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Factors Influencing Graduate Students of Diverse Backgrounds in Their Selection of Occupational Therapy as a Career

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INTRODUCTION

Today the healthcare industry is constantly growing, but the diversity of healthcare providers is not keeping up with the growth of diversity in the U.S. population (U.S. Census Bureau, 2020). According to Wattenburg (1991), occupational therapy has been a profession which as particularly lacked African American membership—since its inception in 1917. Further, Wattenburg claims that it is beneficial to the profession to have a diverse pool of practitioners, educators, and students who can provide unique opportunities for understanding diverse populations and developing cultural competence. Brooks et al. (2015), proposes that healthcare educators should be more aggressive in recruiting and admitting students from minority communities through affirmative action, as supported by the U.S. Supreme Court ruling, *Grutter v. Bollinger*. The overall outcome of this research is to increase the public's knowledge about the discrepancy of this disproportioned of diverse healthcare providers to the U.S. population. Efforts to advocate increasing the diverse pool of healthcare providers in this research are particularly focusing on occupational therapy.

Unfortunately, in the United States, the evidence overwhelmingly supports that the lack of diversity in health professions does indeed have a negative impact on the quality of healthcare (U.S. Census Bureau, 2020). Understanding the myriads of factors that influence students to enter the profession of occupational therapy may inform practices for recruiting more diverse healthcare providers for the future. The presence of a more culturally diverse faction of occupational therapy students, educators, and clinicians will ensure a multicultural perspective in the education of students and the provision of services nationally. This is essential for the adequate provision of care to our nation's burgeoning minority communities. Culture is

profoundly and inextricably tied to matters of health. People learn from their own cultures how to become healthy, how to define illness, what to do to get better, and when and from whom to seek help (Crawley, 2022).

Finding solutions to our country's most recalcitrant health problems will require a research workforce that is much more diverse racially and ethnically than those in the past. Creating that workforce begins with ensuring a diverse student body and faculty within health professions schools. Factors that influence students of diverse backgrounds on their career decisions, allow the researcher the opportunity to honor the values of occupational therapy— inclusion of all persons into their chosen community (Saddler, Adams, Robinson & Okafor, 2021).

Increasing diversity in the healthcare professions can be done by focusing on admission and recruitment strategies, to create a culturally competent workforce through education. A more diverse healthcare provider population will result in at least four positive effects on healthcare: (1) Diversity will increase cultural competency among all practitioners, allowing them to understand the needs of each patient more accurately; (2) Minority providers are more likely than others to serve the poor and minority communities (Brooks et al. 2015); (3) Patients are more satisfied with care received from someone of their own racial/ethnic group (Brooks et al. 2015); (4) A push for diversity will result in a strengthened research agenda to help alleviate some of our most pressing health problems that disproportionately affect minorities (Brooks et al. 2015).

Problem Statement

The American Occupational Therapy Association (AOTA) explains: “Davis & Davidson (1982) defines under-representation as the percentage of a minority group in the health professions being less than proportional to the percentage of that group in the total population.

The occupational therapy profession is predominantly Caucasian (82.5%) and does not reflect the national demographics in terms of diversity. This is also reflected in the occupational therapy academic programs within the student population. As the current projection suggests that the nation will become 'minority white' in 2045 (U. S. Census statistics, 2017), there will be significant challenges in the future recruitment of students if academic programs continue using traditional methods for admissions. The lack of diversity within the profession impacts the backgrounds and perspectives that enhance practitioner-client relationships and lead to better outcomes for patients. Increasing racial and ethnic diversity among practitioners supports the capacity of the profession to address disparities in education and healthcare. Many students of color are first generation college students (Lynch, 2018). However, several students of color admitted to college have not had access to the same educational resources throughout their life and may require extra support to be successful in healthcare education.

