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A Look at the Job Market for OTs and OTAs

By Laura Collins

This is a great time to be an occupational therapy practitioner. Not only has the job market grown over the past few years, but the U.S. Bureau of Labor Statistics predicts that the demand for both occupational therapists and occupational therapy assistants will grow by 34% between 2004 and 2013.¹

Program Enrollment Trends

One reflection of the demand for occupational therapy practitioners is enrollment in educational programs. In recent years the vast majority of both occupational therapy (OT) and occupational therapy assistant (OTA) programs have seen an increase not only in student applications, but in job offers to new graduates. To wit:

- Thomas Fisher, PhD, OTR, CCM, FAOTA, associate professor and chair of the Department of Occupational Therapy at **Indiana University–Purdue University Indianapolis**, notes that his program had 78 applications, 56 of whom were qualified (observation hours, minimum of 3.0 GPA, pre-reqs, etc.) for 32 slots for admission in summer 2007. All the students who graduated in May 2007 had either accepted positions or had received two to three offers.
 - Brenda Lyman, OTR/L, program coordinator of the OTA Program at **Salt Lake Community College** in Utah, says her students receive offers before graduation, often as aides conditional to moving to an OTA position after becoming certified. Because state licensure restricts OTs from supervising more than two OTAs, Utah is also experiencing a shortage of OTs.
 - At the School of Occupational Therapy at **Pacific University College of Health Professions** in Hillsboro, Oregon, program director and associate professor John White, Jr., PhD, OTR/L, notes an approximately 40% increase in applications over
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last year, with many graduates receiving multiple job offers.

- Glen Goodman, PhD, OTR/L, associate professor and director of the Occupational Therapy Program at **Cleveland State University in Ohio** notes that there were only 11 applications and 9 students enrolled in 2004, compared with 50 applications and 32 enrolled in 2007. At press time there were more than 50 applications for 2008.
- The Occupational Therapy Department at **Duquesne University in Pittsburgh** is using exit surveys completed immediately before graduation and alumni surveys to track hiring trends among its graduates. Preliminary data from the 2007 alumni survey (for graduates from 2001 to 2006) indicate that 100% of the respondents are employed. Of the respondents, 93% had secured employment within 3 months of graduation.
- Jana Cragg, MA, OTR, program director for the Occupational Therapy Assistant Program at **St. Philip's College in San Antonio, Texas**, notes that students are being offered jobs while completing Level II fieldwork, and that all the May 2006 graduates who passed the exam and want to work are employed. Betsy Jones, MS, OTR/L, has had the same experience at **Erie Community College in Buffalo, New York**. "We are looking at 100% placement rate over the last 2 years. Facilities go more than a year looking for COTAs and are turning to our graduates," she says

Even areas whose economy is generally depressed are seeing student increases. At 6.9% Michigan has the highest unemployment rate in the nation,² yet Jo Anne Crain, PhD, OTR, dean and program director of the Master of Occupational Therapy Program at **Baker College of Flint** has seen a 30% increase in enrollment in the past year and anticipates an increase of 20% for 2007–2008. More importantly, 100% of the eligible graduates were employed within 6 weeks of graduation, many with multiple offers. Joseph Pellerito, Jr., MS, OTR, CDI, program manager and associate professor in the OT Program at **Wayne State University** in Michigan says enrollment is up 100%. Judith Bowen, MPA, OTR, CHPT, FAOTA, chair and associate professor of the Department of Occupational Therapy at the **University of Texas–Pan American in Edinburg, Texas**, notes that because the Rio Grande Valley is a medically underserved area, their students are getting job offers before they finish fieldwork. This isn't so surprising when Bowen points out that there are only 300 OTs and OTAs for a population of more than a million people, 50% of whom live at the poverty level. In fact the program was established to be an opportunity for peo-

ple who couldn't afford to go anywhere else for their education and training, and most do stay in the Valley to practice.

And new programs are starting. Karen Picus, EdD, OTR/L, is the director of the 2006-accredited School of Occupational Therapy at **Touro University in Las Vegas, Nevada**. She points out that "there has not been an educational program for the professional level occupational therapist in Nevada in its history, so there is pent-up demand for OTs here."

