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## Not Just Women's Work: Recruiting Men to Occupational Therapy

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### Abstract

Compared to women, men are less likely to become occupational therapists (OT). To have a more diverse workforce, and to relate to various patient groups, reasons men do not enter the field of OT must be better understood. Our study compares men and women in their familiarity with OT and desire to work in the field. Data were gathered using an online, self-report survey administered to students at a public university in the southeast. The sample included 334 undergraduate students who were in majors that often serve as feeder programs to OT graduate programs. The average age was 19.8 years ( $SD = 3.84$ ). A majority of the students were women (80.1%). Ratings of familiarity with OT or interest in OT were generally low, with no significant differences between men and women. Women were more likely to endorse a calling orientation (i.e., work brings fulfillment to life) to their work, while men were more likely to endorse a career (i.e., advancement indicates achievement) or job orientation (i.e., the job is a means to an end). Career orientation predicted a greater interest in entering healthcare for men, but not women. More broadly, men and women may be interested in healthcare for different reasons, and this information needs to be utilized in marketing the profession.

### Keywords

Career choice, education, mainstreaming, men, occupations, occupational therapy

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## Not Just Women's Work: Recruiting Men to Occupational Therapy

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### ABSTRACT

Compared to women, men are less likely to become occupational therapists (OT). To have a more diverse workforce, and to relate to various patient groups, reasons men do not enter the field of OT must be better understood. Our study compares men and women in their familiarity with OT and desire to work in the field. Data were gathered using an online, self-report survey administered to students at a public university in the southeast. The sample included 334 undergraduate students who were in majors that often serve as feeder programs to OT graduate programs. The average age was 19.8 years ( $SD = 3.84$ ). A majority of the students were women (80.1%). Ratings of familiarity with OT or interest in OT were generally low, with no significant differences between men and women. Women were more likely to endorse a calling orientation (i.e., work brings fulfillment to life) to their work, while men were more likely to endorse a career (i.e., advancement indicates achievement) or job orientation (i.e., the job is a means to an end). Career orientation predicted a greater interest in entering healthcare for men, but not women. More broadly, men and women may be interested in healthcare for different reasons, and this information needs to be utilized in marketing the profession.

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### Introduction

#### Diversity in Occupational Therapy

The American Occupational Therapy Association's (AOTA) *Vision 2025* incorporates a commitment to the occupational therapy (OT) community and to the world to "increase diversity, equity, and inclusion in all aspects of OT, including practice, education, and research, as well as policy development and advocacy" (AOTA, 2020, p. 1) In essence, AOTA's *Vision 2025* asserts that diversity within the OT field, inclusive of occupational therapy assistants (OTA), is crucial to help *all* members of society who may need help

with daily living activities. Wilbur and colleagues (2020) noted that differences in healthcare and health overall are often due to mistrust of health care providers from different backgrounds; underrepresented populations are more likely to seek care from, and have better overall experiences, with healthcare providers who have similar social identities (Gilliss et al., 2010). Saha and Shipman (2006) even noted an increase in quality of care when the demographics of the patient and provider were similarly matched. Thus, it is imperative that the OT field diversifies itself to best represent, and subsequently serve, all of humanity.

The present paper took a closer look at how to diversify one area of OT: the inclusion of men within the field. As such, we focused on perceptions of OT as a field and investigated reasons why men may enter the field at a lower rate. As diversity-focused scholars, we want to be clear that in this study we were not purposefully ignoring how OT needs to engage in growth in race and ethnicity (Brown et al., 2021; Ford et al., 2021; Grenier et al., 2020), disability, religion, national origin, or any other form of diversity growth. In fact, as someone (first author) who researches sexism and the structural and systemic reasons behind it in the workforce and in society, propositioning for the *addition* of men in a field felt wildly outside of my normal work. However, we argue below that the inclusion of men is necessary for the field to effectively reach all members to help achieve AOTA's vision.