Without adequate access to diverse and culturally competent therapist(s), it is difficult to imagine how America can eradicate the inequalities and health disparities. Studies have shown increasing workforce diversity in healthcare improves patient outcomes and higher quality of care (Gomez & Bernet, 2019). Diversity of the healthcare team has also been found to increase patient comfort, success, confidence in treatment recommendations, and overall satisfaction (Alsan et al., 2019; LaVeist & Pierre, 2014).

LITERATURE REVIEW

The U.S. Census Bureau predicted there will be a significant increase in minorities and a decrease in the white population through 2050 (U.S. Census Bureau, 2020). As a result, somewhere near the middle of this century, more than half of U.S. citizens will be members of "minority" groups. This clustering of diverse populations in a few schools means that most

programs remain unaffected by diverse perspectives and cultural understanding. We still have a long way to go to achieve ethnic diversity within graduate programs. Increasing diversity nationally also means medical professions must increase and adjust methods for providing healthcare to different cultural groups.

The Association of American Medical Colleges (AAMC) states that cultural competence is just as important as scientific competence in the delivery of healthcare. Cultural competence is when a healthcare provider understands and is responsive to the different attitudes, values, verbal cues, and body language that people look for in a healthcare provider by virtue of their heritage (Nair & Oluwaseun, 2019). Cultural competence does not require that patients be treated by using the same methods used in their culture of origin. However, cultural competency is essential for understanding the different ways patients act in a clinical setting and for communicating with patients to ensure the best possible clinical outcome. For example, research has shown that Latino patients tend to be forthcoming about symptoms they experience and are receptive to conventional treatments, whereas Chinese patients tend to withhold information from the doctor if they are nervous or uncomfortable. Medical services are designed around shared cultural experiences that affect the interaction between patients and caregivers. The interaction will be more difficult if the patient and caregiver come from different cultures (Nair & Oluwaseun 2019).

According to Nair & Oluwaseun, (2019) there have been incorrect diagnoses or treatment instructions that occurred because of cultural barriers leading to misunderstandings and serious mistakes. Patients who have encountered an unpleasant experience because of cultural insensitivity—even with successful treatment—will not look forward to returning to their healthcare provider and will not speak well of them (Alsan, Garrick & Graziani, 2019). During

interactions with African American patients, physicians have been shown to exhibit less attention, empathy, and courtesy. They also adopted a more “narrowly biomedical” communication style, spent less time providing health education, conversing, or answering questions, and were more verbally dominant, exhibiting more negative emotional tones than with white patients (LaVeist & Pierre, 2014). A recent national survey of household respondents showed that a higher percentage of African Americans, Asians, and Hispanics than whites reported communication problems when seeing a physician (LaVeist & Pierre, 2014). To improve interactions between patients and clinicians, relationship-centered care emphasizes the importance of the clinician's relationships with other clinicians and with the community (LaVeist & Pierre, 2014). Current psychological research indicates that even persons who do not see themselves as prejudiced will make healthcare decisions that adversely affect African Americans when other negative characteristics are also present (Bernard, McManus, & Saucier, 2014).

Providing optimal care to an increasingly diverse population, all healthcare students must become culturally competent practitioners. They can only acquire the necessary attributes to fulfill this obligation by being educated in environments that reflect the diverse society they will be called upon to serve (Earns, Thomas, Norman Simanton, Weismon, 2024). As stated by Brook et al. (2015), group discussions, projects, and collaborative learning methods give students opportunities to interact with people from different backgrounds. Offering these methods early in the program demonstrates that cultural competency is foundational for practice. Lee Bollinger, president of Columbia University, asserts that racial and ethnic diversity in academia is paramount to a student’s ability to effectively live and work in a diverse society. A series of empirical analyses of existing data on diversity in higher education "confirm that racial diversity and student involvement in activities related to diversity had a direct and strong effect on

learning and the way students conduct themselves in later life, including disrupting prevailing patterns of racial separation" (Bollinger, 2001). Only by encountering and interacting with individuals from a variety of racial and ethnic backgrounds can students transcend their own viewpoints to see through the eyes of others. According to Nair & Oluwaseun, (2019), some commentators have suggested that cultural competency is merely a clever euphemism for segregated healthcare, in which patients of different races are induced to voluntarily separate themselves. This suggestion could not be further from the truth. Patients coming to an environment specifically designed to put them at ease and offer care that is attuned to their needs have a better experience and better health. Instead of presenting a way to limit care, cultural competence provides a way to deliver maximum care.