How are schools reacting to the enormous increase in applicants? The Department of Occupational Therapy at the **University of Florida in Gainesville** is one of many programs that requires applicants to volunteer in an area of occupational therapy before applying. Joanne Foss, PhD, OTR, assistant dean of academic affairs and director of professional programs says volunteering helps applicants know what they want when they start the program. The disadvantage is "they see one area of OT and are not as open to others as they could be," says Foss. In response, applicants may be required to volunteer in several different areas of practice.

"We have students who come to the program convinced that they're only going to work in acute care after doing volunteer work there. Then they do a pediatric practicum and at least five or six will say, 'I never thought I'd like peds but I love it,'" says Foss. "I think the same will happen with geriatrics," which could be a lucrative choice for those who stay in Florida.

Jane Case-Smith, EdD, OT, professor and director of the Division of Occupational Therapy in the School of Allied Medical Professions at the **Ohio State University in Columbus** also sees graduate students who "are coming in quite focused on what they want to do," including their area of specialization.

She notes that the first class in the MOT program had 18 students, then subsequent classes had 27, 29, and now 35 students. For the summer 2007 sessions the numbers are even higher, in part because fewer students are declining slots after acceptance—another sign of their strong focus.

"There's been a turnaround in the profession," says Case-Smith. "Our students are getting five or six offers each. With master's entry we no longer say they have to work in a hospital first to get grounded in basic practice. We're seeing our graduates succeed in every area."

Many programs are seeing a resurgence after several years of fewer applications. Becky Robler, MEd, OTR, coordinator of the Occupational Therapy Assistant Program at **Pueblo Community College** notes that at one time there were five OTA programs in Colorado, but Pueblo's is the only one that didn't close during the

years of declining applicants. She notes, “our graduates are getting jobs quickly, even though most won’t [relocate]. Employers are offering sign-on bonuses and are actively recruiting our graduates again.” Jeremy Keough, MSOT, OTR/L, OTA program director at **Roane State Community College** in Oak Ridge, Tennessee, is seeing the same phenomenon. His is one of only two OTA programs in the state, after two others closed. In the fall of 2006 it had its first full class since 1998.

Interestingly, some schools are seeing a delayed response to the job downturn of several years ago. Rae Ann Smith, MEd, OTR/L, is the OTA program director at **Allegany College of Maryland** in Cumberland. She says that in the past fiscal year they lost their status with Manpower Shortage, a program that allows students who live anywhere in the state to pay in-county tuition for programs addressing statewide-designated manpower shortages. “For some reason, last year OT and OTA were taken off that list. We can’t understand it because there’s a huge need for those professionals right now,” she says. “We were able to get designated under another state program to offer in-county tuition for Maryland residents but it’s the principle.” She notes that although the OTA market was not strong several years ago, most of their graduates now have a job within the 2 months of graduation even though they are in a rural area and are not willing to relocate.

Positioning for the Future

Karen Vance, OTR, is a supervising consultant to BKD, LLP in Springfield, Missouri, and the communication liaison for AOTA’s Home & Community Health Special Interest Section. She emphasizes the enormous opportunities for occupational therapy practitioners in Medicare-certified home health.

Why? Vance explains that the October 1, 2000, implementation of the Home Health Prospective Payment System (PPS) led to a 180° change in financial incentives. Due to a change in the reimbursement system, suddenly the focus became client participation and independence, rather than simply client care.

So why aren’t practitioners flocking to this area of practice? Virtually every sector of health care requires outcomes measurements, and in Medicare-certified home health data are collected through the Outcomes and Assessment Information Set (OASIS). Vance points out that due to confusion as OASIS was implemented, many occupational therapists don’t know, and don’t want to learn, how to use it. In fact Vance recalled an agency that wanted to hire an occupational therapist but decided to hire a physical therapist instead because

they could not find an OT who could do the OASIS. Yet of the 10 publicly reported outcomes measured by OASIS, 7 are activities of daily living. “Why OTs are not the star of this show, 7 years [after Home Health PPS], I don’t know,” says Vance. “We’ve got a whole population of aging people out there who are not going to choose any of our current options because they want to age in place. If Medicare-certified home health is one of our largest venues for serving seniors, when we get to the point where the medical model is not going to be acceptable for our aging seniors, what better discipline to be in that venue to bridge from medical model home health delivery to aging in place than OT?”