### **Representation of Men in OT**

Early in its history, OT was a female dominated profession for two main reasons: (1) a significant proportion of men were fighting in World War I, and (2) women were considered to have a better bedside manner (Diasio, 1971). AOTA explicitly stated from 1900-1930 that they were recruiting women only (Colman, 1990); even if men had interest in the field, they were not sought after to join (Coleman, 1990; Robinson, 1981). Maxim and Rice (2018) argued that the lack of men in OT has continued to the present because the role of helping has been stereotyped as a woman's craft and is portrayed as a profession that should be reserved for women.

Although there have been calls to increase the number of men in the field of OT (Bohn et al., 2019; Readman, 1992; Rider & Brashear, 1998), it is clear that recruitment of men has been slow. As of five years ago, men made up only 6% of OTs in the United States (Bureau of Labor Statistics, 2021). In the most recent AOTA Academic Programs Annual Data Report (2020) from academic year 2018-2019, only 9% of doctoral students were men, 10% of master's degree students were men, and 14% of OTA students were men. The faculty teaching these students had similar gender disparity with only 13% of faculty being men.

### **Why Men?**

Underrepresented populations have more positive interactions with and often receive better treatment from medical professionals with similar identities (Gilliss et al., 2010; Saha & Shipman, 2006; Wilbur et al., 2020). While men are not underrepresented in the United States in particular, men are significantly less likely than women to make and attend doctors' appointments for *both* preventative and treatment care (Courtenay,

2003; Gast & Peak, 2011). Courtenay (2000) noted that men are significantly more likely than women to engage in behaviors which increase the risk of extensive injury, disease, and/or death. As such, men may often need the help of OTs to regain daily life abilities (Seymour-Smith et al., 2002). Therefore, men may be more likely to seek and stay committed to treatment if they have a male OT who shares similar experiences (Gast & Peak, 2011).

Many assume that men are not interested in OT careers because of its inherent helping nature (Maxim & Rice, 2018). However, from the perspective of male OTs, Bohn and colleagues (2019) and Rider and Brashear (1988) found that men often do not list gender as a reason for choosing (or not choosing) OT as a career path. Rather, the men surveyed often endorsed reasons like skill alignment (e.g., working with clients), availability of jobs, and job security as most compelling. This lack of gender-stereotyped perception of OT was supported by a recent study by Maxim and Rice (2018). They found that both men *and* women working in the field of OT disagreed with the idea that OT was a “woman’s profession or a man’s profession” (p. 4) and were neutral in their belief that society viewed their field as stereotypically-feminine. However, all participants disagreed with the notion that society viewed the field of OT as stereotypically-masculine. The first aim of our paper was to reproduce and expand these findings by evaluating perceptions of OT as a field among students who are majoring in disciplines which are often “feeders” into OT graduate programs (e.g., psychology, biology, health and human performance). We further considered a few other reasons why men may be less likely than women to enter the field of OT, including, a lack of knowledge about the field (Maxim & Rice, 2018) and general orientations toward work (i.e., as a job, career, or calling).

### ***Lack of Knowledge about Occupational Therapy***

In a large sample of OTs, Maxim and Rice (2018) found that all respondents agreed that both the general public *and* physicians did not have a clear understanding of what OTs actually did. In a targeted sample of OTs with underrepresented identities, participants indicated that a lack of knowledge about the field before graduate school precluded them from learning more (Ford et al., 2021). We aimed to replicate these results. However, because OT is considered a more stereotypically-feminine field by society (Maxim & Rice, 2018), women may know more about the field than men and be more interested in learning more about OT.

*Hypothesis 1:* Women are significantly more likely than men to be informed about OT.

*Hypothesis 2:* Women are significantly more likely than men to be interested in OT as a career.

*Hypothesis 3:* Women are significantly more likely than men to have interest in learning more about OT.