Why is the idea of building an inclusive community important to us as occupational therapists? The idea is both profound and simple: occupational therapists believe that people belong together regardless of—and even because of—their differences. All people have the right to choose where they wish to live, work, learn, and play, and with whom they spend their time. A challenge for occupational therapy practitioners is understanding each person's unique community, including its culture and the context in which it was formed. A sense of belonging in a community provides the comfort and security needed to explore and use one's gifts. According to Maslow's hierarchy, belonging is also an important component in the development of self-esteem (Law et al. 1996). Environment–person relationships are conceptualized on a spiraling continuum from a holding environment (promoting inclusion) to a facilitating environment (promoting independence), to a challenging environment (promoting independence), to an interactive environment (promoting interdependence).

Occupational therapy emerged from both community and medical models of practice, although some of our more visionary colleagues set the course toward a future that focused on community consultation models. These founders and leaders fostered the importance of providing services in a person's own setting and according to the person's own choices and priorities. Our philosophy from the beginning of our profession has included the values of choice, relevance, and active participation through engagement in meaningful occupations. Occupation provides context for organizing oneself and one's environment, thus promoting the transactional process of adaptation within a community setting (Law et al. 1996).

METHODOLOGY

This was a pilot study that used a survey questionnaire to collect relevant data from graduate-level occupational therapy students at four colleges and universities in North Carolina. The purpose of the survey was to generalize from a sample of these students so that inferences could be made about some of their characteristics and motives, as well as methods used to recruit and retain them. A survey and sample of a select population of each university because it was much more efficient and less costly than sampling an entire university program. The survey generated standardized information that was easy to understand and simple to put in the computerized SPSS 15.0 program. The study examined two variables—the reasons diverse occupational therapy students chose occupational therapy as a career, and the sources of exposure that influenced their career choice.

Researchable Questions

1. What are the most important reasons for the students' pursuit of a career in occupational therapy?
2. When did the students decide to pursue a career in occupational therapy?

3. What exposure to occupational therapy influenced the students' choice to pursue it as a career?

Participants

Participants in this study comprised the first- and second-year occupational therapy students enrolled in a Master of Science in Occupational Therapy program: Lenior-Rhyne College, The University of North Carolina at Chapel Hill, and Winston-Salem State University. A convenience sample was used to obtain the population. Combined, the schools offered a pool of one-hundred-two diverse participants.

Data Collection Procedures

The survey was piloted on twenty-nine first-year occupational therapy students enrolled in the Master of Science Occupational Therapy program at Winston-Salem State University. Students were chosen as pilot subjects due to accessibility. After completing the questionnaire, students gave an oral assessment about the content or format of the survey instrument. Feedback from students was provided regarding the clarity of the instructions and questions. A consent letter was given to the students before the survey was completed, explaining the purpose of the study, that their participation was voluntary, and that they would not receive any monetary compensation for their participation. It was also made clear to the students that they may refuse to participate or withdraw from the study at any time without penalty. The participants were instructed not to include any personal identifiers in their surveys. In addition, students were given the option to provide their contact information on the back of the consent form if they were interested in receiving the research study results.

Academic deans and program directors of the graduate occupational therapy programs of four universities—Lenior-Rhyne University, The University of North Carolina at Chapel Hill, and Winston-Salem State University—were contacted initially by submitting a letter to explain the purpose and procedures for the study and to request permission to survey occupational therapy students from their programs.

