

Professional Survival: Why do Occupational Therapists Leave the Profession?

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Introduction

Health workers are experiencing increased stress and insecurity due to demographic (e.g., aging population as well as healthcare workforce) and epidemiological trends (e.g., SARS, surveillance, etc.), expenditure policies (e.g., reduction in staffing), technological advancements and client expectations.¹ Over the past 15 years the health care system has undergone considerable restructuring, including policies to shift care from hospitals to communities and increases in casual employment. How have these and other factors affected the rate of occupational therapists exiting the profession?

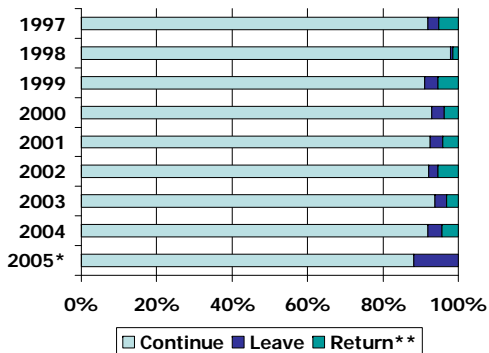
Objective

The purpose of this analysis is to determine how employment and personal factors affect exit rates of occupational therapists.

Methods

A longitudinal database of 5316 occupational therapists registered in any year from 1997 to 2006 was constructed in partnership with the College of Occupational Therapists of Ontario. Exit rates from the profession during this time period were calculated using the Extended Cox Model. The explanatory variables used in the analysis include age group, gender, sector, employment status, highest education, position, funding source, self-employment, and cohort (inclusion in the database as of 1997).

Figure 1: Proportion of OTs who Continue Registration, Leave, and Return



*Unable to determine if OTs who left in 2005 returned
 ** Return – left for at least one year then reregistered with COTO

Results

Table 1: Analysis of Maximum Likelihood Estimates

Variable	Coefficient Estimate	Standard Error	P-value	Adjusted Hazard Ratio	95% Confidence Interval
CCC/LTC Sector ^a	0.05787	0.12209	0.6355	1.06	0.834, 1.346
Community Sector ^a	0.07967	0.05721	0.1637	1.083	0.968, 1.211
Other Sector ^a	-0.00607	0.06656	0.9274	0.994	0.872, 1.132
Casual^b	0.66957	0.10025	<.0001	1.953	1.605, 2.378
Part Time^b	0.1838	0.05168	0.0004	1.202	1.086, 1.33
Under 30^c	0.74135	0.08696	<.0001	2.099	1.77, 2.489
30 to 39^c	0.67559	0.07243	<.0001	1.965	1.705, 2.265
50 to 59^c	0.45886	0.10043	<.0001	1.582	1.3, 1.926
60 and over^c	1.28519	0.14035	<.0001	3.615	2.746, 4.76
Diploma ^d	0.03563	0.09512	0.7079	1.036	0.86, 1.249
Master Degree ^d	0.11881	0.05748	0.0387	1.126	1.006, 1.26
Manager ^e	0.06652	0.10829	0.539	1.069	0.864, 1.321
Researcher/ Educator ^e	-0.01669	0.16752	0.9206	0.983	0.708, 1.366
Other Title ^e	0.08117	0.13261	0.5405	1.085	0.836, 1.406
Private Funding ^f	-0.01951	0.06809	0.7744	0.981	0.858, 1.121
Mixed Funding^f	-0.15054	0.06964	0.0306	0.86	0.75, 0.986
Number of Employers^g	-0.14265	0.06573	0.03	0.867	0.762, 0.986
Sex ^h	0.07942	0.09877	0.4214	1.083	0.892, 1.314
Cohortⁱ	-0.1824	0.05204	0.0005	0.833	0.752, 0.923
Self-Employed^j	-0.20755	0.05995	0.0005	0.813	0.722, 0.914

a = reference group is Hospital and Institutions Sector; b = reference group is Full Time Employment Status; c = reference group is 40 to 50 Age Group; d = reference group is Bachelors Degree; e = reference group is Direct Client Care; f = reference group is public funding; g = reference group is One Employer; h = reference group is male; i = reference group is people who started after 1997; j = reference group is people who are not self-employed for either their primary or secondary employer

Table 2: Linear Hypotheses Testing Results

Group	Variables in Group (Reference group in <i>italics</i>)	Wald Chi-Square	P-value
Education	Diploma, <i>Bachelors Degree</i> , Masters Degree	4.3013	0.1164
Employment Status	<i>Full-Time, Part-Time, Casual</i>	50.8341	<.0001
Sector	<i>Hospital, CCC/LTC Community, Other</i>	2.5068	0.4741
Age Groups	<i>Under 20, 30 to 39, 40-49, 50 to 59, 60 and over</i>	135.9354	<.0001
Title	Manager, <i>Direct Client Care</i> , researcher/ educator, other title	0.7463	0.8623
Funding Source	<i>Public, Private, Mixed</i>	4.7509	0.093

Discussion

The majority of occupational therapists continue to practice in Ontario year after year (Figure 1). The proportion of occupational therapists who leave or leave and return during the study period is approximately 10% each year.

Significantly higher hazard ratios (Table 1) were found for occupational therapists who were employed part-time (1.2 times more likely to leave than full-time occupational therapists, $p < .0001$) and casual (2.1 times more likely to leave than full-time occupational therapists, $p < .0001$). Master's-trained occupational therapists were also slightly more likely to leave (1.1 times more likely to leave than Bachelor's-trained occupational therapists, $p = .0387$). More over, compared to occupational therapists in their forties, those under age 30 were 2.1 times more likely to leave ($p < .0001$), those in their thirties were 2.0 times more likely to leave ($p < .0001$), those in their fifties were 1.6 times more likely to leave ($p < .0001$), and those 60 years and over were 3.4 times more likely to leave ($p < .0001$).

In contrast, being funded by a mix of public and private sources had a protective effect (1.2 times less likely to leave than those with only public funding, $p = .0306$). In addition, those in the database in 1997 were 1.2 times less likely to leave than those who entered the study in later years ($p = .0005$). Moreover, occupational therapists with multiple employers were 1.2 times less likely to leave than those with only one employer ($p = .03$), and occupational therapists who were self-employed were 1.2 times less likely to leave than those who were not self-employed ($p = .0005$).

Conclusions

Job stability through full-time employment and career investment through self-employment significantly increase the likelihood of occupational therapists remaining in the profession. Lack of stability disproportionately affects the youngest and oldest cohorts, which, if not addressed, may adversely affect the supply of occupational therapists.

Reference:

1. The World Health Organization. (2006) *The World Health Report 2006-Working Together for Health*. Available at: <http://www.who.int/whr/2006/en/>

For more information, please see: www.teamgrant.ca
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