Dave Boerkoel, vice president of clinical operations at Paragon Rehabilitation in Nashville, Tennessee, agrees with Vance that geriatrics is a long-term growth area for the profession. He points out that the fastest growing sector of the U.S. population is those aged 85 and older, followed by the aging baby boomers. Even with the reimbursement restrictions of the past few years, he predicts that there will be a strong need for practitioners in geriatrics for the foreseeable future.

Another growing practice area is pediatrics. Micheal Berthelette, MSM, OTR/L, senior vice president of Progressus Therapy in Tampa, Florida, points out that reauthorization of the Individuals with Disabilities Education Act³ and No Child Left Behind⁴ means that “our roles have expanded in the school systems. Practitioners are more in demand because they’re supporting the whole academic achievement and functional performance of the child in the classroom, versus before when we were more of a medical pull-out model.”

Selecting the Right Position

When getting multiple job offers, it is tempting for candidates to select a position based solely on salary. But doing so may not result in a satisfying career. As a candidate, how can you increase your chances of loving your job, in addition to loving your salary?

At the time of this interview, Michael Fletcher was the senior director of recruiting for Genesis Rehab (he is now the director of recruiting for Therapy Management Corporation). He acknowledges that practitioners need to commit to a setting that “supports them, mentors them, helps them, and gives them a good solid foundation.

“We have to offer competitive salaries,” he says, “but we also have to be cautious with our dollars. A company like Genesis invests a lot of money in our clinical programs, in our mentoring program, in continuing education, in master clinician programs, in technology—we are very clinically focused.”

Boerkoel agrees that job seekers need to look at the big picture. He notes that if the facility's practice manager is not an occupational therapist (which is more and more common) candidates need to think about where their OT mentoring is going to come from. "If you're an OTA this consideration is particularly important if your manager is not an occupational therapist," he notes, "especially if the practice uses PRN occupational therapists for the evaluations, recertifications, and supervision. You will need to determine if it's the same person coming in all the time." In addition, look at the entire benefits package and not just the salary.

Boerkoel also recommends going on multiple interviews, even if the first position seems perfect.

"Inevitably, something will come up at a second or third interview and it's going to hit you—I should have asked that at the first one," he says. Having a plan will make the process easier, so he recommends making a list of priorities of what you want in a job. After each interview, go through the exercise of comparing what the company has to offer with your list. "If you don't go through the discipline of systematically evaluating companies, you may not make as good a decision," he cautions. And be sure to ask to talk to someone who's part of the team, especially an OT or OTA, for a wider perspective on the work environment. "Multiple job offers are wonderful, but they can create a 'what can I get out of this job?' mindset," Boerkoel continues. "Instead, thinking 'what can I contribute to this job?' will likely lead to greater long-term satisfaction. You got into the profession to contribute something. Can you grow and become the kind of therapist you want in this setting? Will you be able to contribute your ideas to program development? Sometimes it's easy not to think about what will make you a good clinician when you have five companies who are making you wonderful offers."

Boerkoel and Fletcher both point out that one of the most important determinants of employee satisfaction is the orientation and training, both at the beginning of a job and throughout one's career. For example, new occupational therapy grads should ask whether they will be supervising an occupational therapy assistant right away, and what kind of guidance will be available. "If you have never supervised before it can be very challenging, particularly since you will also be learning how to be a good occupational therapist," says Boerkoel.

Berthelette says that Progressus has developed a Career Launch program for first year occupational therapists in school-based services, during which the company assigns each with a personal mentor. "We've created a network of clinicians who have stepped up and said

they wanted to be mentors to our mentees," he says. "We think it's a successful program because we would do new grads a disservice by putting them in challenging positions where they don't have that support network."

