service. So I think pay is important." (3.4)

" ... and of course finances [is important to practicing as an occupational therapist]... after you've had a few years experience that's when you start to work your way up the pay scale, but it does make a difference." (2.4)

For others, pay was an important factor for the *profession*; in terms of increasing the value and recognition of the work that occupational therapists contribute to client's health and well being:

"I don't think you could say pay [as being most important in practicing as an OT] because we are still really poorly paid compared to lots of other groups ... poor pay continues to haunt us." (3.2)

"The pay is certainly one thing [that needs improving]. [Employer] is undergoing some increase in pay through enterprise bargaining. So that OT's in allied health are hopefully getting the similar sort of recognition as nursing does. I think that's been a frustration – we're regarded as poor cousins, by other professions. It's that area of need, it's that recognition from a pay perspective, which means that employers are valuing the profession." (4.1)

"I have lots of thoughts for the future and they include making a lot more money out of OT cause at the moment there isn't a huge amount of money coming out of the practice or not being re-invested back into the practice." (1.2)

The final aspect of the workplace that contributes to this theme was the importance of professional networks outside the specific employment situation. Participants articulated clearly the value of professional relationships and support from professional networks and associations.

"I live in a rural area ...the ongoing relationship with clients, families and some professionals, like some of the professionals that I work with, and other therapists, you know, I've known for 25 nearly 30 years ,... that's really important." (4.3)

"Being a member of the OT Association, the professional association is definitely an important reason [for staying]." (4.2)

"I value the continuing education component of the Association and the special interest groups that I've been involved in. It's the professional body, it's the support of the professional association." (3.3)

"Something that is also important that I need to add in there is I have a good network of other OT acquaintances and friends and I think that has also helped me stay as an OT." (1.3)

Theme 4: The Personal

The final theme identified in the study brings together many of the personal reason why occupational therapists choose to continue in the profession. It is clear from this theme that working as an occupational therapists represents more than a job, but contributes to the participants self identity and personal growth. In some ways this theme relates to the higher levels of needs i.e. esteem and self-actualising needs, outlined by Maslow (1954). This suggests that retention in the

profession is to do with factors other than pragmatic issues about the job, and work/life balance, rather people stay in the profession because in doing so it adds to the quality of their life and their identity.

Several participants' comments regarding opportunities for professional growth hinted that these afforded more than professional skills and knowledge. Rather the opportunity to challenge them personally to become better occupational therapists and provide personal growth was emphasised.

> *"I think it's those things that keep me in the profession, that professional development and being able to do something new. I'm the sort of person that once I've done something once and feel that I've got it as good as I can, I want to do something different". (4.1)*

> *"To stay in the job it was easier if I had some growth in the job. If I was able to keep learning or keep developing in the job…." (4.5)*

> *"For me, it's always been really important to feel like that you're continuing to grow as an OT in terms of your skill base, so as there have become more opportunities to practise "life-long learning", it's been really helpful to my OT practice." (3.2)*

Some participants identified that there were times when the search for that personal challenge had lead them to look at other positions,

> *"I occasionally feel the need to stretch my mind a bit more" (2.6)*

> *"I was able to find other career paths. I've been able to expand and explore different areas of interest, within the framework of OT. I didn't have to go away altogether and reinvent myself". (4.2)*

The search for a challenge was sometimes connected to an internal conflict between staying clinical and or moving into management roles, as identified by these participants;

"I'm always in two minds about leaving my love of the clinical field behind and doing management." (1.5)

"I think I'm probably at the crossroads as to whether I become a resource manager and manage larger numbers whether that's with [employer] or the private sector. And why I haven't left to date, is because I've kept finding challenges that I've found rewarding." (2.1)

There was clear identification of fulfilment in psychosocial needs resulting from the experience of being valued as a health professional and being respected by colleagues.

"The self satisfaction that I'm doing something worthwhile, that recognition by my peers...." (4.1)

"I'm seen as an expert in the profession (in aged care/rehabilitation), so that's really important to me." (3.2)

Similarly appreciation from clients added to the sense of self worth and satisfaction.