Survey

The survey was a self-designed instrument. The questions were generated in a way that the respondents could answer by filling in the blanks, or by checking the appropriate response from a list of possible answers. In a list with multiple responses to a question, “Other” was included as a response to allow the participants to write in unanticipated responses. The format of the questionnaire was divided into seven categories which addressed: education, demographics, motivation, characteristics, resources, exposure, and recruitment. The questionnaire captured the students’ background and motivating factors for selecting occupational therapy as a career. Questionnaires were pre-tested on twenty-nine first-year entry-level occupational therapy students at Winston Salem State University, before distribution to other universities. To reinforce content validity, the quality and usefulness of the surveys were reviewed by expert colleagues familiar with the topic but not involved in this study. Based on their feedback, minor changes were made to produce the best version.

Data Analysis

The compiled data was analyzed using descriptive statistics. Frequency counts and percentages were used to describe, organize, and summarize the data collected. Items that related to the reasons for career choice and influencing factors, which were measured using a Likert

scale, were indicated by using frequency counts and percentages. Comparisons or cross-classified data were analyzed using the Pearson's Chi-square Test as appropriate.

RESULTS

Demographic Data

There were a total of one-hundred and two entry-level occupational therapy students from three Master of Science in Occupational Therapy programs who participated in the study. Fifty students were from Winston-Salem State University, twenty-nine students from The University of North Carolina at Chapel Hill, and twenty-three students from Lenoir Rhyne College.

The demographic characteristic of age is summarized in Table I. Occupational therapy students who participated in the study ranged in age from 21 to 40; 29.0% of them were 23 years of age; 13% were ages 21 and 22; 31% were ages 24 and 25; 15% were between the ages of 26 and 29; 12% were between the ages of 30 and 40. Two respondents did not report their age. The average age of participants was 25 years old. Many of the participants responding to this question were 23 years of age; the mean age was age 25; the median age was 24.

Table I*Demographic Characteristics: Age**N=102*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21	1	1.0	1.0	1.0
	22	12	11.8	12.0	13.0
	23	29	28.4	29.0	42.0
	24	15	14.7	15.0	57.0
	25	16	15.7	16.0	73.0
	26	5	4.9	5.0	78.0
	27	2	2.0	2.0	80.0
	28	3	2.9	3.0	83.0
	29	5	4.9	5.0	88.0
	30	2	2.0	2.0	90.0
	31	1	1.0	1.0	91.0
	32	4	3.9	4.0	95.0
	33	1	1.0	1.0	96.0
	34	1	1.0	1.0	97.0
	35	1	1.0	1.0	98.0
	39	1	1.0	1.0	99.0
	40	1	1.0	1.0	100.0
	Total	100	98.0	100.0	
Missing	System	2	2.0		
	Total	102	100.0		

Statistics*Age*

N	Valid	100
	Missing	2
Mean		25.25
Median		24.00
Mode		23

Table II shows that occupational therapy students who participated in this study were predominantly female, as is the characteristic of students in occupational therapy programs. Only 14% (N=14) were male in comparison to the 86% (N=86) female participants.

Table II

Demographic Characteristics: Gender

N = 102

Valid	Frequency	Percent	Valid Percent	Cumulative Percent
Female	86	84.3	86.0	86.0
Male	14	13.7	14.0	100.0
Total	100	98.0	100.0	
Missing System	2	2.0		
Total	102	100.0		

In Table III, African Americans make up 25.7%; Asians make up 4.0%; Caucasians make up a little over half (68.3 %) of the students who participated in this study. Hispanic/Latino's as well as Native Americans only make up 2%. For the "Other" answer choice, student responses included, "Multiracial," "Portuguese", and "South African."

Table III

Demographic Characteristics: Race

N = 102

Race	N	%
African American	25	25.7
Asian	4	4.0

Caucasian	69	68.3
Hispanic/Latino	1	1.0
Native American	1	1.0
ther	2	2.0

Reason	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
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Data Related to Research Questions

Data acquired from the survey responses was analyzed using descriptive statistics. This section includes data presented as a response to the seven research questions posed in the study.