We also wanted to know if men and women significantly differed in their interest in entering a healthcare field overall. We expected that women were more likely than men to indicate interest in entering a healthcare field.

*Hypothesis 4:* Women are significantly more likely than men to indicate interest in entering a healthcare field.

### **Work Orientation**

Wrzesniewski and colleagues (1997) found that people typically have one of three different types of work orientations. Someone with a *job orientation* focuses on material advances from the job; the job is nothing more than a means to an end. An employee with a *career orientation* derives meaning from their work and considers advancement and success in the field as achievement. A person with a *calling orientation* will typically indicate that their work brings fulfillment to their life and perceives their work to be socially and morally valuable. Wrzesniewski and colleagues anticipated that certain helping professions (like healthcare) may attract a larger number of people who have a calling orientation, although not everyone within an occupation has the same work orientation. Maxim and Rice (2018) supported this assertion in finding that OTs believe they are truly making a difference in the world. Additionally, women may be more likely to have a calling orientation simply due to gender role socialization into women being “helpers” (Fiske et al., 2002; Rudman & Glick, 2001). Thus, we anticipated that:

*Hypothesis 5:* Men will have higher levels of (a) job orientation and (b) career orientation than women.

*Hypothesis 6:* Women will have higher levels of calling orientation than men.

### **Likelihood of Interest in Occupational Therapy as a Career: Gender and Work Orientation**

Analyzing differences in women’s and men’s perceptions of OT, the healthcare field, and work orientation is helpful. We were also curious if we could provide more targeted suggestions for recruitment if we could determine whether gender interacted with any of the three work orientation variables to influence likelihood of interest in OT as a career. In other words, do orientations toward work predict perceptions of OT differently for men versus women? We had no prior theory on how these variables may interact, and therefore presented this area as a research question.

*Research Question 1:* Does gender interact with any of the three facets of work orientation to influence interest in OT as a career?

## **Methods**

### **Participants**

Participants were undergraduate students enrolled in majors that often act as feeder programs to OT graduate programs, as determined by admissions data from the OT program at the authors’ institution. A total of 334 undergraduate students completed at least some portion of the survey. The average age was 19.8 years ( $SD = 3.84$ ). The

majority of the students were women (281 women, or 80.1%); 53 (15.1%) were men. A majority of participants identified as white ( $n=270$ ; 76.9%), followed by Black or African American ( $n=37$ ; 10.5%), Asian/Pacific Islander ( $n=10$ ; 2.8%), Hispanic or Latino ( $n=9$ ; 2.6%), Other not listed ( $n=7$ ; 2%), or Native American or American Indian ( $n=1$ ; .3%). Slightly over half of the student participants were freshmen ( $n=176$ ; 50.1%), 15.7% were sophomores ( $n=55$ ), 15.7% were juniors ( $n=55$ ), 12.8% were seniors ( $n=45$ ), and less than one percent indicated “other” (e.g., 5<sup>th</sup> year students,  $n=3$ ).

### **Procedure**

The study was approved by the University’s Institutional Review Board and all participants indicated consent to participate in the study. To simplify data collection of two separate but related studies on work orientation among students who could potentially apply to OT programs, the present study data were collected in conjunction with another research study measuring anticipated burnout in one’s future career (Wells et al., 2021).

An email was sent to faculty in departments that often feed into OT (e.g., biology, psychology, health and human performance) briefing them on the study. These departments were selected based on information retrieved from the OT program admissions coordinator at the authors’ institution, who provided the common majors of those who previously applied. Emails were sent to 132 faculty members, 70 of which responded and agreed to share the survey with students in one or more of their courses. Faculty who indicated interest were provided with the study link and a short participant-friendly recruitment statement. The study was also posted to an online participant pool in the department of psychology where students participate in research for extra credit in their courses, given that psychology was one of the common majors identified to apply to OT. Interested students provided consent online and then proceeded to respond to questions about their demographic information, likelihood to enter a field of healthcare, interest in learning about OT, interest in working in OT as a career, and work orientation.