"I do it for my own satisfaction. I do find it extremely rewarding when you do bump into people and they tell you what a difference you made to their lives and how wonderful, you know, how wonderful the unit is." (2.4)

"When you've made some really good gains with clients over the years, and I can still think back to clients I had 20 years ago ... still write me Christmas cards. Yes, so things like that, so, to me that's the most important. To do something for a client and have them to come back and show some gratitude or to say thanks, for me, that's very rewarding." (2.5)

Several occupational therapists reported changing positions to fulfil their personal needs especially in relation to family commitments. Family commitments frequently place far greater demands on women than men and necessarily take higher priority over work. Throughout their working life, many women juggle

these different occupational roles, parenting and professional, and acknowledge that both provide personal satisfaction and growth.

"They were planned breaks to have children so I was able to structure my return fairly easily, to meet my needs rather than the service's needs" (3.5)

"I left [the position] because we were going to have babies, and then came back, to a part time position ... it was a mixture of part time jobs that I was doing, rather than full time when I was coming back off maternity leave ... (2.2)

"So, the part time was useful with juggling children. And I left those jobs to get this promotion." (2.2)

"[its important for] ... work to be able to be flexible enough to fit around my other family commitments." (3.2)

Comparison of themes across the four groups

Although the previously discussed themes were salient across the four groups of occupational therapists, analysis between the groups of occupational therapists raised some interesting considerations. Across the range of practice experience, the word challenge was used repeatedly in the context of pursuing challenges within a profession that offered great diversity, variety and scope. However, closer examination revealed that the word 'challenge' had different contexts and meanings between each group.

For the first group (15 to 19 years of experience), participants reported that the need for seeking challenges related to ensuring competence in clinical practice, of being "stretched" intellectually and to be continually evolving, not being "stuck". The goals for participants with 15-19 year experience was not about being comfortable in their positions, but being aware that real competence in the profession involves life long learning and this is done by taking on challenges, of not being in the one position too long.

In the second group (with 20 to 24 years experience) the reasons for staying in a position was because it provided the therapists with challenges to keep them interested. Being challenged was important to this group because it seemed to reflect a need to continually seek expansion of skills and knowledge, to build professional competence and identity development.

For the third group (25 to 29 years experience), seeking challenges was important to ensure that this development was ongoing; to keep fresh and to prevent burnout. However, the participants in the fourth group (30+ years) referred to seeking challenges in a different context. Challenge to them referred to applying their skills and knowledge in a new way (See table 7).

From the analysis between the groups, there appears to be a progression. Participants in group 1 seek challenges by changing positions, acknowledging that in this diverse profession, competence is not gained by staying in the one place. Group 2 participants view challenges as opportunities to develop skills and knowledge. Group 3 seek out professional development in order to keep fresh and reduce the likelihood of burnout. Group 4 offers a different perspective; having accumulated knowledge and expertise, through diverse of experience continual professional development, more experienced occupational therapists look for new applications and paradigms in occupational therapy as a challenge. The concept of 'challenge' held different meaning for participants in these groups, and by extension provide evidence of different motivations for seeking change.

Table 7: Concept of 'challenge' between groups

Group 1: stretching comfort zones and avoiding complacency

" ... because I don't think it's good to stay in one position for years ... you do need to be able to diversify and stretch yourself and achieve new things." (1.5)

"I thought this new senior role seemed to encompass all those things, so I thought a bit of a new challenge for me is that I had been in the other role so long .... (1.6)

"I like the intellectual challenge... I like feeling very competent and good at what I'm doing and that it makes a big difference to peoples' lives, what I do. (1.5)

"So for me the exciting challenge as well as clinical is the acquisition of new skills that keep me challenged. 1.4)

Group 2: developing skills and knowledge

"So probably for me, that cyclic approach to new challenge, a new skill set, or alternatively another opportunity to hone my own skills set on another problem" (2.1)