Research Question I

What are the most important reasons for the students' pursuit of a career in occupational therapy?

To acquire data to answer this research question, respondents had to rate the degree of importance for choosing occupational therapy as a career, using a five-point Likert scale. For reporting the data, responses to each answer choice were categorized as follows: "very unimportant," "somewhat unimportant," "somewhat important," "very important," and "not applicable." The total amount of frequencies and percentages of responses for each answer choice as to why the respondents chose occupational therapy as a career is found in Table 4, below.

Table IV

Reasons for Choosing Occupational Therapy as a Career

N = 102

	N	%	N	%	N	%	N	%	N	%
Good Salary	1	1	7	7	39	38	55	54	0	0
Desire to Help People	0	0	0	0	5	5	96	94	1	1
Scholarships/fin. Aid Available	20	20	30	29	34	33	17	16	1	1
Career with Prestige	11	11	21	21	36	35	32	31	2	2
Availability of Employment	0	0	0	0	22	22	79	78	1	1
Work in Healthcare Field	1	1	7	7	21	21	73	72	0	0
Flexibility in Hours/Shifts	1	1	19	19	49	48	33	32	0	0
Professional Advancement	0	0	17	17	43	42	42	41	0	0
Desire for Career Change	8	8	20	20	20	20	21	21	33	32
Challenging Career	3	3	12	12	55	54	31	30	1	1
Job Benefits Package	5	5	20	20	33	32	39	38	5	5

The most frequently identified reasons most individuals chose the occupational therapy profession, according to the Likert scale, were: “desire to help people,” “availability of employment,” “working in the healthcare field,” and “good salary.” The other option, which was

the last answer choice for this question, includes responses such as “creative profession,” “personality fit,” “variability and different settings,” and “non-desk job.” The frequent answer that was chosen was the “desire to help people.” Out of one-hundred and two respondents, ninety-six individuals chose this answer as “very important.” The “very unimportant” answer that was chosen in response to why these respondents chose occupational therapy as a career choice was “scholarship//financial aid available.”

Research Question II

When did the students decide to pursue a career in occupational therapy?

Participants were asked to indicate possible choices in the survey when they chose to pursue a career in occupational therapy. Frequencies and percentages were found by performing crosstabs in SPSS 15.0 to distinguish the difference between individuals to determine what time they pursued occupational therapy as a career choice. The African American students, 17% (N=17), decided to pursue occupational therapy as a career choice during their undergraduate studies. Caucasian students, 31% (N=32), decided to pursue occupational therapy as a career choice prior to their undergraduate studies. Caucasians also were the only race that decided to pursue occupational therapy as a career choice prior to entering high school. Other minority students (Asians, Hispanic/Latino, and Multiracial), 4% (N=4), decided to pursue occupational therapy as a career choice during their undergraduate studies.

Table V

Time of Career Decision by Race

N=102

Time of Career Decision by Race	African American N=25		Caucasian N=68		Other Minorities (Asian, Hispanic/Latino, & Multiracial) N=8	
	N	%	N	%	N	%
Prior to entering high school	0	0	2	2	0	0
During high school	5	5	14	14	0	0
During college	17	17	32	32	4	4
After undergrad	2	2	15	15	1	1

Research Question III

What exposure to occupational therapy influenced the students' choice to pursue it as a career?