### **Measures**

#### ***Healthcare-related Questions***

We asked four questions regarding participants’ knowledge and interest in healthcare and OT. First, participants indicated their likelihood of entering the field of healthcare on a scale ranging from 1 (*extremely unlikely, I know for a fact that I won’t go into healthcare*) to 7 (*Extremely likely, it’s exactly what I plan to do*). Participants then were asked, “How informed are you about the field of occupational therapy (OT)?” on a scale of 0 (*Not at all informed, I have no clue what OT is*) to 100 (*Completely informed, I know exactly what OT is with confidence*). Next, we asked, “Are you interested in learning more about OT?” with response options of *yes* or *no*. Lastly, participants were asked to indicate their interest in working in OT as a career on a scale from 1 (*never considered it*) to 6 (*definitely yes*).

### **Work Orientation**

A modified version of Wrzesniewski et al.'s (1997) measure was utilized to measure the three types of work orientation (job, career, and calling). The modified items used a Likert-type scale and have been used in student and employee samples (Sawhney et al., 2021). Participants were asked to think about their future careers and how they would rate the following statements on how true they were to them on a scale of 1 (*very untrue of me*) to 7 (*very true of me*). A sample job orientation item was, "If I were financially secure, I would stop working at my job." A sample career orientation item was, "I will expect to be in a more prestigious job within five years." A sample calling orientation item was, "I will feel that I would choose my current work life again if I had the opportunity." Cronbach's alpha, used to measure inter-item reliability for the scales, for the present study was .88, .76, and .69, for job, career, and calling, respectively.

### **Results**

All analyses were conducted using IBM SPSS version 26. Significance was determined if  $p < .05$ . All statistical test assumptions were met unless otherwise noted.

To test Hypothesis 1 and 2, we used independent samples t-tests, which compare two groups on a numerical outcome (see Table 1). Contrary to Hypothesis 1, there was no significant differences among how informed men and women reported being in the field of OT. However, it is important to note that the average knowledge of the field was slightly less than the midpoint (50) of the scale with a large standard deviation for both men and women; it was clear that many were still uneducated about the field of OT.

Contrary to hypothesis 2, there were no significant differences among men and women on interest in OT as a career. Both men and women averaged between "definitely not" and "probably not" in their responses, though this could also be related to the lack of knowledge about the field of OT (see Table 1). A chi-square analysis was conducted to determine if there was a significant difference in interest in learning *more* about OT based on gender (hypothesis 3). A chi-square test was used because both gender and interest (yes or no) were categorical variables. Overall, women were significantly more likely to report an interest in learning more about OT than men,  $\chi^2(1) = 14.04$ ,  $p < .001$ , supporting hypothesis 3.

To test hypotheses 4 through 6, we again used independent samples t-tests because we were comparing men and women on numerical outcome scores. These results are also displayed in Table 1. There was a significant difference among men and women in their interest in entering a healthcare field. Women were significantly more likely than men to indicate that they were interested in entering a healthcare field for their future career, supporting hypothesis 4.

In addressing hypotheses 5 and 6 regarding gender differences in work orientation, we found that men and women students significantly differed on each of the orientations. Men scored significantly higher than women on job and career orientation. Women scored significantly higher than men on calling orientation (see Table 1).