"I occasionally feel the need to stretch my mind a bit more" (2.6)

"Everyday I'm learning something, something new that I really haven't done as an OT before" (2.3)

"And I was being a bit frustrated with not learning much and I wanted to go into a new area of practice" (2.3)

Group 3: ongoing development, keeping fresh, avoiding burnout

"For me, it's always been really important to feel like that you're continuing to grow as an OT in terms of your skill base. (3.2)

"I really felt the need to keep learning" (3.2)

"There's always something new to learn or something new to aspire to, to challenge you, keep you on your toes, you're never able to vegetate in the profession. So I think because its been developing that if I stayed in it, its captivated my interests and my staying power. I don't think anybody could be bored. Its certainly not repetitive, its got many dimensions and many facets." (3.4)

Group 4: expertise; applying skills and knowledge in a new way

"The older I've got, or maybe the more experienced – I'm not sure which one it is – but I've preferred those personal challenges and have tried to work out ways of spreading my influence further" (4.1)

"I get satisfaction from being an OT, particularly in areas where it's not well established." (4.1)

"But more positively to pursue – to actively pursue – some new direction or new focus of attention in my life." (4.2)

Discussion

The four themes that emerged from this study highlight a complex interaction of factors that influence occupational therapists' decision to stay in the profession over the length of their working life. Although previous research has focussed on factors that influence job satisfaction and retention, there has been no previous research that specifically addressed professional longevity. This study confirms the findings of Mills and Millsteed, (2002) that retention in the profession is dependent on a combination of professional and personal needs being met by their career choices.

The first two themes, the occupational therapy package and the philosophy of the profession indicate that there are strong influencing factors that are specific to occupational therapy as a career and therefore may not be generalisable to other professions. Occupational therapists find their work interesting, stimulating and diverse and they are able to move within the profession to meet their career aspirations effectively. While the diversity of the profession prevents stagnation and boredom and provides seemingly limitless opportunities, there was clear recognition by participants in this study that occupational therapy had a clear and shared meaning that contributed to their personal sense of identity.

The final two themes, the workplace support and personal factors, may be recognised in much of the literature regarding job satisfaction and retention. These are not specific to occupational therapy although previous researchers have discussed the importance of managerial support and professional development (Mills & Millsteed, 2002; Moore et al., 2006). These findings are similar to those of Stagnitti et al., (2006) who found that allied health professionals would recommend their positions to others if they felt they were rewarding, flexible provided good clinical and management experience, good working environment and support, autonomy and job satisfaction.

The study demonstrates that occupational therapists continue working in the profession when the profession, and the positions they hold, satisfy a complex range of needs. Conversely when individual needs are not met they are more likely to consider leaving the profession, or to change positions. The needs of

experienced health professionals, identified in this study, were largely higher order needs (Maslow, 1954). This finding furthers the suggestion that 'positive aspects of a position can be related to the self-esteem level of Maslow's hierarchy' (Stagnitti et al., 2006, p. 230) and proposes that to enhance professional longevity, self-actualising needs must also be met. The authors propose that generally occupational therapists who have worked for more than 15 years in the profession have met their basic physiological, security and social needs and the focus of life, and therefore employment, is motivated by self esteem and self actualising needs. Feelings of competence, confidence and self-assurance are associated with Maslow's fourth level, where as developing ones potential, taking risks and being self-aware is associated with the self-actualising (Benson & Dundis, 2003).

The occupational therapy profession and employers play an integral role in satisfying these needs for older and more experienced employees by enhancing opportunities for self development and promoting learning that enhances 'life performance' (Benson & Dundis, 2003). Employees with more than 25 years of experience do not need to learn to be better occupational therapists through the acquisition of skills and knowledge in the same way that younger therapists may need. At this stage, high levels of self awareness result in proactive learning and a search for opportunities to engage in a wide range of experiences through which they can apply their knowledge to different situations.