Students were asked which exposure method influenced their career choice the most; races differed in the responses. African American students, 5% (N=6), stated that they were exposed to the profession by a family member. Caucasian students, 19% (N=19), also stated that they were exposed to the profession by a family member. Other minority students (Asians, Hispanic/Latino, and Multiracial), 4% (N=4), stated that they were exposed to the profession by a family member. African American students, 14% (N=14), stated that were exposed to the profession by an open house/career day and a personal contact with an occupational therapy faculty member or student. African American students did not choose visits from a high school or undergraduate college occupational therapy representative as an influencing factor to attend their occupational

therapy program. Caucasian students, 40% (N=41), stated that they were exposed to the profession by personal contact with an occupational therapy faculty member or an occupational therapy student. Other minority students (Asians, Hispanic/ Latino, and Multiracial), 7% (N=7), stated that they were exposed to the profession by a personal contact with an occupational therapy faculty member or an occupational therapy student. As a result, these factors influenced all graduate students that were sampled in the survey to choose a career in occupational therapy.

Table VI

Time of Exposure by Race

N=102

Time of Exposure by Race	African American N=25		Caucasian N=68		Other Minorities (Asian, Hispanic/Latino, & Multiracial) N=7	
	N	%	N	%	N	%
From a family member	6	6	19	19	4	4
Open-house/career events	14	14	30	30	6	6
Visit from occupational therapy representative to high school/undergrad	2	2	1	1	4	4
Personal contact with an occupational therapy faculty member/student	14	14	41	41	7	7

Table VII

Time of Exposure by Race (Decision to Attend the Occupational Therapy Program)

Time of Exposure by Race (Decision to attend the Occupational Therapy Program)	African American N=25		Caucasian N=68		Other Minorities (Asian, Hispanic/Latino, & Multiracial) N=7	
	N	%	N	%	N	%
Visit from occupational therapy representative to high school/undergrad	0	0	3	3	1	1

DISCUSSION

The largest number of respondents rated, “good salary,” “desire to help people,” “work in healthcare field,” “availability of employment,” “flexibility in hours/shifts,” “professional advancement,” and “challenging career” as “somewhat important” or “very important” reasons for choosing a career in occupational therapy. When queried about their most important reason for choosing occupational therapy as a career, across ethnic groups, the largest number of respondents identified a “desire to help people.”

Regardless of race, occupational therapy students from three graduate programs in North Carolina reported, “desire to help people,” “availability of employment,” and “work in healthcare field” as “very important” to their career choice. A total of 80% of the African American population rated monetary reasons such as “scholarship/financial aid available,” and “job benefits package” as more important than the 37% of the total Caucasian population who chose these reasons as “very unimportant.”

African American students 17% were exposed to a career in occupational therapy during their undergraduate studies. Although only 3% (N=2) of the Caucasian students reported pursuing

occupational therapy “prior to entering high school,” they were the only group to report inquiry and pursuit of the profession so early. The only Hispanic/Latino student who participated in the study pursued a graduate degree in occupational therapy after completing an undergraduate degree in another field.

The factor that impacted 100% (N=25) African Americans, 100% (N=3) Asians, 100% (N=1) Hispanic/Latino, 100% (N=1), Native American, and 100% (N=1) Multiracial the most was the “desire to help people.” Every race, excluding Native Americans, chose “good salary” as an important factor. The Native American population stated that having “flexibility in hours/shifts” was their second choice for choosing occupational therapy as a career. The third most important factor for choosing occupational therapy for 82% (N=25) African Americans, 100% (N=3) Asians, 100% (N=1) Hispanic/Latino.

Regardless of race, the students reported “open house or career days,” “having an occupational therapy representative to visit high schools/undergraduate colleges,” and “having personal contact with an occupational therapist” as their most influential exposure to occupational therapy as a career choice. In addition, all races primarily reported that an occupational therapist influenced their choice. The total amount of African American and Caucasian occupational therapy students who participated in this study was 94. Only 12 of the 94 African American students reported that they found out about the occupational therapy profession from “a counselor in education/school fair (school counselor).” This illustrates that school counselors need to become more aware about the profession of occupational therapy to increase the enrollment of students into the profession. Only 20% (N=19) of the 94 African American and Caucasian students found out about the occupational therapy profession “from someone being treated by an occupational therapist.” None of the “other minorities” group

reported finding out about the occupational therapy career from “someone treated by an occupational therapist,” “from a teacher or faculty member,” “from a counselor in education/school fair,” or “from receiving treatment from an occupational therapist.”