Staying on Top

So you've found the perfect job. How do you position yourself to stay ahead of the curve?

One way is to keep the profession strong by supporting AOTA. "The biggest thing AOTA does is to position the profession based on the trends we see," says AOTA Executive Director Fred Somers. "That's what the Centennial Vision is all about: We looked at trends and decided how those spell opportunities for the profession—where the emerging needs of society dovetail with the skills of the profession in health, wellness, and participation. As part of this, the work we're doing in advocacy and public awareness creates explicit links for our publics. For example, our strategic partnership with AARP on older drivers and aging in place promotes to consumers how occupational therapy practitioners can help them remain independent and participate in their communities as they age."

AOTA also offers tools to support members. The Evidence Based Practice Resources, available at www.aota.org, include the Evidence Briefs Series and the EBP Resource Directory. Both contain an enormous amount of information on using evidence, an essential component of best practice. Berthelette emphasizes that "[employers] are really challenged to find talented therapists who are providing services from an evidence-based practice approach: looking at the evidence to see if what we're doing in therapy is really working." However, he is quick to add that "by evidence-based I don't mean that therapists are having to do clinical research in their school districts. It's really combining the occupational therapist's individual clinical expertise with the best available evidence or research they're able to find to show that what they're doing is effective."

Practitioners should also look to their communities at large to take advantage of trends and opportunities. "OTs already have an understanding of the complexity of occupational performance and participation involving the person and the activity and the environment," says AOTA President Penny Moyers, EdD, OTR/L, BCMH, FAOTA. "If they really want to always be in a position of demand, we all need to spruce up our knowledge of the impact of the environment and how to make changes to enhance participation. I think that where the next demand is really going to be is communities: How to keep organizations and communities positioned so that everyone can participate."

Moyers believes that knowing how to change environments to increase participation, and being able to facilitate team efforts to get communities working on these issues, is huge. There are concrete examples of this movement all around us. For example, she points out that many places of worship are emphasizing improving participation among their members. “This [emphasis] is going to be really big as people age. If we’re good at improving participation, we’re always going to have a job,” she adds.

But what if you don’t specialize in community-based practice? “We all have to think about participation,” says Moyers. “Even when we’re working with clients in acute care, the ultimate question is, what’s going to happen to them wherever they go? How can we facilitate the right sort of environment for them to be able to participate and perform?” She notes that research continues to indicate that real change comes in the real environment, so therapists cannot rely on simulated activities for interventions.

“We need to be able to work for organizations and populations,” she says. “Even in acute care we all have ideas about what population is accessing our facility. What are the disease patterns in your community? How can you get involved in health promotion and prevention and really improve people’s health in the long run? I see hospitals taking more aggressive roles in managing people’s total health. The move is toward putting together a total, portable health care plan that follows [clients] to wherever their resources are. OTs need to take a much larger role in that area: It’s really about lifestyle and managing the environment.”

References

1. U.S. Department of Labor, Bureau of Labor Statistics. (2005). *Table 1: Fastest growing occupations covered in the 2006–07 occupational outlook handbook, 2004–14*. Retrieved March 15, 2007, from <http://www.bls.gov/news.release/ooh.t01.htm>
2. U.S. Department of Labor, Bureau of Labor Statistics. (2007). *Unemployment rates, seasonably adjusted*. Retrieved March 29, 2007, from <http://www.bls.gov/lau/home.htm>
3. Individuals with Disabilities Education Improvement Act of 2004. Pub. L. 108-446.
4. No Child Left Behind Act of 2001. Pub. L. 107-110.

For More Information

2006 Occupational Therapy Workforce and Compensation Report (with CD-ROM). American Occupational Therapy Association, 2006. Bethesda, MD: American Occupational Therapy Association. (\$49 for members, \$69 for nonmembers. To order, call toll free 877-404-AOTA or shop online at www.aota.org. Order #1100)

Laura Collins is the editor of *OT Practice* magazine. This article originally appeared in the June 11, 2007 edition.

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