**Table 1**

*Differences Among Men and Women in Healthcare/OT Awareness and Work Orientation*

Outcome Variable	Sample Descriptors			T-Test of Differences			95% Confidence Interval	
	Gender	N	M(SD)	t-value	df	p value	Lower	Upper
Informed about OT	Man	46	39.87 (30.92)	-1.00	294	.32	-14.64	4.76
	Woman	250	44.81 (30.68)					
Interest in OT	Man	52	2.69 (1.11)	-.74	320	.46	-.24	-.56
	Woman	270	2.84 (1.40)					
Interest in Healthcare	Man	52	3.83 (2.20)	-3.57	321	<.001	-1.83	-.53
	Woman	271	5.01 (2.18)					
Job Orientation	Man	46	4.08(1.33)	2.68	291	.008	.12	.96
	Woman	253	3.54(1.25)					
Career Orientation	Man	47	4.92(1.09)	2.52	298	.01	.09	.78
	Woman	253	4.49(1.08)					
Calling Orientation	Man	47	4.87(.97)	-3.12	298	.002	-.73	-.12
	Woman	253	5.29(.83)					

*Note.* Data reported in these analyses are for equal variances not assumed

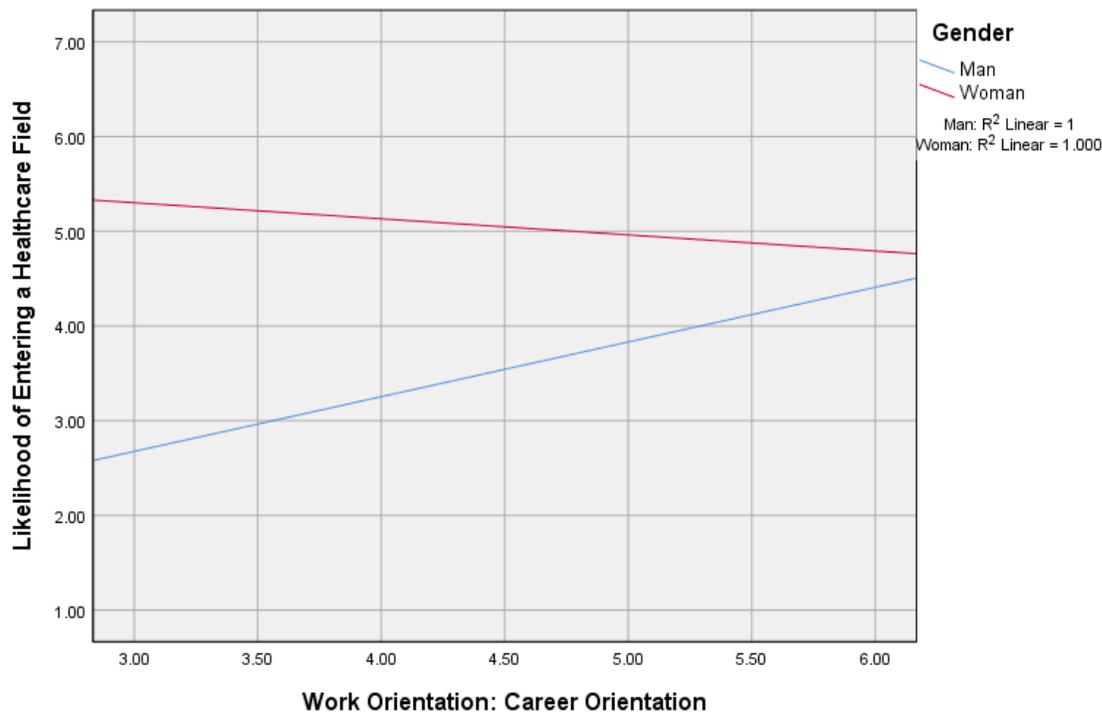
Our research question suggested there might be differences in interest in OT as a career based on one's gender in conjunction with the three facets of work orientation. In other words, whether views toward work in general (e.g., is work just a job versus a source of purpose) affected interest in OT could depend on whether one was a man or women. To test this, we conducted a regression-based interaction analysis using Process v3.5 (Hayes, 2018) Model 1. In three models, we included gender and one of the three orientations toward work as predictors of interest in OT, along with an interaction term between gender and the orientation. We found that none of these models were significant. We believed this could be due to the low interest, and variance in interest, in OT among the sample surveyed. It could also be due to the low levels of education about the field of OT in general among the sample. For further analysis, we expanded the dependent variable to be likelihood of entering a healthcare field in general.