Limitations of the Study

1. The convenience sample was used to retrieve the sample population for this study. Since random sampling was not applied, the whole population cannot be generalized from the results.
2. Participants were entry-level master occupational therapy students and did not include those enrolled in an entry or post-professional doctoral programs in occupational therapy.
3. The study was limited to North Carolina.
4. Assumptions cannot be made regarding the omissions in responses to some open-ended questions.
5. Researchers were not aware if students were introduced to the occupational profession by a recruiter.

Recommendations of the Study

1. Recruitment for occupational therapy may be most effective coming from family members, friends, occupational therapy students, and counselors during the student's undergraduate career.
2. The most effective resource in recruitment is the general population, including practicing occupational therapists, occupational therapy programs, and occupational therapy students.
3. Expand data collection beyond North Carolina.

4. Minority practitioners need to become more involved in their communities to recruit more minorities.
5. Recruiters should target high school and undergraduate students—most students made their decision while pursuing their undergraduate studies.
6. Any advertisement materials need to be equally distributed in the school system.
7. Will include the OT schools, state boards and state organizations and AOTA (American Occupational Therapy Association), WFOT (World Federation of Occupational Therapy)- join for traveling purposes.

CONCLUSION

Increasing diversity within the profession in all settings became a recurring topic during a series of listening sessions held by AOTA in 2020 (AOTA, 2020a-d) and facilitated the development of this study. Although the profession is trying to address racial and cultural diversity, equity, and inclusivity, research and anecdotal data reveal that racial and cultural diversity within the student and professional population is still lacking. Ultimately, it is imperative that the occupational therapy profession needs diverse practitioners to treat clients from diverse backgrounds. This begins with students being exposed to the profession prior to undergraduate studies. A 2017 study found students in “pipeline” programs designed to interest and prepare undergraduate students for graduate health sciences programs often do not complete these pipeline programs due to enrollment in graduate programs being limited to more highly prepared and qualified students (Upshur et al., 2018). Exposure, financial support, institutional environment, and lack of social support may also contribute to lack of diversity in occupational therapy.

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Education

Student Survey
Motivating Factors that Influenced OT Students

1. What is your student status?
 Entry Level OT _____
 Advanced Level OT _____

2. What year were you accepted into the OT program?
3. What is your expected year of completion?
4. What was your undergraduate degree?

5. Is your institution: Private _____ Public _____

6. What was your primary reason for choosing this school?
 The school is prestigious _____
 My program is recognized as one of the best _____
 It was recommend to me _____
 I have friends who attend the same school _____
 I wanted to be close to home _____
 I received a scholarship _____
 Other, specify: _____

7. Would you describe the location of your institution as:
 Rural _____
 Suburban _____
 Urban _____

Demographics

1. What is your gender: Male _____ Female _____

2. What is your race/ethnicity
 African/African American _____
 Asian _____
 Caucasian _____
 Hispanic/Latino _____
 Native American _____
 Other (please specify) _____