The professional implications of these results, highlights the need for strengthening the professional identity of occupational therapy through marketing. Specifically marketing should aim to increase public recognition of the unique role that occupational therapists take in society. Greater awareness of the philosophy of the profession and the work that occupational therapists do at a societal level will improve job satisfaction of experienced occupational therapists, encourage recruitment into the profession, and increase awareness of consumers, their families and to communities of the value of occupational therapy services.

This study has also provided some insight into the changing needs of more experienced professionals, which contrasts with previous studies that have

focussed on graduates and early career occupational therapists. Although numbers of participants in this study are small there were some clear differences between those who had 15-24 years experience and those that had had 25 years or more experience as occupational therapists. Changes across time may be related to psychological aspects of lifespan development as outlined by Eriksons' psychosocial stages. The seventh life stage, 'Generativity versus Stagnation' begins when adults reach 40 years until retirement and may commonly correspond to approximately 18+ years of experience in the profession. It is important to note that for those who commenced occupational therapy practice later in life, this stage will be reached earlier in their professional career.

As with all of Eriksons' stages of development the conflict encapsulated between the two polarities describe the turning point, both generativity and stagnation are expressed through behaviours and attitudes, and in this seventh stage adults endeavour to balance these opposing states. *Generativity* can be perceived as a strength of this stage that is characterised by the need to be productive, to leave a legacy, a concern for others and for future generations and to contribute to society by giving, enhancing what is known or expressing creativity. *Stagnation* is the vulnerability of those that have had little opportunity to enjoy a productive life, and is characterised by an absorption in ones own needs, being self-centred with a focus on what can be got rather than what can be given, there is an interest in maintaining the status quo (Hamachek, 1990).   For greater details please see Hamachek, 1990.

The application of this psychological theory of development to this study of longevity should be explained. At some point in an occupational therapist's career (for convenience this may be regarded as being more than 20 years) the desire to express *generativity* through work will motivate professionals towards making a difference, not only to the clients and staff that they work with, but at the level of changing the occupational therapy profession or practice. Opportunities to teach and supervise other occupational therapists, research and or develop new and innovative roles for occupational therapy may fulfil these therapist's needs and at the same time benefit the profession. Limiting opportunities for professionals at this stage in their development is likely to result

in self absorption, loss on initiative and feelings of antagonism towards authority figures (Vaillant, 1977 cited in Hamachek, 1990).

In addition to developmental stage, the development of expertise is also associated with increasing experience in a profession. There is debate about the precise relationship between length of experience and expertise. Benner, (1984) found that nurses with greater experience demonstrate higher levels of expertise through more refined problem solving and reasoning skills than novices. While Shanteau et al., (2002), proposes that experience alone is not sufficient, but rather emphasises the ability to be consistent and diverse in treatment options. Regardless of this dispute, occupational therapists who have practised for more than 20 years will have refined their practice skills and have gained a sense of competence in their ability to undertake professional roles. Therefore the motivation to continue in the career must come from an intrinsic desire to express the self rather than to increase their skills, through their work situation. The findings reinforced that longevity in the profession was associated with a sense of personal identification with the profession as expressed by this participant.

> *"My true strong belief in OT and my pride in OT as a profession. And as I said, I really mean that: it is bound in my identity and my feeling of self worth. It might sound very corny, but I really mean it."* (3.7)

Finally the findings of this study may be related to the concepts of generational differences within the population. From this perspective those in the more experienced groups would almost certainly be baby boomers while participants in the two less experienced groups could be members of Gen X and Gen Y. In line with these ideas it may be that Gen X are more concerned with the values of the organisation that they work for than previous generations who valued commitment and longevity (Salt, 2008). When the values of the organisation do not match their own and few opportunities for ongoing learning and development of skills are available, Gen X occupational therapists are more likely to move (McNeese-Smith & Crook, 2003)
.

> *"And I stayed there for five years until ... the centre went through a change of management, and philosophically I didn't feel it was heading in a direction that I could support."* (2.4)

Salt (2008) also suggests that Gen X chase experiences; they like being able to 'cross fertilise' ideas (p70) from one arena to another and this may be more easily achieved by the diversity of occupational therapy than in other professions.