### Supplemental Analyses

Again, we used Process v3.5 to conduct three regression-based interaction analyses, where each model included gender, one of the three career orientations, and the interaction term predicting likelihood of entering healthcare. Together, gender and career orientation significantly predicted the likelihood of entering a healthcare field,  $F(3, 295) = 6.51, p < .001, R^2 = .06$ . The interaction of gender and career orientation significantly predicted likelihood of entering a healthcare field,  $b = -.75, SE = .32, t = -2.37, p = .02, R^2 \text{ change} = .02, 95\% \text{ CI} = -1.37, -.17$ . Both main effects of career orientation,  $b = 1.33, SE = .59, t = 2.24, p = .03, 95\% \text{ CI} = .16, 2.49$ , and gender,  $b = 4.87, SE = 1.57, t = 3.10, p = .002, 95\% \text{ CI} = 1.78, 7.96$ , were also significant. Investigating simple slopes by gender, we found that the relationship between career orientation and likelihood to enter a healthcare field was significant for men ( $b = .58, p < .05$ ) but not for women ( $b = -.17, p = .18$ ). Overall, within the present sample, the higher a man's career orientation, the more likely they wanted to enter a healthcare field. In contrast, the higher a woman's career orientation the less likely they wanted to enter a healthcare field (though this was not significant); however, women were, on average, significantly more likely to want to enter a healthcare field than men. See Figure 1 for a graphical depiction of the interaction.

**Figure 1**

*Interaction of Gender and Career Orientation on Likelihood of Entering a Healthcare Field*



While the overall models themselves of gender interacting with each of the other work-orientation variables (job and calling orientation) reached significance, together explaining a significant amount of variance in healthcare likelihood, none of the interactions or main effects reached significance as individual predictors. Therefore, it does not appear that gender interacts with job or calling orientations to impact likelihood to enter healthcare.

### **Discussion**

We found support for four of our six hypotheses. Women were more likely than men to indicate interest in being in a healthcare field and to have a calling orientation for their future work. Men were more likely than women to have a higher job- and career-focused work orientation. There was no support for differences in being informed about OT and being interested in OT as a career, possibly because the sample as a whole was relatively uninformed.

#### **Interest In and Knowledge About Occupational Therapy**

Overall, women were significantly more likely to indicate interest in entering a healthcare field, supporting Wrzesniewski and colleagues' (1997) suggestion that helping professions are often comprised of those with a calling orientation who (and supported by this study) are more likely to be women. When it came to the field of OT, the average knowledge of students about the field was relatively low, supporting previous findings (Ford et al., 2021; Maxim & Rice, 2018) that many people were unaware of the field of OT. It should be noted that while the difference in knowledge between men and women was not significant, on a scale of 1-100, men averaged around 40 and women averaged around 45, indicating they had "some idea" of what OT was. In an effort to bring more men into the field, perhaps targeted recruitment of men to make them more aware of the profession of OT is important, a suggestion supported by participants in Maxim and Rice's (2018) study.

A disappointing finding, but understandable number given the lack of awareness about OT by participants, was the lack of interest in OT as a career. We cannot say for certain that it is that people are not interested in the field, but that they might not *know* enough to be interested in the field. Women, however, indicated more interest than men in learning more about the field of OT. Again, targeted recruiting and introduction of the material to undergraduate students overall, particularly focused on men and other underrepresented populations (Ford et al., 2021), is needed to bring growth in diversity to the field.

#### **Work Orientation**

As expected, men had significantly higher levels of job orientation and career orientation than women. Meadus and Twomey (2011) and Parker and Crabtree (2014), supported the finding that men are attracted to more feminine jobs such as nursing and social work because of the salary and ability for advancement. Of note, men in stereotypically-female jobs (e.g., nursing, education), are often fast-tracked to upper level administrative positions with higher pay salaries (Jones, 2008), and men in OT were paid on average 14.7% more than women in OT (AOTA, 2015).

