

The Retention of Ontario Occupational Therapists across Employment Settings

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Purpose

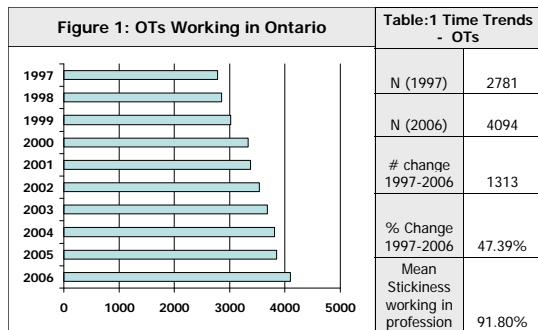
Occupational therapists (OTs) provide services and technologies to overcome barriers and enable people to participate in the occupations which give meaning and purpose to their lives. OT services are delivered in a variety of different settings. As care moves from hospitals to home and community, do OTs move accordingly? This study analyzes retention trends (1997-2006) across sub-sectors, positions and employment status (FT/PT/casual).

Methods

To practice in Ontario occupational therapists must register with the College of Occupational Therapists of Ontario (COTO). In partnership with COTO, we constructed an anonymized longitudinal database from COTO's administrative data (1997-2006).

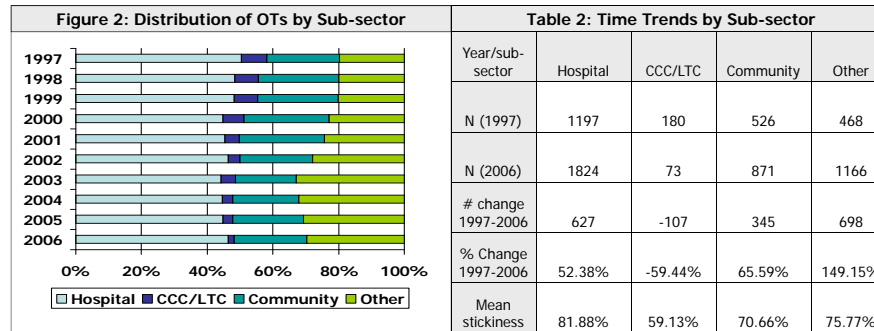
Stickiness is defined as the transitional probability of a OT working in a given setting in year "t" remaining in the same setting in year "t+1". Retention across employment settings was determined by calculating stickiness by **sub-sector** (hospital, chronic care centre/long-term care, community, and other), **position** (direct client care, manager/ administrator, educator/researcher, and other), and **employment status** (full-time, part-time, and casual).

1: OTs Working in Ontario

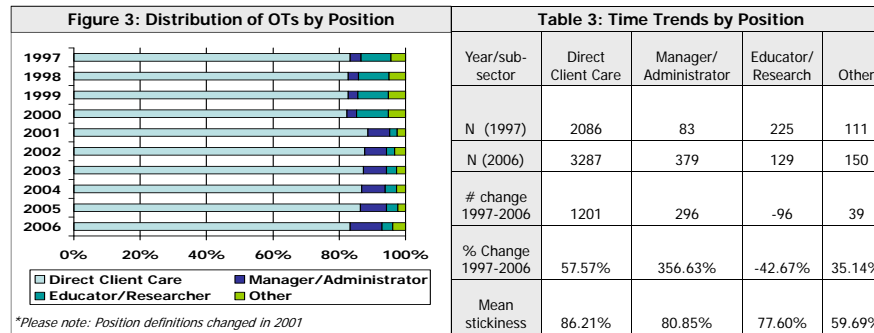


Results

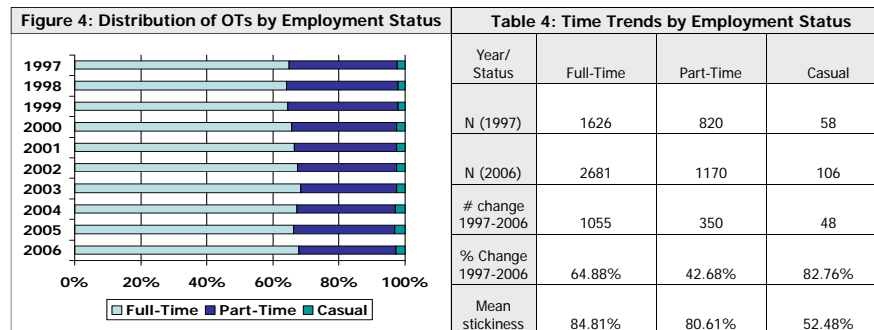
2: Distribution of OTs by Sub-sector



3: Distribution of OTs by Position



4: Distribution of OTs by Employment Status



Discussion

The number of OTs practicing in Ontario has increased substantially from 1997 to 2006 (Figure 1). Mean stickiness for working in the profession is high (Table 1). The retention rate may in fact be higher since maternity and parental leaves were not accounted for in these data.

The majority of OTs continue to work in hospitals (Figure 2). Retention varies, with stickiness being 82% in the hospital sub-sector, 76% in other, 71% in the community sub-sector, and 59% in the (shrinking) LTC institutional sector. Note that a low stickiness in an expanding sector implies the need to fill new jobs; in contrast, a shrinking sub-sector may force workers to change jobs even if they would rather not do so.

There is also high stickiness in the nature of the jobs (Figure 3), with 86% of those providing direct client care continuing to do so. Those working in other capacities show high, but somewhat lower, stickiness.

The number of full-time positions for occupational therapists increased by 65% during the 10 year study period (Figure 4), with part-time and casual employment positions also increasing. However, casual employment (stickiness 52%) seems less desirable than either full-time (85%) or part-time (81%) employment (Table 4).

Conclusions

Despite the rhetoric of shift from hospitals to community and home, hospitals appear to be the most attractive site for OTs, as shown by the high stickiness. Indeed, employment in the hospital sub-sector has increased over the study period.

In general, there is a high ability of this profession to retain its work force over the period under study. However, casual employment appears to be less desirable, and a relatively high proportion of those working casual do not remain in that employment status.

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