> *"Xers value experience. Xers believe that career progression is best achieved by moving from job to job in a ladder-like spiral ever upwards."* (Salt, 2008 p 256)

Limitations of the Study and Further Research

The study includes 25 occupational therapists with more than 15 years experience in the profession. The focus on longevity meant that all participants had continued in the profession and were generally pleased with their choice of profession and the opportunities that it provided. The study provides no specific information about why people leave the profession other than the comments from participants who provided retrospective comments about times when they had considered leaving. Further studies could compare the views of those that have stayed and those that have left the profession.

It was unfortunate, in view of the findings, that the current age of the participants was not elicited in the data and therefore any discussion regarding developmental stage and generational implications can not be substantiated. Further studies should explore more closely the issue of age, professional experience and retention in the profession. It is clear from this study that the participants who had continued in the profession were satisfied, although the root of their satisfaction may be different according to how long they have practiced. This finding requires further investigation in relation to age. In particular the professional longevity of mature entry professionals would provide an interesting comparison group.

Future Direction

There is a clear indication that as the population ages and health service demand continues to increase there will be a greater need to ensure that experienced occupational therapists continue to practice up until retirement age. Prior to this research, there has been no evidence regarding what motivates older occupational therapists to continue in employment. This study has identified the importance of the diversity of the profession, including flexibility to accommodate employees' family commitments and provide a range of stimulating work experiences.

The notion of 'many professions in one' resonates with the experiences of older therapists. This is in contrast to the idea of a linear progression, within one area of practice, to specialist practitioner as is currently espoused in many health services. Clearly specialist skills are valued, but of equal importance is the ability to move from one area to another and to gain additional skills in new areas of practice. Marketing occupational therapy as a profession may benefit from the concept that one will never be bored as an occupational therapist, because of the abilty to change careers without having to retrain for a new profession.

Similarly filling vacant positions, in areas of high need, and attracting new staff could be more easily achieved if there is a clear indication that occupational therapists who have experience in other areas and are looking for a change or a new stimulus would be encouraged to apply. Generating opportunities to expand professional skills through moving to another area of practice may not only ensure that vacant positions are filled but would provide therapists who are not satisfied with their current positions encouragement to continue in the profession with which they already identify.

As previously stated the role of the professional association has been shown to be valuable in providing professional networks and professional development opportunities. At a time when membership in the professional associations may be declining this finding indicates the important role that professional associations play in marketing the role of occupational therapy to the wider

community and at a political level to ensure that the value of occupational therapy is communicated and acknowledged.

Continuing professional development opportunities need to be provided for various levels of experience in the profession. A focus on new skills and knowledge growth may be relevant at earlier stages of career development, where as opportunities to integrate professional and personal growth are valued by more experienced occupational therapists and are consistent with the findings of this study. The concept of challenge as expressed across the four groups in this study provide a new framework for continuing professional development opportunities and suggest that courses that specifically aim to prevent burnout or stagnation, and encourage innovation may be more appealing to people who have been in the profession for more than 25 years. This is in stark contrast to the current situation where innovative placement and new roles are often seen to be primarily opportunities for students and new graduates, who are often least prepared for the challenges presented. In the future innovative roles could be marketed to older and more experienced therapists with the idea that they have the experience and skills to cope with the challenges of developing new directions for the profession.

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Appendices

Appendix A: Ethics approval notice

JCU
JAMES COOK UNIVERSITY

JAMES COOK UNIVERSITY
Townsville Qld 4811 Australia

Tina Langford, Ethics Officer, Research Office, Ph: 07 4781 4342; Fax: 07 4781 5521