For recruiting men, if they typically have higher levels of job orientation and career orientation, it is within the field's best interest to promote how OT is more than just a calling orientation type of job. For instance, highlighting material advances, such as the median pay of \$86,280 per year, or \$41.48/hour in 2020 (Bureau of Labor Statistics, 2021) and that the job outlook for 2019-2029 is 16%, which BLS considers to be "much faster than average." Men may be more likely to pay attention to these material advances when determining a career path. Additionally, finding that women were significantly higher than men in calling orientation overall may not be as helpful to recruit men specifically, but it may be helpful to recruit a diverse population overall. Not limiting marketing materials solely to calling orientation, but rather providing a mix of all three types of work orientations, may be more likely to result in a more gender-diverse pool of applicants to OT programs. In other words, promoting the ability to help others and pursue a successful career could appeal to a variety of applicants.

### **Interest in Healthcare**

When broadening our dependent variable to include interest in healthcare more generally, we found that the higher a man's career orientation, the more likely they wanted to enter a healthcare field. This aligned with the idea of promotion and advances that occur for men in this line of work (Parker & Crabtree, 2014). As such, this study has further support for the idea that articulating career-oriented benefits of OT could be enough to draw more men to the field. However, articulating career opportunities for men must coincide with efforts to support and promote women in leadership positions as well.

### **Limitations and Future Research**

One of the biggest limitations of the present study was the lack of men who participated. Future researchers should encourage more men to participate in these types of studies, potentially offering financial incentives. Ensuring that future research better captures those who are interested in the field of healthcare is crucial. An additional limitation is that we broadly asked about familiarity with OT, however, we did not distinguish unique roles (i.e., OT, OTA). Considering our sample was relatively unfamiliar with OT in general, it is likely that our findings would not differ substantially if we were to distinguish specific job roles. Still, future studies could consider whether our findings hold when differentiating between these two roles, which involve different levels of education. Studies could also consider surveying individuals that are not current college students, as some individuals may decide to pursue OT at a later point or as a second career. Related, our study only sampled from one student body at one university, so the results should be replicated to see if similar patterns hold across additional samples.

Future research should focus on analyzing whether the suggested message framing (i.e., identifying OT as a fit to those with a calling, job, and/or career orientation) for increasing the number of men in graduate programs, and thus in the field, is effective for recruitment. Long-term measurement of recruitment strategies, applicant numbers, and accepted students should be analyzed for each program. However, it is also important that men feel included and respected once they are in the programs (Bartfay & Bartfay,

2007) and in the field itself (Maxim & Rice, 2018) for them to stay in the field throughout their career. With the diversity of the United States (and the world) changing, the field needs to have a representative workforce that meets the needs of its clients and matches its clients' demographics.

### **Implications for Occupational Therapy Education**

When surveyed, the undergraduate students demonstrated little knowledge regarding OT as a career choice. Occupational therapy educators must see this as an opportunity to increase knowledge of the profession. There is a clear need to begin to advocate for understanding and diversity within the profession through use of technology, networking, and educational opportunities. An opportunity exists in providing education regarding opportunities within the profession of OT to high school students and undergraduate programs, in particular, targeting those who indicate service-oriented interests such as recreational therapy, exercise science, psychology, social sciences and teaching. Highlighting advancement, salary opportunities, and targeting those who seek a meaningful and fulfilling career is an opportunity to attract more males and diverse professionals to the field.

### **Conclusion**

According to AOTA, a goal of OT across the country, and arguably the world, is to increase diversity among practitioners within the field. One way to do so is by recruiting men which, in theory, may increase the number of men who actively participate in OT. Our findings suggest that framing OT as fulfilling a job, career, *and* calling orientation may lead to a more equitable representation of men within the field.

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