3. What is your age range?
 a.) 18-26
 b.) 27-35
 c.) 36-44
 d.) 45-53
 e.) 54-62

Motives

1. What is your primary reason for choosing OT (besides helping people)?
 - Salary_____
 - Exposure_____
 - Personal_____
 - Career Prestige_____
 - Talent that would contribute to the field_____
 - Enjoy challenges that lead to successful outcomes_____
 - Availability of employment_____
 - Desire to work in multiple settings_____
 - Flexibility of work schedule_____
 - Opportunities to work with various populations_____
 - Advertised through various media_____
2. What impact did your environment have on your decision to pursue occupational therapy as a career?
 - Parental/Family support_____
 - Friend/Mentoring_____
 - Needs of the Community_____
 - Desire to leave a constricted environment_____
 - Cultural Pressure_____
 - Community Organizations (Boys & Girls Club, 4H Club, YMCA, and etc.)_____
3. Who or what motivated you the most to choose a career in occupational therapy (check one)?
 - One or both parents_____
 - Another relative, who_____
 - Friend_____
 - Mentor_____
 - School counselor/recruiter_____
 - Personal experience_____
 - Availability of finances (grants, scholarships)_____
 - Other, specify_____
4. Who or what motivated you the most to continue your education in the OT program (check one):
 - One or both parents_____
 - Another relative, who:_____
 - Friend_____
 - Mentor_____
 - School Counselor_____
 - Personal Experience_____
 - Availability of finances (grants, scholarships)_____
 - Other (specify)_____

5. Was there another program that you wanted to pursue? If so what was the program and why you did not choose it?

Characteristics

1. What characteristics do you possess that would make you a good occupational therapist?

Flexible____
Creative____
Determined____
Dedicated____
Caring____
Reflective____
Open-minded____
Problem Solver____
Beneficent____
(Explain)? Spirituality____(hold)

2. How satisfied are you with the decision that you have made with pursuing OT as a major?

Very Satisfied_____
Satisfied_____
Dissatisfied_____
Very Dissatisfied_____

Resources

1. Was the availability of financial resources for students in the OT program a factor in your decision to enroll in your program?

Scholarships_____
Grants_____
Low interest loans_____
No resources_____
Other (Explain)_____

2. Were the number of financial assistance programs and resources available to you?

Excellent_____
Very Good_____
Adequate_____
Less than Adequate_____

Insufficient_____

3. What is the range for current annual graduate tuition and fees for your institution?
- a.) \$40,000-\$35,000
 - b.) \$34,000-\$25,000
 - c.) \$24,000-\$15,000
 - d.) \$14,000-\$10,000
4. My primary source for obtaining information about financial resources for school was (check one)
- Help form parents
 - Campus career center
 - Help from a mentor
 - Internet
 - Library
 - Other (specify)_____

Exposure

1. How did you find out about the profession?
- A personal friend who is an occupational therapist_____
 - A personal friend who is not an occupational therapist_____
 - Family member who is an occupational therapist_____
 - Family member who is not an occupational therapist_____
 - Family member who was treated by an occupational therapist_____
 - You received treatment from an occupational therapist_____
 - Teacher or faculty member_____
 - Occupational therapist(s) outside family or friends_____
 - Counselor in education (school counselor)_____
 - Counselor outside of education_____
 - Graduate career fair_____
 - I made my decision independently of other people_____
 - Other (please specify)_____
2. When did you make the decision to pursue occupational therapy as a career?
- a.) Prior to entering high school

- b.) Freshman year of high school
- c.) Sophomore year of high school
- d.) Junior year of high school
- e.) Senior year of high school
- f.) One to six years after completing high school
- g.) Seven or more years after completing high school
- h.) First year of college
- i.) Second year of college
- j.) One or more years after completing college education in another field other than OT.
- k.) Other (please specify): _____

3. How often were you exposed to the profession?

- Daily_____
- Weekly_____
- Monthly_____
- 3-5times a month_____
- Every three months_____
- Every six months_____
- Yearly_____

Recruitment

1. Identify the recruitment methods used by occupational therapy programs or professional organizations that influenced your decision to enter the occupational therapy program (circle that apply)?

- a.) Radio/television announcements
- b.) Brochures
- c.) Open house or career day events
- d.) Visits to your high school by an OT representative
- e.) Personal contact with an OT faculty member
- f.) Personal contact from an OT student
- g.) Newspaper/journal advertisements
- h.) Personal contact with an alumnus of an OT program
- i.) Other (please specify): _____

2. List the OT programs that you applied in North Carolina in order:

- East Carolina University_____
- Lenoir Rhyne College_____
- The University of North Carolina at Chapel Hill_____

Winston-Salem State University_____

Thank you for your participation in this research study.