ETHICS REVIEW COMMITTEE				
Human Research Ethics Committee				
APPROVAL FOR RESEARCH OR TEACHING INVOLVING HUMAN SUBJECTS				
PRINCIPAL INVESTIGATOR	**Ms Yvonne Thomas**			
CO-INVESTIGATORS	Miss Kate van Groningen (Public Health, Trop Medicine & Rehab Sciences) & Michele Clark (Queensland University of Technology)			
SCHOOL	Public Health, Trop Medicine & Rehab Sciences			
PROJECT TITLE	**In it for the long run: Factors contributing to workforce longevity in occupational therapy**			
APPROVAL DATE	21 May 2008	**EXPIRY DATE**	31 Dec 2009	**CATEGORY** 1
This project has been allocated Ethics Approval Number with the **following conditions:**			**H**	**2918**

1. All subsequent records and correspondence relating to this project must refer to this number.
2. That there is **NO** departure from the approved protocols unless prior approval has been sought from the Human Research Ethics Committee.

3. The Principal Investigator **must advise** the responsible Ethics Monitor appointed by the Ethics Review Committee:

   - periodically of the progress of the project;
   - when the project is completed, suspended or prematurely terminated for any reason;
   - if serious or adverse effects on participants occur; and if any
   - unforeseen events occur that might affect continued ethical acceptability of the project.

4. In compliance with the National Health and Medical Research Council (NHMRC) *"National Statement on Ethical Conduct in Human Research"* (2007), it is **MANDATORY** that you provide an annual report on the progress and conduct of your project. This report must detail compliance with approvals granted and any unexpected events or serious adverse effects that may have occurred during the study.

NAME OF RESPONSIBLE MONITOR	Parison, Julie
EMAIL ADDRESS:	julie.parison@jcu.edu.au
ASSESSED AT MEETING	*Date:* 30 Apr 2008
APPROVED	*Date:* 21 May 2008
[signature] **Professor Peter Leggat** **Chair, Human Research Ethics Committee**	
Tina Langford Ethics Officer Research Office Tina.Langford@jcu.edu.au	Date: 21 May 2008

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Appendix B: Information sheet

Information Sheet

Dear Occupational Therapist,

You are invited to participate in a research study which aims to examine why Queensland Occupational Therapists chose to stay in the profession for the majority of their professional careers (15-30 years). If you have not been practicing for at least 15 years, please forward this package onto somebody you know who may be eligible.

The research team consists of a senior Occupational Therapy Lecturer and honours student from James Cook University and a Professor from the Queensland University of Technology. On completion of the study the results will be written up as a journal article for publication and a report for the Occupational Therapists Board of Queensland, both of which you will have access to if you wish to find out the results of the study. The Occupational Therapists Board of Queensland is also the funding body of this study.

If you choose to participate in this study, you will be asked to fill out a consent form as well as participate in an in-depth interview that is estimated to run for between 60 and 90 minutes. During the interview you will be asked questions regarding your career satisfaction, and what factors you think contribute to your career longevity. The interview will be audio-taped with your consent and then transcribed. Once the interview has been transcribed you will be asked to check that all the information provided has been interpreted correctly.

All data and transcripts from the interviews will be de-identified prior to member checking, coding and analysis and all raw data that will be collected during this interviews will be stored in a locked box/cupboard in the Occupational Therapy Unit at James Cook University, to maintain confidentiality.

If at any point during the study you wish to withdraw for any reason, you have the right to withdraw, without having to explain yourself.

If you have any questions regarding the ethical conduct of this research project, you may contact the Human Ethics Committee. The contact details of the Ethics Officer are as follows:

Ethics Officer: Ms Tina Langford
Address: Research Office, James Cook University, Townsville, QLD, 4811
Phone: (07) 4781 4342
Fax: (07) 4781 5521
Email: Tina.Langford@jcu.edu.au

If you require further details about the study or wish to ask any questions regarding the study, feel free to contact any of the three investigators. Each investigators detail's are as follows:

Primary Investigator: Ms Yvonne Thomas
Phone: 07 4781 6280
Fax: 07 4781 6868
Email: Yvonne.Thomas@jcu.edu.au

Secondary Investigator: Professor Michele Clark
Phone: 07 3138 3525
Fax: 07 3138 3369
Email: Mj.clark@qut.edu.au

Secondary Investigator: Miss Kate van Groningen
Phone: 0402 416 419
Email: kate.vangroningen@jcu.edu.au

We thank you for your time

Appendix C: Consent form

INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR	*Yvonne Thomas*
PROJECT TITLE:	*In It For The Long Run: Factors Contributing to Workforce Longevity in Occupational Therapy*
SCHOOL	*School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University*
CONTACT DETAILS	*Phone: 07 4781 6280* *Fax: 07 4781 6868* *Address: SPHTMRS* *James Cook University* *Townsville* *QLD 4818*

I understand the aim of this project is to examine why Occupational Therapists who have been in the profession for the majority of their professional careers (15-30years) choose to stay. I understand the examination will aid in determining the factors that lead to prolonged retention in the Occupational Therapy workforce.

I understand the project will require me to give up 60-90minutes of my time for an in-depth interview. With my permission the interviews will be audio-taped and then transcribed for analysis. Prior to the investigators analysing the data from the interviews I will be asked to read over the transcribed version of the interview and confirm that it has been interpreted as I wanted and as I meant it to be.

The results of the study will be written up as a report for the Occupational Therapists Board of Queensland and be submitted for publication as a journal article, and I understand that I will also have access to the results of the study.

Please circle your years of experience, as a 'working' Occupational Therapist before returning this consent form.

15-19 years	20-24 years	25-29 years	30+ years

The aims of this study have been clearly explained to me and I understand what is wanted of me. I know that taking part in this study is voluntary and I am aware that I can pull out of the study at any time and may refuse to answer any questions.

I understand that any information I give will be kept strictly confidential and that no names will be used to identify me in this study without my approval.

I consent to participating in an in-depth interview	Yes	No
I consent to being audio-taped during the interview	Yes	No
I consent to having my interview transcribed	Yes	No

Name: (printed)	
Signature:	**Date:**

Appendix D: Question prompt sheet

Interview Question Prompt Sheet

(Reminder: able to withdraw for any reason throughout the interview)

1. What is your current job title?

2. What area of the health sector are you working in? For example, hospital, private practice, rehabilitation, management, education, non-government organisation etc?

3. What sort of work does your current position involve? For example, inpatient, outpatient, community etc

4. Do you have direct contacts with clients?   Yes/No

5. If yes, what sorts of clients do you work with? For example; mental health, neuromuscular, burns etc.

6. If no clients, tell me how would you describe your current position? Eg management, educator

7. How long have you worked for your current employer?

8. During this time has your position changed and how? Eg promotions, change of department

9. How many different positions have you worked in since you have been an occupational therapist?

10. And looking back, can you tell me about those previous jobs? What did they involve and why did you stay in some and leave others? You can work backwards.

11. Looking back, what do you think has been important for you in your decision to stay in certain positions, or change jobs? (What factors have influenced your decisions?)

12. Have you had any major breaks from the profession? If so, why? (babies, holidays, change in profession?)

13. What influenced your decision to return to the profession? (Finances, enjoyment) [If finances weren't a problem, would you have still returned to OT?

14. When you graduated, how long did you think you would be an OT for? Did you think you would still be an OT now?

15. Have you ever thought about changing professions? If so, what other career paths have you considered and why didn't you leave?

16. MAIN QUESTION: what factors have made (enabled) you to stay in the profession for as long as you have?

17. OPTIONAL: Can you tell me what role you think job satisfaction has played in keeping you in the profession?

18. What is most important to you in relation to practicing as an occupational therapist? Eg; respect, pay, flexibility

19. What is the one thing that you *enjoy* most about being an occupational therapist and what is the one thing you find most *rewarding*?

20. What do you think would make the profession (or even your current position) more enjoyable? Or rewarding?

21. Tell me about the areas you think need improving.

22. What factors do you think would cause you to leave the profession? Eg; change of location, spouse's job, pay, change of lifestyle?

23. How long do you think you will stay in your current position?

24. How long do you envision yourself staying in occupational therapy?

25. Is there anything else you would like to add at this point in time?